

PRINCE EDWARD ISLAND  
**PHARMACY BOARD**

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*Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)*

**STUDENT UNSTRUCTURED TIME SERVICE REGISTRATION**

(Not necessary to be completed for the Structured Practice Experience through the University Program))

STUDENT: \_\_\_\_\_

PRECEPTOR: \_\_\_\_\_

PHARMACY: \_\_\_\_\_

PHARMACY ADDRESS: \_\_\_\_\_

This is to certify that the above named pharmacy student has served a period of practice experience in the presence of and under my immediate and continuous supervision for a period of \_\_\_\_\_ weeks, from the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, (month) (yr)

to the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. (month) (yr)

Total hours served \_\_\_\_\_, was in accordance with the requirements of the Prince Edward Island Pharmacy Act and Regulations, with a minimum of 35 hours per week over a minimum of 4 consecutive weeks.

Furthermore, I certify that I am a member in good standing with the \_\_\_\_\_ (Provincial Licensing Body)

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Signature Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Note:**  
**It is the responsibility of the student to annually file evidence of unstructured Practice Experience with the Board office.**