

REGISTRANT PORTAL USER GUIDE

Approving Completed Practical Training for Preceptors

June 20, 2025

| 1. | Log into the <u>CPNL Registrant Portal</u> . | | |
|----|--|--|------|
| 1. | Log into the <u>CPNL Registrant Portal</u> . | Registrant Portal i preddy@nipb.ca i Sign In Or Forget your password? Reset Password | EN O |
| | Powered by Thentia Cloud | | |

2. Once you have logged into your profile, click on *Practical Training Evaluations* on the side menu.

| OF NEWFOUNDLAND AND LABRADOR | | | | | | | |
|---|--------------|------------|---------------------|---------------------|-----------------------------|--------------------------------|--|
| | | | | | | | |
| lome | Home | | | | | | |
| Profile | | | | | | | |
| Registrant Information | | | | | | | |
| Employment Information | Your Infor | nation | | | | | |
| Educational Background | First Name | | | Last Name | | Middle Name | |
| Certificate of Registration | Julie | | | Reddy | | | |
| Other Pharmacy Registrations | Tolophono | | | Empil | | | |
| Professional Liability Insurance | Telephone | | | ireddy@copl.ca | | | |
| First Aid/CPR Certifications | | | | jioddy@opini.ou | | | |
| egistration | | | | | | | |
| Document Upload | | | | | | | |
| Professional Development | Registratio | ns | | | | | |
| Practical Training Evaluation: | | | | | | | |
| Registration Renewal | Registration | Гуре | Registration Number | Registration Status | Registration Effective Date | e Registration Expiration Date | |
| Authorizations | Pharmacist | | 99-0000 | Active | 01/01/2025 | 12/31/2025 | |
| lequests | | | | | | | |
| Name Change Request | | | | | | | |
| Document Request | Outstandi | g Invoices | | | | | |
| Status Change Request | | | | | | | |
| Application to be Designated Pharmacist-in-Charge of Existing Pharmacy | Total | \$0.00 | | | | View | |
| nvoices & Receints | | | | | | | |

3. Click the *View* button next to the intern for whom you are serving as a preceptor. *Please note that the Status will be "Submitted" for any intern who has submitted their completed practical training record for approval.*

| | | | | | | Messages Julie Reddy ∨ | | |
|---|----------------------|--|-------------------|------------------------|--|--------------------------|--|--|
| | | | | | | | | |
| | | | | | | | | |
| Home | Practical Train | ing Evaluations | | | | | | |
| Profile | | | | | | | | |
| Registrant Information | The practical traini | practical training periods for which you are a precentor are listed below. Click View to approve or reject the candidate's record of completion and upload your evaluation | | | | | | |
| Employment Information | Registration Num | ber Candidate Name | Registration Type | Anticipated Start Date | Practical Training Completion Deadline | Status | | |
| Educational Background | 1-9999 | Julie Reddy | Pharmacy Intern | 05/01/2025 | 11/01/2025 | Submitted O View | | |
| Certificate of Registration | | | | 0010 112020 | | Qview | | |
| Other Pharmacy Registrations | | | | | | | | |
| Professional Liability Insurance | | | | | | | | |
| First Aid/CPR Certifications | | | | | | | | |
| Registration | | | | | | | | |
| Document Upload | | | | | | | | |
| Professional Development | | | | | | | | |
| Practical Training Evaluations | | | | | | | | |
| Registration Renewal | | | | | | | | |
| Authorizations | | | | | | | | |
| Requests | | | | | | | | |
| Name Change Request | | | | | | | | |
| Document Request | | | | | | | | |
| Status Change Request | | | | | | | | |
| Application to be Designated Pharmacist-in-Charge of Existing Pharmacy | | | | | | | | |
| Invoices & Receipts | | | | | | | | |

