

Preceptor/Site Approval Form Prince Edward Island Sites Only

It is the responsibility of the Student to ensure that this form reaches the Board office **prior to the commencement of practice experience** with the preceptor named below.

Students MUST BE REGISTERED with the Prince Edward Island Pharmacy Board, as Registered Students, before commencing practice experience in a pharmacy in Prince Edward Island. A separate Registration Form must be used for this purpose.

I, _____, declare that I am currently licensed with the Prince Edward Island
(Name of Preceptor)
Pharmacy Board.

I further declare that _____, the pharmacy in which the
(Name & Address of Pharmacy)
Student named below intends to serve his/her practice experience, is currently registered with the Prince Edward Island Pharmacy Board.

I further declare that _____, is registered with the Prince Edward Island
(Name of Student)

Pharmacy Board and will be under my **DIRECT** personal supervision during his/her training and that I will take responsibility for his/her actions.

Signature of Preceptor

Date

I, _____, declare that I am registered as a "Registered Student" with
(Name of Student)
the Prince Edward Island Pharmacy Board for the current licensing year (April 1 to March 31).

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 my preceptor, _____.
(Name of Preceptor)

Signature of Student

Date