Preceptor/Site Approval Form
Students and Provisional Registrants

This form is only applicable for practice experience completed within Prince Edward Island. It is the responsibility of the Student/Provisional registrant to ensure that this form reaches the College office prior to the commencement of practice experience with the preceptor named below. Students/Provisional Registrants must be registered with the Prince Edward Island College of Pharmacy, before commencing practice experience in a pharmacy in Prince Edward Island. A separate Registration Form must be used for this purpose. The PEI College of Pharmacists will notify the Student/Provisional registrant when the form has been processed and they are permitted to begin their practice experience.

Preceptor Declaration

Pharmacy name ________________________________ Address ________________________________

I declare that I am currently registered with the Prince Edward Island College of Pharmacy as a Pharmacist or Pharmacy Technician in the General Class (Pharmacy Technicians may only serve as a preceptor to pharmacy technician students)

I further declare that the student below is either registered or has submitted application with the Prince Edward Island College of Pharmacy and will be under my DIRECT personal supervision during his/her training and that I will take responsibility for his/her actions.

Preceptor Signature: ________________________________ Print name: ________________________________

PEICP registration number: ________________________________ Date: ________________________________

Student/Intern Name: ________________________________

Send completed forms to: P.E.I College of Pharmacy, 45 Paramount Drive, Unit 1, Charlottetown, PE C1E 0C6 or by fax to (902) 628-6946 or scan and e-mail to info@pepharmacists.ca
Student Declaration

I declare that I am registered as a “Registered Student” with the Prince Edward Island College of Pharmacy for the current licensing year or have submitted application for registration.

I further declare that I have read and understand the Regulations and that I will be under the DIRECT personal supervision of my preceptor.

Student/Intern Name: ___________________ Signature: ________________________

Date: ________________________________ Start Date: __________________________

Preceptor Name: _____________________ Site: _________________________________

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