

Pharmacy Student/Provisional Pharmacist - 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 the structured practical training (SPT) program provided by the Alberta College of Pharmacy or an experiential educational rotation provided by 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 a UofA rotation;
- 2) a UofA intern working in a pharmacy before or after completing level 3 of the ACP online SPT program;
- 3) a student enrolled in a Canadian Pharmacy program working in an Alberta pharmacy, including completing a rotation in Alberta;
- 4) an intern who graduated from a Canadian Pharmacy program working in an Alberta pharmacy before or after completing level 3 of the ACP online SPT program;
- 5) an international pharmacy graduate intern working in a pharmacy outside of the ACP online SPT program (1000 hours); or
- 6) a pharmacist who is licensed in another Canadian province completing a rotation (PharmD students), completing a residency, or working in an Alberta pharmacy as a provisional pharmacist

Please submit this form to ACP prior to beginning your work experience. A form is required for each new work location. Fax: 780.990.0328 or Email: registrationinfo@abpharmacy.ca

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

Supervising Regulated Member		
I, _____ agree to accept _____		
(name of supervisor)	(name of student/intern)	
as a student/intern and provide the appropriate level of supervision ¹ in a clinical setting for the period indicated above.		
I understand and agree that I am accountable for the student/intern named above and their practice. I understand and will abide by the limitations of their practice when determining the level of supervision for restricted activities.		
Date _____	Signature of supervising regulated member _____	ACP Reg # _____

¹ Direct supervision is required for all students and interns until they have completed the SPT program; afterwards, indirect supervision may be permitted at the discretion of the supervising regulated member. Direct supervision is always required for students and interns who are administering drugs by injection. Refer to the [supervision webpage](#) for more information.