

Student 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 NSPR in advance of the student's practice experience. A separate application for preceptor and site approval must be submitted to the NSPR for approval before a student can begin their practice experience; the Preceptor/Site Approval Application can be found on the NSPR 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

do certify and declare that:

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

_____, _____

- and that the student named above:

completed their practice experience starting on the _____ day of _____, _____
and ending on the _____ day of _____, _____ for a total of _____
hours,

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 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