

Work experience notification form: pharmacy student/provisional pharmacist

This form is for use by any student or intern who is working in an Alberta hospital or 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 (U of A) 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 U of A student working in a pharmacy outside of a U of A rotation;
2. a U of A grad working in a pharmacy as an intern outside of the ACP online SPT program;
3. a student enrolled in an out of province Canadian pharmacy program but working in an Alberta pharmacy, including completing a rotation in Alberta;
4. a graduate of an out of province Canadian pharmacy program working in an Alberta pharmacy as an intern outside of the ACP online SPT program;
5. an international pharmacy graduate working in a pharmacy as an intern outside of the ACP online SPT program; 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 (registrationinfo@abpharmacy.ca) prior to beginning your work experience. A form is required for each new work location.

Student/provisional registrant

Name: _____

ACP registration number (must be registered with ACP): _____

Employment start date: _____ Employment end date: _____

Name of pharmacy: _____ Pharmacy licence #: _____

Pharmacy address: _____
(street address) (town/city) (postal code)

Signature of student/intern _____ Date _____

Supervising regulated member

I, _____ agree to accept _____
(name of supervisor) (name of provisional student/intern)

as a student/intern and provide the appropriate level of supervision 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.

Signature of supervising regulated member _____ ACP registration number _____ Date _____

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 article for more information.