

## Declaration of Preceptor Training

Name:

OCP Number:

Email:

Tel #

I wish to serve as a preceptor for the Ontario College of Pharmacists' Structured Practical Training (SPT) Program.

1. I have completed the following preceptor training course(s):

Dalhousie Faculty of Health Professions - Preceptor eLearning Course

University of Western Ontario – Preceptor Education Program

University of Toronto, Leslie Dan Faculty of Pharmacy - Preceptor training for the Advanced Pharmacy Practice Experience (APPE) rotations

University of Waterloo, School of Pharmacy - Preceptor training for the Fourth-year direct patient care rotations

2. I have reviewed and am familiar with the content of the following SPT resources:

[SPT for Pharmacy Technician Applicants](#)

[SPT Preceptor Toolkit](#)

[Legal Authority for Scope of Practice / Authorized Acts](#)

[Code of Conduct for Assessors, Coaches, Mentors, Preceptors and Working Group Members](#)

3. *I have reviewed and believe that I meet the [SPT Preceptor Criteria](#) and that my practice site where the training will occur meets the [SPT Practice Site Criteria](#).*

Date of Declaration:

Email completed form to: [regprograms@ocpinfo.com](mailto:regprograms@ocpinfo.com)

***Registrants with an unresolved conduct issue or a history of repeated conduct issues do not meet the SPT Preceptor Criteria and will not have their application approved.***