

MUN School of Pharmacy Practice Experience Program 2024-25

Section 1: Reply Form

Last Name First Name Registration #

Pharmacy Name and Address

Pharmacy Phone # _____ Email Address (preferred) _____

May we share this email address with student(s) assigned to your site? Yes No

Please indicate your willingness to participate in the **2024-25** Practice Experience Program by checking below. **Please check ALL that apply.**

I wish to be included on the list of potential preceptors for:

- PPE 1 (Community Practice, 2nd year Pharm D program), Spring-Summer 2024**
 - 6-week Pharmacy Practice Experience I (Phar 305P) course
- PPE 3 (Patient Care, 3rd year Pharm D program), Spring-Summer 2024**
 - 4-week Pharmacy Practice Experience III (Phar 407P) course, this is a student self-selected rotation
- Final year Advanced Pharmacy Practice Experiences**
 - Phar 605P: Patient Care (8 weeks); Phar 607P: Community Pharmacy (8 weeks); Phar 608P: Elective (6 weeks)

Course	Apr 29- Jun 21/24	Jun 24 - Aug 16/24	Aug 26 - Oct 18/24	Oct 21 - Dec 13/24	Jan 6 - Feb 28/25	Mar 3 - Apr 25/25
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"/>

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

Section 2: Preceptor Criteria

I declare that I /practice site meet the [Preceptor Criteria](https://www.mun.ca/pharmacy/community/spe/preceptorcriteria.php) of the School of Pharmacy,
<https://www.mun.ca/pharmacy/community/spe/preceptorcriteria.php>.

I have completed an approved online preceptor education course (e.g., Dalhousie, UBC, UWO, AHS) or other acceptable preceptor education program.

Applicant's Signature (Print or Sign)

Date