

**Preceptor/Site Approval Form
Sites Outside Prince Edward Island**

This form is to be completed by students wishing to have the Board record, for the purposes of licensure, unstructured practice experience performed outside the province of Prince Edward Island.

Student's Name: _____

University: _____

Location of Proposed Practice Experience: _____
City/Province/Country

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 by preceptor's provincial licensing body)

I, _____, declare that I am currently licensed in the province in which I
(Name of Preceptor)
practice and that the student named below will be under my **DIRECT** personal supervision.
Edward Island 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 Provincial Licensing Body of the province I will be practicing in and that I will work only under the
DIRECT personal supervision of my preceptor.

Signature of Student

Date