



PRINCE EDWARD ISLAND COLLEGE OF PHARMACY

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

Completion of Supervised Practice Form Waiver of Registration Requirements Registrants

This form is only applicable for practice experience completed within Prince Edward Island. The form must be signed by the registrant and by the managing pharmacist following completion of 14 days of practice experience under direct supervision.

Following receipt of the signed declaration, PEICP will remove the registration condition requiring direct supervision from the registration.

Registrant 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 with a condition that I complete 14 days of practice in Prince Edward Island under direct supervision.

I further declare that I have completed 14 days of practice experience under the direct supervision of a pharmacist in the General Class.

Signature: _____ Print name: _____

PEICP registration number : _____ Date: _____

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)

Managing Pharmacist Declaration

I declare that I am a managing pharmacist of a pharmacy licensed by the PEI College of Pharmacy.

I further declare that the registrant named below has completed 14 days of practice experience under the direct supervision of a pharmacist in the General Class.

Managing Pharmacist Name: _____

Signature: _____ Date: _____

Start and End Dates: _____

Registrant Name: _____

Pharmacy: _____

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