



## STRUCTURED PRACTICE EXPERIENCE PROGRAM NOTIFICATION FORM

Candidate information (please clearly print all information and sign where indicated)

Please be advised that I, \_\_\_\_\_ a graduate of

\_\_\_\_\_ (college) in \_\_\_\_\_ (year) wish to begin my

Structured Practice Experience Program on: \_\_\_\_\_ (date) in:

Name of Pharmacy\* & License # \_\_\_\_\_

Address: \_\_\_\_\_

Town/City & Postal Code: \_\_\_\_\_

My address: \_\_\_\_\_

I may be contacted at this phone number: \_\_\_\_\_ or email: \_\_\_\_\_

### Pharmacy Technician Candidate Declaration:

I attest that I:

- Have submitted a "Notice of Intent to Register" form with the Nova Scotia College of Pharmacists
- Am not in a close personal relationship with and do not have or could not be perceived to have a conflict of interest\*\* or bias with respect to the preceptor named below

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor information (please clearly print all information and sign where indicated)

I \_\_\_\_\_ have agreed to act as the preceptor for \_\_\_\_\_

in the Pharmacy Technician Structured Practical Experience Program.\* I can be reached at this phone number:

\_\_\_\_\_ or by email at: \_\_\_\_\_

### Preceptor Declaration:

I attest that I:

- Will take primary responsibility for direct supervision and assessment of the participant for the SPEP
- Have at least one year of direct patient care as a practicing pharmacist or regulated pharmacy technician and;
- Am not in a close personal relationship with this participant and do not have or could not be perceived to have a conflict of interest\*\* or bias with respect to the participant
- Have no limitations on practice or my right to be a preceptor has not been revoked or suspended

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*The practice site and preceptor must be approved before the candidate can begin the program

\*\*For definition of "Conflict of Interest" please refer to SPE Program Overview document

Completed form is to be submitted by email to: [spep@easterncollege.ca](mailto:spep@easterncollege.ca) or by fax to (902)423-2042