Declaration of Completion of Structured Practice Experience as part of Pharmacy Technician Educational Program

PRECEPTOR FORM

This form is intended for pharmacy technician students who graduated from a Canadian 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 PRECEPTOR

I, ____________________________, while employed at ____________________________, do hereby certify that ____________________________, from ____________________________, successfully completed practice experience between the dates _______________ and _______________ being a total of _______ hours completed during the student’s practicum. I further declare that:

- at the time of the student’s practicum, I met the requirements for being a pharmacy technician candidate preceptor as set forth in the section 5 of the Pharmacy Practice Regulations, including being licensed to practice in Canada for at least one year;
- I provided appropriate oversight of the pharmacy technician candidate while he/she was engaged in the practice experience; and
- the student performed successfully, meeting all requirements of the program.

__________________________   (# ____________ )   ________________  
(signature of preceptor)   (licence #)   (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)