4. Scroll to the *Reports* table and click the *View* button to view the intern's submission.

| Educational Background | Candidate Name | Julie Reddy | | | | | |
|--|---|-----------------|----------------|----------------|--|--|--|
| Certificate of Registration | Candidate Registration Type | Pharmacy Intern | | | | | |
| Professional Liability Insurance | Anticipated Start Date | 05/01/2025 | | | | | |
| First Aid/CPR Certifications | Practical Training Completion Deadline | 11/01/2025 | | | | | |
| - Document Upload | Status | Submitted | | | | | |
| Professional Development | Approved Date | N/A | N/A 140 | | | | |
| Practical Training Evaluations Registration Renewal | Total Hours | 140 | | | | | |
| Authorizations Requests | Additional comments & feedback about candidate an practical training period. | i/or | | | | | |
| Name Change Request | Document Upload - Candidate | ± Choose Files | | <i>d</i> | | | |
| Status Change Request Application to be Designated Pharmacist-in-Charge of Existing Pharmacy | Preceptor's Evaluation | ± Choose Files | ▲ Choose Files | | | | |
| Invoices & Receipts | Reports | | | | | | |
| Account Settings | Actual Start Date | Actual End Date | Total Hours | | | | |
| | 05/01/2025 | 06/13/2025 | 140 | Q View | | | |
| | | | | | | | |
| | < Back | | | Reject Approve | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

5. Review the *Record of Completion Report* to confirm the information is correct. Click the Back button to return to the main screen.

| | | Messa | iges Julie Reddy ~ |
|---|--|---|----------------------|
| COLLEGE OF PHARMACY | | | |
| - | | | |
| Home | Record of Completion Report | | |
| Profile | | | |
| Registrant Information | | | |
| Employment Information | Note: All information with a red asterisk (*) is required. | | |
| Educational Background | Actual Start Date * | 05/01/2025 | <u> </u> |
| Certificate of Registration | | 06/43/0005 | 10-01 |
| Other Pharmacy Registrations | Actual End Date | 06/13/2025 | |
| Professional Liability Insurance | Total Hours * | 140 | |
| First Aid/CPR Certifications | Comments and Feedback * | The staff at the pharmacy were very welcoming and my precentor was very helpful | |
| Registration | Comments and recodeck | The sum at the praimacy were very wereening and my preceptor was very hoppar. | |
| Document Upload | Completed Prescription Tracking Log | ♣ Choose Files | |
| Professional Development | (Pharmacy Technician Candidates only) | | |
| Practical Training Evaluations | | | |
| Registration Renewal | | | |
| Authorizations | | | |
| Requests | < Back | | |
| Name Change Request | | | |
| Document Request | | | |
| Status Change Request | | | |
| Application to be Designated Pharmacist-in-Charge of Existing Pharmacy | | | |
| Invoices & Receipts | | | |

6. Click the *Choose Files* button to upload your completed Final Evaluation of the intern.

| Educational Background | Candidate Name | Julie Reddy | | | | | |
|---|---|-----------------|-------------|--------|-----------|--|--|
| Certificate of Registration | Candidate Registration Type | Pharmacy Intern | | | | | |
| Professional Liability Insurance | Anticipated Start Date | 05/01/2025 | | | | | |
| First Aid/CPR Certifications | Practical Training Completion Deadline | 11/01/2025 | | | | | |
| Registration | | | | | | | |
| Document Upload | Status | Submitted | | | | | |
| Professional Development | Approved Date | N/A | N/A | | | | |
| Practical Training Evaluations | | | | | | | |
| Registration Renewal | Total Hours | 140 | | | | | |
| Authorizations | Additional comments & feedback about candidate and/or | | | | | | |
| Requests | practical training period. | | | | | | |
| Name Change Request | Document Upload - Candidate | ▲ Choose Files | | | | | |
| Document Request | | | | | | | |
| Status Change Request | Precentor's Evaluation | 1 Choose Files | | | | | |
| Application to be Designated Pharmacist-in-Charge of Existing Pharmacy | | | | | | | |
| Invoices & Receipts | Reports | | | | | | |
| Account Settings | Actual Start Date | Actual End Date | Total Hours | | | | |
| | 05/01/2025 | 06/13/2025 | 140 | Q View | | | |
| | | | | | | | |
| | < Back | | | Reject | Approve | | |
| | | | | | , approve | | |
| | | | | | | | |
| | | | | | | | |
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7. Select the appropriate file and click the *Open* button.

