

**MUN School of Pharmacy Practice Experience Program
Reply Form**

Please indicate your willingness to participate in the **2021-22** Practice Experience 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 1 (Community Practice, 2nd year Pharm D program), Spring-Summer 2021**

- 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 3 (Patient Care, 3rd year Pharm D program), Spring-Summer 2021**

- Yes, I wish to be included on the list of potential preceptors for the final year **Advanced Pharmacy Practice Experiences**.
 - **Phar 605P: Patient Care (8 weeks); Phar 607P: Community Pharmacy (8 weeks)**
 - **Phar 608P: Elective (6 weeks)**

Please check ALL blocks during which you can accommodate a student.

Course	May 10 - July 2/21	July 5 – Aug 27/21	Aug 30- Oct 22/21	Oct 25 – Dec 17/21	Jan 3 - Feb 25/22	Feb 28 - April 22/22
605P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
607P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
608P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 26** to:
Wanda Spurrell, School of Pharmacy
Memorial University of Newfoundland, St. John's, NL
Email wspurrel@mun.ca Fax (709) 864-6941