

Preceptor/Site Approval Form - Sites Outside Nova Scotia

This form is to be completed by students/interns wishing to have the College record, for the purposes of licensure, practice experience performed outside the province of Nova Scotia, but within Canada

Student/Intern's Name: _____

University: _____

Location of Proposed Practice Experience: _____

Name of Pharmacy: _____

Address: _____

Preceptor's Name: _____

Preceptor is in good standing and eligible for preceptorship, according to his/her licensing body.

Yes ☐ No ☐ _____

(To be verified and signed by **preceptor's** provincial licensing body)

Student/Intern Declaration

I, _____, declare that I am currently registered as a "Registered Student or
(Student/Intern)

Intern" with the Provincial Licensing Body and will continue to be registered for the duration of this practice experience period, and that I will work only under the DIRECT personal supervision of my preceptor or my preceptor's pharmacist delegate. I further declare that I have read and understand the laws relating to Registered Student/Interns.

Signature of Student/Intern

Date

Preceptor Declaration

I, _____, declare that I am currently licensed in the province in which I practice
(Name of Preceptor)

and that the student named above will be under my **DIRECT** personal supervision during his/her training and that I will take responsibility for his/her actions. I further declare that the pharmacy named above is currently an approved pharmacy in the province.

Preceptor's Signature

Date

- Approval must occur before practice experience commences.
- The onus is on the student to have the appropriate licensing body verify that the preceptor is in good standing and eligible for preceptorship.
- Students/Interns **MUST BE REGISTERED** with the Nova Scotia College of Pharmacists, as Registered Students or Interns, before commencing practice experience in a pharmacy. A separate Registration Form must be used for this purpose.