



Certified Compounded Sterile Preparation Technician™ Competency Attestation Form

The purpose of this form is to document that Certified Compounded Sterile Preparation Technician (CSPT) Program Requirements for skill and competency assessment have been completed. PTCB requires that this form be completed to earn initial CSPT Certification and also annually to maintain CSPT Certification. This form must be completed by a Qualified Supervisor, as defined within this form, who directly observed the skill and competency assessments of the CSPT candidate/certificant. The PTCB candidate/certificant should submit the form by logging into their PTCB Account.

CSPT Certificant/Candidate Information	
Full Name: _____	
PTCB Certification Number: OR	CPhT _____
	CSPT _____

Training
<i>USP <797> states: Personnel who prepare CSPs shall be trained conscientiously and skillfully by expert personnel through multimedia instructional sources and professional publications in the theoretical principles and practical skills of garbing procedures, aseptic work practices, achieving and maintaining ISO Class 5 environmental conditions, and cleaning and disinfection procedures. This training shall be completed and documented before any compounding personnel begin to prepare CSPs.</i>
Date of initial sterile compounding training: ____ / ____ / ____

Candidate/Certificant Full Name: _____

PTCB Certification Number: _____

Hand Hygiene, Garbing, and Gloving
Date of most recent direct observation/evaluation: ____/____/____
Evaluation Result: _____ _____ _____

Gloved Fingertip Sample
Date of most recent evaluation: ____/____/____
Evaluation Result: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Media Fill Test
Date of most recent evaluation: ____/____/____
Evaluation Result: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL

I, _____, do hereby certify that I have directly observed the activities recorded on this form, and that the information on this form is true and correct to the best of my knowledge. I understand that material misrepresentations on this form may affect the eligibility of the candidate for PTCB CSPT Certification, and that PTCB may refer misrepresentations on this form to state regulatory bodies for review.

____/____/____

Signature of Qualified Supervisor

Date

Candidate/Certificant Full Name: _____

PTCB Certification Number: _____

Cleaning and Disinfecting
Date of most recent evaluation: ____/____/____
Evaluation Result: _____ _____ _____ _____

Aseptic Manipulation
Date of most recent evaluation: ____/____/____
Evaluation Result: _____ _____ _____ _____

I, _____, do hereby certify that I have directly observed the activities recorded on this form, and that the information on this form is true and correct to the best of my knowledge. I understand that material misrepresentations on this form may affect the eligibility of the candidate for PTCB CSPT Certification, and that PTCB may refer misrepresentations on this form to state regulatory bodies for review.

Signature of Qualified Supervisor

____/____/____
Date

Candidate/Certificant Full Name: _____

PTCB Certification Number: _____

Supervisor Information	
Full Name: _____	
Work Address: _____	
Work City: _____ Work State: _____	
Work ZIP Code: _____	Contact Phone #: _____
Email Address: _____	
License/Registration Number: <input type="checkbox"/> Pharmacist _____ OR <input type="checkbox"/> Pharmacy Technician _____	

Supervisor Statement of Qualification

I, _____, do hereby certify that I meet the following requirements established by PTCB and that I am thereby qualified to attest to the skills and competencies reported on this form.

1. I am in good standing with my employer and all regulatory bodies (e.g. State Board of Pharmacy) that have jurisdiction over my work site.
2. I have _____ years of experience working directly with or supervising the production of compounded sterile preparations (CSPs). *

Signature of Qualified Supervisor

_____/_____/_____
Date

***Note: If fewer than five (5) years, you must attach a letter from the Pharmacy Director describing your qualifications to supervise CSP production.**