



Notice of Pharmacy Work Placement

(Non-credit Position)

Passport-sized photograph (taken in last 12 months must be attached here)

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

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

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: _____