

**Faculty of Science**

**School of Pharmacy and Biomolecular Sciences**

# Certificate of Professional Development in Independent Prescribing for Pharmacists

# **Professional Reference**

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| **This form must be completed by a registered healthcare professional or other person with sufficient experience of clinical practice who is able to provide accurate and comprehensive answers to all of the questions on the form. Normally, this would be a current or recent line manager of the applicant.** |

Applicant name:

Intended area of prescribing:

1. In what capacity do you know the applicant?
2. How long have you known the applicant in this capacity?
3. Can you confirm that the applicant has at least two years of patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year that is likely to have appropriately prepared them to undertake a course to become an independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Based on your professional experience of working with the applicant, do you believe that they have appropriately up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice (as set out above) that would enable them to safely undertake training to become and independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Based on your professional experience of working with the applicant, do you believe that they reflect on their performance and takes steps to develop their knowledge and skills as appropriate to their role that would enable them to safely undertake training to become an independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Do you have any other comments or concerns regarding the applicant’s ability to safely undertake training to become and independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments below as appropriate

Referee declaration: I have had sufficient contact with the applicant in a professional capacity to enable me to make the judgements required to answer the questions on this form and I confirm that the information given in the reference is accurate and true to the best of my knowledge.

Referee’s name:

Referee’s professional registration:[[1]](#footnote-1)

Referee’s email address:

Referee’s telephone number:

1. In some circumstances is may be appropriate for someone other than a registered healthcare professional to complete this reference. In such circumstances, please give information here regarding your experience in clinical practice that enables you to provide accurate answers to the questions on this form [↑](#footnote-ref-1)