

## 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 student 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 a student must be submitted for this purpose; the *Application for Student Registration* can be found on the NSCP 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 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in Canada for at least one year, that I have no limitations on practice, that my right to be a preceptor has not been revoked or suspended, and that I have obtained and am covered by professional liability insurance in accordance with the Pharmacy Act and Regulations.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 \_\_\_\_\_ [ Name of Pharmacy ], the pharmacy in which the student 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 student named below is registered with the NSCP 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 NSCP 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 Regulations relating to Registered Students and that I will be under the **direct personal supervision** of the preceptor named above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_