

Pharmacology PLAR Requirement

Demonstration of Devices

I hereby acknowledge that (please **print** name) _____ has demonstrated the following devices with sufficient knowledge and professionalism to teach a patient how to use the device correctly.

Device	Date Completed
<input type="checkbox"/> Blood pressure monitor	
<input type="checkbox"/> Metered Dose Inhaler and aerochamber	
<input type="checkbox"/> Turbuhaler	
<input type="checkbox"/> Diskus	
<input type="checkbox"/> Handi-haler	
<input type="checkbox"/> EpiPen	
<input type="checkbox"/> Blood glucose monitor and lancing device	
<input type="checkbox"/> Insulin Pen	

Assessment completed by:

Assessor's Signature: _____

Please Print Name and Title: _____

Business Phone Number : _____

Pharmacy Regulatory Authority I.D. Number: _____

Date of completion of assessment: _____

Name/Address of Pharmacy (or other site) where assessment was completed:

Note: This signed completed assessment must be submitted to the educational institution PRIOR to writing the PLAR Challenge examination. Students who have not submitted a completed assessment will not be able to write the PLAR exam.