This form is intended for pharmacy technician students who graduated from a CCAPP-accredited program. Upon completion of the following declarations, the graduate’s in-course practice experience hours can be accepted as meeting some of the structured practice experience hours required for licensure.

DECLARATION OF PROGRAM INSTRUCTOR / COORDINATOR

I, ___________________________, program instructor/practicum coordinator for __________________________, do hereby certify that __________________________, successfully completed practice experience under __________________________ between the dates ______________ and ____________, being a total of _______ hours completed during the student’s practicum.

I further declare that:

- the student’s progress was monitored throughout their practicum by the educational institution and support and guidance was provided to the student and preceptor as required; and
- the student performed successfully, meeting all requirements of the program.

__________________________  __________________________
(signature of program instructor / coordinator)  (license #)  (date)

DECLARATION OF PHARMACY TECHNICIAN STUDENT

I, ___________________________, declare that the information provided above is true and that I have read and understand the Regulations as they pertain to structured practice experience and the requirements for pharmacy technician candidate preceptors as set forth in section 5 of Pharmacy Practice Regulations.

__________________________  __________________________
(signature of pharmacy technician student)  (date)