



Extracurricular Student/Intern Work Experience Notification Form

This form is for use by any student or intern who is working in an Alberta hospital or community pharmacy outside of a recognized structured practical training program provided either by the Alberta College of Pharmacists or the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences.

This form must be completed and submitted to ACP if you are any one of the following and wish to perform Pharmacy Student or Pharmacy Intern restricted activities:

- 1) a UofA student working in a pharmacy outside of UofA rotations;
- 2) a UofA intern who continues to work in a pharmacy after completing the ACP post-graduate structured practical training program;
- 3) a student enrolled in a Canadian Pharmacy program completing rotations in Alberta;
- 4) a student enrolled in a Canadian Pharmacy program working in an Alberta pharmacy;
- 5) an intern who graduated from a Canadian Pharmacy program who continues to work in an Alberta pharmacy after completing the ACP post-graduate structured practical training program; or
- 6) an IPG intern who continues to work in a pharmacy after completing the ACP structured practical training program (1000 hours).

Please submit this form to ACP (fax to 780.990.0328) at the beginning of each new work location.

Student/Intern	
Name: _____	
ACP Registration Number (must be registered with ACP): _____	
Employment Start Date: _____	
Employment End Date: _____	
Name of Pharmacy: _____	Pharmacy License No. _____
Pharmacy Address: _____	
City/Town: _____	Postal Code: _____
_____	_____
Date	Signature of Student/Intern

Preceptor		
I, _____ have agreed to accept _____		
(name of preceptor) (name of student/intern)		
as a student/intern and provide a structured educational experience for the period indicated above.		
I understand and agree that the student/intern named above will practice under my professional liability insurance.		
_____	_____	_____
Date	Signature of Preceptor	ACP Reg Number