| 🕐 Open | | | | | | > | × |
|--|---------------------------------------|--------------|---------------------|---------------------|---|--|----|
| \leftrightarrow \rightarrow \checkmark \uparrow \square \checkmark | lulie - CPNL > Documents > Scanned Do | ocuments > D | ocuments | ~ C | Search Documents | م | |
| Organize 🔻 New folder | | | | | ≣ | - 🗆 😗 | |
| > 📁 CPNL - Docum | Name | Status | Date modified | Тур | (Thermore 19. Partical | wing Topan Manad (Pernand | |
| > 💼 Creative Cloud | RPh Practical Training Manual-2025 | C | 2025-03-27 12:48 PM | Adc | Appendix A - Final Evaluation of the Pla formery Intern Hames | nnacy Intern | |
| > 🛄 Desktop | | | | | Normany Name & Location. Place clask its mort appropriate rating according to a rate the interact performance of the <u>labor or class materials</u> | the bay provided. 11 provide comments to myport | |
| > 📑 Documents | | | | 1.0 | y ne i des neuros y, na higo que 16%, estangene a deserv na higo a la seconda des policies a seconda des a deservantes a | er predik. | |
| > 📒 Meetings | | | | | poly forget anglements to practice, index lips for de and provinciplement and the poly of polytical adjected and polytical adjected and polytical adjected a | c) policies, logiene, and elposites. Initial logication in the process waterp- leases and deals offer of process logical. C) Also we thep exists new. | 1 |
| > 📒 Microsoft Tear | | | | | Reparticipant and Constants of Constants and Constants of | Demonstrates shiphing of all proficiency shift and excention. Applies investigated shifts at a final largest shift is expected. | Ľ |
| > 🔀 Pictures | | | | Com 1.30 - Ap | na na faraite Spécifica a Michael ge des agradas. Agé d'a a principies of productions and the costs of a Mice. | | |
| > 📒 Recordings | | | | | b) this process is followed and process. C Battern Repeatations Reparation of the second and the second an | C Alexentropelations Demonstrates a high lead of proficines; skill, and recipietion. Applies involved and skills at a local method of an and skills at a | |
| > 📒 UserData | | | | C | | | |
| > 🚞 Whiteboards | | | | | | 14 of 2 | 6 |
| - | | | | \odot | ₩ LQ | 14 01 2 | 20 |
| File <u>n</u> ame: | RPh Practical Training Manual-2025 | | | | ✓ All Files | ~ | |
| | | | | | <u>O</u> pen 🔻 | Cancel | |

8. If you have confirmed that all information submitted by the intern is correct, click the *Approve* button. *If the information is incorrect, click the Reject button and notify the intern that they must resubmit the report with the correct information.*

| Educational Background Candidate Name | | Julie Reddy | | | | | |
|---|--|------------------------|---|--------|--|--|--|
| Certificate of Registration | Candidate Registration Type | Pharmacy Int | Pharmacy Intern | | | | |
| Other Pharmacy Registrations | | | | | | | |
| Professional Liability Insurance | Anticipated Start Date | 05/01/2025 | 05/01/2025 | | | | |
| First Aid/CPR Certifications | Practical Training Completion Deadline | | 11/01/2025 | | | | |
| Registration | | | | | | | |
| Document Upload | Status | Submitted | | | | | |
| Professional Development | Approved Date | N/A | | | | | |
| Practical Training Evaluations | | | | | | | |
| Registration Renewal | Total Hours | 140 | | | | | |
| Authorizations | Additional comments & feedback | about candidate and/or | | | | | |
| Requests | practical training period. | | | | | | |
| Name Change Request | Document Upload - Candidate | ▲ Choose Files | ▲ Choose Files | | | | |
| Document Request | | | | | | | |
| Status Change Request | Preceptor's Evaluation | 1 Choose Files | | | | | |
| Application to be Designated Pharmacist-in-Charge of Existing Pharmacy | | Supervisor_RPh | Supervisor_RPh Practical Training Manual-2025.pdf | | | | |
| Invoices & Receipts | | | | | | | |
| Account Settings | Reports | | | | | | |
| | Actual Start Date | Actual End Date | Total Hours | | | | |
| | 05/01/2025 | | 140 | Q View | | | |
| | | | | | | | |
| | < Back | | | Reject | | | |