

Experienced preceptor declaration form

To enroll in the Alberta College of Pharmacy's (ACP) Structured Practical Training (SPT) program, an intern may be required to secure an experienced preceptor¹ as outlined in the [SPT rules \(Rule #2\)](#). This form is to be completed and signed by a clinical pharmacist who meets the following requirements and intends to precept the following intern in the SPT level indicated below. **This form is to be completed by the preceptor** and submitted to ACP by the intern at the beginning of each level of SPT.

Name of intern and intern registration #: _____

SPT Level: Level 1 Level 2 Level 3

Proposed start date of SPT level: _____

Name of preceptor: _____

Preceptor registration #: _____

I am familiar with the SPT program and its rules and requirements.	Yes	No
I am a pharmacist who has been registered on the Alberta clinical pharmacist register for the past two years consecutively.	Yes	No
I have no conditions or restrictions on my practice permit that will impact the ability to provide a good learning experience.	Yes	No
I have no outstanding complaints that have been referred to a Hearing Tribunal.	Yes	No
I have not been the subject of a finding of OR am not the subject of a current proceeding related to <ul style="list-style-type: none"> • professional misconduct, • incompetence, or • incapacity in Alberta or any other jurisdiction in relation to pharmacy or any other health profession.	Yes	No
I have not been found guilty of OR am not the subject of a current proceeding related to <ul style="list-style-type: none"> • an offence under any Act regulating the practice of pharmacists or the sale of drugs, or • any criminal offence. 	Yes	No
I am not in a close personal relationship (e.g., related to or reside in the same residence) with this intern.	Yes	No
I have precepted at least two pharmacy students in their final year of an CCAPP-accredited Canadian pharmacy program within the last three years. List the details of these two pharmacy students below. ²	Yes	No
Pharmacy Student #1 Name of pharmacy student: _____ University the student attended (e.g., U of A): _____ Program year of student (e.g., 1 st , 2 nd , 3 rd , 4 th): _____ Date you precepted this student: _____ (year), _____ (month)		

¹ Precepted at least two pharmacy students in their final year of a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited Canadian pharmacy program within the last three years.

² Additional information may be requested by ACP.

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Pharmacy Student #2		
Name of pharmacy student: _____		
University the student attended (e.g., U of A): _____		
Program year of student (e.g., 1 st , 2 nd , 3 rd , 4 th): _____		
Date you precepted this student: _____ (year), _____ (month)		
I understand that I may only have up to two interns under my preceptorship in the SPT program at the same time.	Yes	No
I understand the training must be served in a normal work week pattern which consists of an average work week of not less than 20 hours, but not more than 44 hours per week.	Yes	No
I understand that the intern must NOT work at a pharmacy where they are in a close personal relationship with the licensee and/or proprietor of the pharmacy (e.g., related to or reside in the same residence).	Yes	No
I understand that the intern must have a different preceptor for levels 2 and 3.	Yes	No
I understand that I must contact ACP directly if I cease or no longer intend to be this intern's preceptor.	Yes	No

According to Principle 10 of the ACP [Code of Ethics](#), pharmacy professionals must act with honesty and integrity. A false declaration may be considered unprofessional conduct and may result in a referral to the complaints director as a formal complaint.

I, _____ (preceptor's name), make this professional declaration conscientiously believing it to be true.

Declarant's signature

Printed name and preceptor registration #

Date

This form is to be submitted to ACP by the intern

- at initial application, as part of their application to the provisional pharmacist register, and
- prior to starting level 2 or level 3 of the SPT program.

Once this form is approved³, the intern will be notified via email. The intern is then required to log into the [SPT portal](#) and submit preceptor and site information prior to starting each level. **SPT hours for each level may only commence after an eligible preceptor has accepted their role as the intern's preceptor through the SPT portal.** Other than submitting this form prior to each level of SPT, all other program activities and assessments are facilitated through the SPT portal.

³ Please allow up to five business days for verification and approval.