

School of Pharmacy, MUN
Pharmacy Practice Experience (PPE) Program
Reply Form

Please indicate your willingness to participate in the 2020 Spring-Summer PPE Program by checking below.

Please check ALL that apply:

- Yes, I wish to be included on the list of potential preceptors for the 6-week Pharmacy Practice Experience I (Phar 305P) course.
- **PPE I (community practice, 2nd year Pharm D program)**
- Yes, I wish to be included on the list of pharmacists that students may contact for the 4-week Pharmacy Practice Experience III (Phar 407P) course.
- **PPE III (direct patient care, 3rd year Pharm D program)**
- No, I do *not* wish to be included on the list of potential preceptors for the Practice Experience Program, 2020.

Preceptor's Name: _____
(Please Print)

Pharmacy Name: _____

Pharmacy Mailing Address: _____

Phone: _____ Fax: _____

E-mail Address: _____
(Please provide as e-mail will be the primary means of communicating with preceptors.)

Signature: _____ Date: _____

- I declare that I /the practice site meet the criteria stipulated by the School of Pharmacy.**

Please return this form by **November 4, 2019** to:

Wanda Spurrell
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