Intern Preceptor/Site Approval Application:
Practice Experience within Nova Scotia

This application must be completed and submitted to the NSCP for approval before you begin your practice experience.

You will receive an email from the NSCP once your application has been approved, after which you can begin your practice experience with the preceptor named below. Please note:

- You must be registered with the NSCP as a registered intern before commencing practice experience in a pharmacy and must remain registered as such for the duration of the practice experience period. A separate application for registering as an intern must be submitted for this purpose. Applications for Intern Registration can be found on the NSCP website.

- Unstructured time service must be completed in a direct patient care setting.

**Preceptor Declaration**

I, _______________________________, declare that I am currently licensed as an active direct patient care pharmacist with the NSCP and am currently practicing in a direct patient care setting, that I have been registered as a pharmacist in Canada for at least one year, that I have no limitations on practice, that my right to be a preceptor has not been revoked or suspended, and that I have obtained and am covered by professional liability insurance in accordance with the Pharmacy Act and Regulations.

I further declare that _______________________________, the pharmacy in which the intern named below intends to serve their practice experience, is currently registered with the NSCP and complies with the Pharmacy Act and Regulations. I also declare that the intern named below is registered with the NSCP and will be under my direction (or the personal direction of the pharmacist delegate) during their training and that I will take responsibility for their actions.

Preceptor Signature: _______________________________ Date: _______________________________

**Intern Declaration**

I, _______________________________, declare that I am currently registered with the NSCP as a Registered Intern and will remain registered as such for the duration of this practice experience period.

I further declare that I have read and understand the Regulations relating to registered intern and that I will be under the direction of the preceptor named above.

Intern Signature: _______________________________ Date: _______________________________