

School of Pharmacy, Memorial University
Reply Form
PHAR 2251 Job Shadowing, Winter 2018

____ **I wish to participate in the PHAR 2251 Job Shadowing placements, Winter 2018,**
on the following four dates: (*Jan. 25, Feb. 15, Mar. 8, Mar. 22*).

Please indicate the times you are willing to participate:

____ 9:00am – 12:00am

____ 1:00pm – 4:00pm

____ Both 9-12 and 1-4 (i.e., two students)

____ **I do not wish to participate in the PHAR 2251 Job Shadowing placements, Winter 2018.**

Preceptor's Name: _____

Pharmacy Name: _____

Pharmacy Mailing Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

(Please provide as e-mail will be the primary means of communication)

Signature: _____ Date: _____

Please return this form to:

Kerry Park
School of Pharmacy
Memorial University of Newfoundland,
St. John's, NL A1B 3V6
Fax: (709) 777-7044 or email k.park@mun.ca