



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



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACY

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

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: _____

PEICP office use only

Preceptor Approved	Yes	No
PEICP signature		

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