



Appendix 8

**Notice of Pharmacy Work Placement
(Non-credit Position)**

Please Type or Print		
Surname: Mr. Ms Mrs. Miss		OCP Registration No. (assigned by OCP)
Given Name(s) in full		
Previous Surname		
Street Address		
City	Province	Postal Code
Phone	Fax	E-Mail

Supervising Pharmacist/Preceptor*

*Non-credit positions do not require a trained preceptor. However, students must be directly supervised by a pharmacist.

I _____ (OCP Registration) No. _____

hereby certify that I am a licensed pharmacist in good standing registered with the College as outlined in the policy (Policy 1e, f, g) supporting Regulation 280/96, Section 30 (1) 2. of the Pharmacy Act (Appendix 7).

The named applicant will undertake duties in the pharmacy/practice site and be entitled to perform the controlled acts as a:

- Non-credit student
- Non-credit intern (must have valid personal liability insurance)

Beginning on _____ at the pharmacy named below, for at least _____ hours/week.
(date)

Ending on _____ [if not known, please inform the College in writing as soon as it is known]
(if available) (date)

Name of Pharmacy		Pharmacy Accreditation Number
Street Address		City
Province	Postal Code	Phone

Date

Signature of Supervising Pharmacist/Preceptor

Date

Signature of Student/Intern

Note: If you have not previously registered with the College, all documents and fees are required.

For Office use Only
Comments _____