



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 Prince Edward Island. Registration must be completed through the online Applicant Portal found on the College website. PEICP will notify the Student/Provisional registrant when their application has been processed and they are permitted to begin their practice experience.

Student Declaration

I declare that I am registered with the Prince Edward Island College of Pharmacy for the current registration year or that I have a registration application in progress.

I further declare that I have read and understood the [Pharmacist and Pharmacy Technician Regulations](#) governing the practice of pharmacy in PEI.

I further declare that I will practice only under the direct supervision of my preceptor or my preceptor's delegate.

I acknowledge that prior to beginning my practice experience, my preceptor will require proof of identification and registration with PEICP and that I will not be permitted to start my practice experience until such proof is provided.

Pharmacy name: _____

Address: _____

Signature: _____

Print

name: _____

Start Date: _____

End

Date: _____

Preceptor 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



Preceptor Declaration

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 and meet all requirements as outlined in the [Preceptor Policy](#). (Please note that pharmacy technicians may only serve as a preceptor to pharmacy technician students or provisional pharmacy technicians.)

I further declare that the student or provisional registrant will practice only under my direct supervision or the direct supervision of my delegate and that I have applied for a Supervisor Authorization in my [registrant portal](#).

I further declare that prior to the student or provisional registrant beginning practice experience under my direct supervision, I undertake to:

1. Verify the student or provisional registrant's identification by viewing a government-issued photo ID, such as a driver's license, passport, or citizenship card, and
2. Confirm the student or provisional registrant's registration status with the PEI College of Pharmacy by accessing the [PEICP online public register](#) to verify:
 - the student/provisional registrant's registration status,
 - any limits and/or conditions on their practice published in the register, and
 - whether the registrant is authorized to perform additional reserved activities (e.g., drug administration.)

I further declare that I have reviewed the [Preceptor Policy](#) found on the PEICP website, and that I understand my responsibilities outlined therein.

Pharmacy name: _____

Address: _____

Preceptor _____

Print _____

Signature: _____

name: _____

PEICP registration
number: _____

Date: _____

Student/
Provisional
Name: _____

Please keep a copy of this form for your reference.

Please address any questions to the PEI College of Pharmacy office: (902) 628-3561 or info@pepharmacists.ca.

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
