Nova Scotia College of Pharmacists

Declaration of Practice Experience

This declaration must be completed by the pharmacy student's preceptor. The preceptor and site must have been approved by the NSCP in advance of the student's practice experience. A separate application for preceptor and site approval must be submitted to the NSCP for approval before a student 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 STUDENT: _____

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:

_____ , _____ ,
Name of Provincial Regulatory Authority — Licence Number

and that the student named above:

- completed their practice experience starting on the _____ day of _____ , _____
  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 student:

- was registered as a student with the appropriate provincial regulatory authority the entire time;
- served under my direct supervision 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 <u>NOT</u> satisfactorily meet**

I make this solemn declaration conscientiously believing it to be true and knowing that it is being relied on by the Nova Scotia College of Pharmacists for registration and other regulatory purposes in accordance with the Pharmacy Act.

Preceptor Signature: _____ Date: _____
DD / MM / YYYY

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