



# Declaration of Completion of the SPT Studentship

I hereby declare that the student, \_\_\_\_\_, \_\_\_\_\_  
(Student name, printed) (OCP #)  
has completed \_\_\_\_\_ weeks of SPT Studentship from \_\_\_\_\_ to \_\_\_\_\_  
(# of weeks) (start date)  
\_\_\_\_\_ at a minimum of 35 hours per week under my preceptorship **AND**  
(end date)

has completed and documented the required Activities to my satisfaction and in accordance with the OCP Preceptor Guide.

Based on the student's performance (please check one of the following):

\_\_\_\_\_ I recommend an extended period of SPT Studentship including additional assessments, to provide adequate opportunities for the student to demonstrate an acceptable level of competence before moving to \*SPT Internship.

**OR**

\_\_\_\_\_ I confirm that the student has demonstrated an acceptable level of performance to be allowed to move to \*SPT Internship.

*\* Note: interns may work independently during Internship, after the preceptor has assessed and documented the intern's performance on a regular basis, and has agreed*

Overall, my student's strengths during this rotation include the following:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Areas where I would suggest that my student continue to focus for improvement:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preceptor Name \_\_\_\_\_ Pharmacy Name \_\_\_\_\_

Preceptor Signature \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_

Date \_\_\_\_\_