

Quality pharmacy practice and patient-centred healthcare through leadership and collaboration.

Preceptor Acceptance Form

This form must be completed, signed and included with the application for practical training.

Intern

Information: _____
 Last Name First Name & Middle Initial

Proposed

Preceptor

Information: _____
 Last Name First Name & Middle Initial Registration #

Proposed Site

Information: _____
 Pharmacy Name / City/Town Licence #

Preceptor Certifications:

- I have read and understand CPNL's Preceptor Requirements.
- I am currently registered and have no restrictions on my practice.
- I am not the respondent in an outstanding complaint that has been referred to the disciplinary panel.
- I have been registered and practicing in Newfoundland and Labrador for at least 12 months.
- I have reasonable experience at the proposed practice site to adequately familiarize the intern with systems and patients.
- I have gained and/or maintained competence in acting as a preceptor by completing appropriate professional development focused on acting as a preceptor.
- I have read and understand CPNL's [Practical Training Requirements for Registration as a Pharmacist](#) or [Practical Training Requirements for Registration as a Pharmacy Technician](#), whichever is applicable.
- I understand that I am responsible for ensuring that adequate oversight and supervision is provided to the intern, personally supervising the intern at least 50% of the intern's time at the practice site.
- I understand that I am responsible for ensuring that the activities in the Practical Training Manual are completed and documented appropriately.
- I recognize that my appraisal of the intern's competence to perform the duties and responsibilities of a pharmacist or pharmacy technician plays an important role in CPNL's determination of their eligibility for registration as a pharmacist or pharmacy technician.
- I agree to be honest, open, candid, and unbiased regarding the intern's performance during the practical training period and to submit the completed evaluation form to CPNL following the completion of the practical training program. I understand that the intern will not be credited for completing the program until the evaluation has been received.
- I agree to advise CPNL should any of the information included in these declarations change during the practical training period.

Preceptor Signature

Date Signed