



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 NSCP
- 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- Have no limitations on practice or my right to be a preceptor has not been revoked or suspended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 or by fax to (902)423-2042