Preceptor/Site Approval Form - Sites Outside Nova Scotia

This form is to be completed by students/interns wishing to have the College record, for the purposes of licensure, practice experience performed outside the province of Nova Scotia, but within Canada

Student/Intern’s Name: ________________________________________________________________

University: ______________________________________________________________________

Location of Proposed Practice Experience: _____________________________________________

Name of Pharmacy: __________________________________________________________________

Address: _________________________________________________________________________

Preceptor’s Name: __________________________________________________________________

Preceptor is in good standing and eligible for preceptorship, according to his/her licensing body.

Yes □ No □ ______________________________________________________________________

(To be verified and signed by preceptor’s provincial licensing body)

Student/Intern Declaration

I, ____________________________, declare that I am currently registered as a “Registered Student or (Student/Intern) Intern” with the Provincial Licensing Body and will continue to be registered for the duration of this practice experience period, and that I will work only under the DIRECT personal supervision of my preceptor or my preceptor’s pharmacist delegate. I further declare that I have read and understand the laws relating to Registered Student/Interns.

Signature of Student/Intern ____________________________ Date __________

Preceptor Declaration

I, ____________________________, declare that I am currently licensed in the province in which I practice (Name of Preceptor) and that the student named above will be under my DIRECT personal supervision during his/her training and that I will take responsibility for his/her actions. I further declare that the pharmacy named above is currently an approved pharmacy in the province.

Preceptor’s Signature ____________________________ Date __________

• Approval must occur before practice experience commences.
• The onus is on the student to have the appropriate licensing body verify that the preceptor is in good standing and eligible for preceptorship.
• Students/Interns MUST BE REGISTERED with the Nova Scotia College of Pharmacists, as Registered Students or Interns, before commencing practice experience in a pharmacy. A separate Registration Form must be used for this purpose.