

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

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

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

- You must be licensed with the NSPR as a student before commencing practice experience in a pharmacy and must remain licensed as such for the duration of the practice experience period. A separate application for licensing as a student must be submitted for this purpose; *Applications for Student Registration* can be found on the NSPR website.
- Unstructured time service must be completed in a direct patient care setting.

Preceptor Declaration

I, _____ [Full Name of Preceptor] _____, declare that I am currently licensed as an active direct patient care pharmacist with the NSPR 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in Canada for at least one year, that I have no limitations on practice, that my right to be a preceptor has not been revoked or suspended, and that I have obtained and am covered by professional liability insurance in accordance with the NSPR Bylaws, and Regulations.

I further declare that _____ [Name of Pharmacy & Address] _____, the pharmacy in which the student named below intends to serve their practice experience, is currently registered with the NSPR and complies with the Regulations, NSPR Bylaws and standards of practice. I also declare that the student named below is registered with the NSPR and will be under **my direct personal supervision** (or the direct personal supervision of the pharmacist delegate) during their training and that I will take responsibility for their actions.

Preceptor Signature: _____ Date: _____

Student Declaration

I, _____ [Full Name of Student] _____, declare that I am currently registered with the NSPR as a registered student and will remain registered as such for the duration of this practice experience period.

I further declare that I have read and understand the NSPR Bylaws & Regulations relating to Registered Students and that I will be under the **direct personal supervision** of the preceptor named above.

Student Signature: _____ Date: _____