Intern Declaration of Practice Experience

This declaration must be completed by the pharmacy intern’s preceptor. The preceptor and site must have been approved by the NSCP in advance of the intern’s practice experience. A separate application for preceptor and site approval must be submitted to the NSCP for approval before an intern can begin their practice experience; the Preceptor/Site Approval Application can be found on the NSCP website. Please note that unstructured time service must be completed in a direct patient care setting.

FULL NAME OF PHARMACY INTERN: ____________________________________________________________

PRECEPTOR DECLARATION:

I, ________________________________________________ , a licensed pharmacist of ___________________________________________________________

First and Last Name of Pharmacist

Pharmacy Name and Address

do certify and declare that:

• I am an active direct patient care pharmacist in good standing and without conditions on my licence with the:

  ____________________________________________________________ , _________________________ , Licence Number ____________ .

Name of Provincial Regulatory Authority

and that the intern named above:

• completed their practice experience starting on the __________ day of __________________ , __________ for a total of __________ hours.

  Day    Month         Year

and ending on the __________ day of __________________ , __________ for a total of __________ hours.

  Day    Month         Year

and that during the practice experience period named above, said intern:

• was registered as an intern with the appropriate provincial regulatory authority the entire time;

• served under my direction in the pharmacy named above, and all laws, regulations and standards were observed;

• completed the hours named above prior to my completion of this form;

• practiced pharmacy directly with patients;

• demonstrated satisfactory language skills;

• demonstrated that they are a fit and proper person to practise pharmacy competently, safely and ethically;

• and (select one):  ○ did satisfactorily meet  the requirements of the practice experience period.

  ○ did NOT satisfactorily meet

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Preceptor Signature: ____________________________________________________________ Date: __________________ DD / MM / YYYY