



# The Manitoba Pharmaceutical Association

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## PRECEPTOR APPLICATION

Name: \_\_\_\_\_ Licence #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_ Year Registered with M.Ph.A \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**PRECEPTOR SITE:** \* the intern cannot start until this application has been received by MPhA and the intern or pharmacy has received the intern workbook.

Pharmacy Name: \_\_\_\_\_ Licence #: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Intern \_\_\_\_\_ MB Grad \_\_\_\_\_ Out-of-Province \_\_\_\_\_

Start Date of Internship: \_\_\_\_\_

Have you ever been disciplined for violating any provincial or federal laws governing the practice of Pharmacy?

Yes \_\_\_ No \_\_\_ If yes, please give details on the reverse side of this page.

### **Please read and acknowledge by initialling:**

I have been licensed, in a patient-care setting, for a minimum of 2 years in the Province of Manitoba. \_\_\_\_\_(initial)

I will not serve as a preceptor for other immediate family members (including parents, children, husbands, wives, aunts, uncles, grandparents, grandchildren, sisters, brothers and in-laws). \_\_\_\_\_(initial)

I agree to provide time for the purpose of assisting the intern and ensuring the competencies of the internship manual are being assessed and met. \_\_\_\_\_(initial)

I have read, initialled and fully understand the above requirements for a preceptor. I further understand that failure to comply with these requirements may serve as grounds for revocation of my preceptor status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date