

PRINCE EDWARD ISLAND
PHARMACY BOARD

South Shore Professional Building
P.O. Box 89, Crapaud, P.E.I. COA IJO
Phone: (902) 658-2780 Fax: (902) 658-2198 E-mail: peipharm@auracom.com

Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)

STUDENT UNSTRUCTURED TIME SERVICE REGISTRATION

STUDENT: _____

PRECEPTOR: _____

PHARMACY: _____

PHARMACY ADDRESS: _____

This is to certify that the above named pharmacy student has served a period of practice experience in the presence of and under my immediate and continuous supervision for a period of _____ weeks, from the _____ day of _____ 20____,

(month) (yr)

to the _____ day of _____ 20 ____.

(month) (yr)

Total hours served _____, was in accordance with the requirements of the Prince Edward Island Pharmacy Act and Regulations, with a minimum of 30 hours per week over a minimum of 4 consecutive weeks.

Furthermore, I certify that I am a member in good standing with the _____
(Provincial Licensing Body)

Signature of Preceptor

Signature Student

Date

Date

Note:
It is the responsibility of the student to annually file evidence of unstructured Practice Experience with the Board office.