Ontario College of Pharmacists
Putting patients first since 1871

Notice of Pharmacy Work Placement
(Non-credit Position)

Circle one: Mr. Ms Mrs. Miss

Surname: ..... OCP Registration No: .....

Given Name(s) in full: ..... Previous Surname: .....

Street Address: ..... Apt. #: .....

City: ..... Province: ..... Postal Code: .....

Phone: ..... Fax: .....

Email: .....

Supervising Pharmacist/Preceptor *(Non-credit positions do not requite a trained preceptor. However, students must be directly supervises by a pharmacist.)*

I ..... (OCP Registration) No. .....
hereby certify that I am a licensed pharmacist in good standings 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 ..... *(date)* at the pharmacy named below, for at least ..... hours/week.

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

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: .....