



Ontario
College of
Pharmacists

Declaration of Completion of the SPT Internship

I hereby declare that the intern, _____, _____,
Intern name, printed OCP #

has completed the SPT Internship rotation under my preceptorship from
_____ to _____ at a minimum of 35 hours per week,
(start date) (end date)

AND (Please check two of the following):

_____ has completed the required Activities, to my satisfaction and in accordance with the OCP
Preceptor Guidelines and submitted them to OCP

OR

_____ has NOT completed the Activities to my satisfaction or in accordance with the OCP
Preceptor Guidelines and requires more time.

AND

_____ has demonstrated an acceptable level of competence to register as a pharmacist in the
province of Ontario.

OR

_____ needs more time to demonstrate an acceptable level of competence to register as a
pharmacist in the province of Ontario.

I would hire/ would not hire (*circle one*) this intern for the following reasons:

Preceptor Name: _____

Preceptor Signature: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

Date: _____