



## Certified Compounded Sterile Preparation Technician® Competency Attestation Form

The purpose of this form is to document that the Certified Compounded Sterile Preparation Technician® (CSPT®) Program Requirements for training, skill assessment, and competency assessment have been completed. PTCB requires this form to be completed to earn initial CSPT Certification and on an annual basis to maintain CSPT Certification. This form must be completed by a qualified supervisor, as defined within this form, who directly observed the training, skill assessment, and competency assessment of the CSPT candidate/certificant. The PTCB candidate/certificant is required to submit the form by logging into their [PTCB Account](#).

CSPT Candidate/Certificant Information
<b>Full Name:</b> _____
<b>PTCB Account ID:</b> _____

Gloved Fingertip and Thumb (GFT) Sample
<b>Date of most recent evaluation:</b> ____/____/____
<b>Evaluation Result:</b> PASS FAIL

Media Fill Test
<b>Date of most recent evaluation:</b> ____/____/____
<b>Evaluation Result:</b> PASS FAIL

The following three sections must be completed by a **qualified supervisor**. A qualified supervisor meets the requirements described below.

Supervisor Statement of Qualification
<p>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.</p> <ol style="list-style-type: none"><li>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.</li><li>2. I have at least five (5) years of experience supervising the production of compounded sterile preparations (CSPs).*</li></ol> <p><i>*If you, the qualified supervisor, have less than five (5) years of experience, you must attach a letter from the pharmacy director describing your qualifications to supervise CSP production. If this form is submitted without accompanying documentation, it will be returned to the candidate/certificant for correction.</i></p> <p><b>Signature of Qualified Supervisor</b> _____</p> <p><b>Date:</b> ____/____/____</p>

Supervisor Information
<p><b>Full Name:</b> _____</p>
<p><b>Employer Address:</b> _____</p> <p><b>City:</b> _____</p> <p><b>State:</b> _____ <b>Zip Code:</b> _____</p>
<p><b>Employer Phone #:</b> _____</p>
<p><b>Email Address:</b> _____</p>
<p><b>License/Registration Number:</b> _____</p> <p><b>License/Registration State:</b> _____</p> <p><input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Pharmacy Technician</p>

### Qualified Supervisor Attestation

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/certificant  
for PTCB CSPT Certification and that PTCB may refer misrepresentations on this form to  
state regulatory bodies for review.

**Signature of Qualified Supervisor** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_