# Annex 1. Form for the description of successful experiences in competencies for pharmaceutical services based on PHC

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| 1. **Title of the Experience** |
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| 1. **Author(s)** | |
| 1. Responsible(s) |  |
| 1. Institution and title or position |  |
| 1. Full address |  |
| e-mail |  |
| Telephone |  |

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| 1. **Experience identification** | |
| 1. Objetive |  |
| 1. Place of development |  |
| 1. Participants |  |
| 1. Scope |  |

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| 1. **Description of the context for the development of the experience** |
| 1. Definition of competencies officially adopted in the country or institution |
| 1. Description of competencies to be developed in the Pharmacy Decree course(s) in your country or institution |
| 1. Profile of the pharmacist to be achieved at the Pharmacy degree in your country or institution |

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| 1. **Experience description** |
| 1. Methodology, place and period of development of the experience |
| 1. Description of competencies related to PS and PHC developed |
| 1. Description of the level/degree in which the experience was developed (undergraduate, graduate, continuing education, in service training, or other form) |
| 1. Analysis of the experience implementation |
| 1. Description of potential changes generated by the experience |
| 1. Description of possible outcomes and impacts |

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| 1. **Remarks, suggestions and recommendations** |
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Annex 2. Declaration of interests and  
Authorization to publish data from the consultation

**To be completed by the participant of the consultation**

**Part I: Utilisation of the data presented at the consultation and its publication at the PAHO/WHO website**

I authorize the use of information and data presented in the consultation for the development of the proposal on Competencies for the development of pharmaceutical services (PS) based on Primary Health Care (PHC) and Good Pharmacy Practices as well as strategies for its implementation.

I authorize the publication of the response to the consultation and related materials on the PAHO/WHO website.

**Part II: Declaration of Interest**

In the interest of transparency, I declare -

1. The funding sources for the development of the experience were:
2. Any interest (currently and in the two previous years) which could represent a conflict of interest relating to the result of experience or the consultation:

**Declaration**

I declare that the information provided is correct and that I have no other conflict of interest to declare.

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Signature (author of the experience)

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Name and Date