

Prince Edward Island Pharmacy Board

Continuing Professional Development Learning Project Record Sheet
Preceptor; Post Graduate Student Training
Program Approved by PEIPB

Preceptor Name: _____ License No.: _____

Date(s) of Post Graduate Rotation(s): _____ Site Address: _____

Name of Graduate: _____ Pharmacy Class of _____

**4 CEUs will be awarded to preceptors for participation. Please keep a copy of your final student evaluations in your learning portfolio and submit along with this form in the case of audit.

***Please note that points are awarded for one student only at a time. Credit can be claimed for a maximum of 2 students per year in either structured practical experience program or post graduate training.**

This form is approved by PEIPB July, 2010