



# College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: [registration@cphm.ca](mailto:registration@cphm.ca) | Website: [www.cphm.ca](http://www.cphm.ca)

## PRECEPTOR APPLICATION

### APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name
Work Phone Number		Licence #
E-Mail Address		Year Registered with the College

### PRECEPTOR SITE

Pharmacy Name		Licence #	
Address	City	Province	Postal Code
Name of Intern		MB Grad	Out-of-Province
Start Date of Internship	<b>Please note:</b> The internship cannot commence until this application has been received by the College, the preceptor has been approved by the Registrar, or their designate, and the intern or pharmacy has received the internship manual.		

Please answer the following questions by indicating YES or NO.

If you answer YES to the question, provide details in the space provided.

YES	NO
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Have you ever been disciplined for violating any provincial or federal laws governing the practice of pharmacy?

If yes, please give details.

Please read and acknowledge by initialing

Initial

I have been licensed in the province of Manitoba for a minimum of one (1) year preceding the date of this application.

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



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<p>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.</p>	
<p>The Board of Examiners now require a minimum of 400 hours of direct patient care to be served in a pharmacy. If your practice site cannot meet this requirement, please contact the Registrar, so additional arrangements can be made.</p>	
<p>*I have completed, at a minimum, the modules listed below for <b>ONE</b> of the following programs:</p> <ul style="list-style-type: none"><li>• <b>Dalhousie Faculty of Health Professions – Preceptor eLearning Course</b><ul style="list-style-type: none"><li><input type="checkbox"/> Module 1 – The Role of the Preceptor</li><li><input type="checkbox"/> Module 3 – Evaluation and Feedback</li><li><input type="checkbox"/> Module 4 – Supporting Students’ Learning Needs</li><li><input type="checkbox"/> Module 6 – Equity, Diversity and Inclusion</li></ul></li><p>OR</p><li>• <b>University of Western Ontario – Preceptor Education Program</b><ul style="list-style-type: none"><li><input type="checkbox"/> Module 2 – Anti-Oppressive Practices</li><li><input type="checkbox"/> Module 3 – Developing Learning Objectives</li><li><input type="checkbox"/> Module 6 – Feedback and Evaluation</li><li><input type="checkbox"/> Module 7 – Successfully Navigating Conflicts</li></ul></li><p>OR</p><li>• <b>For those who are also preceptors of university pharmacy students and pre-graduate interns, University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy – Preceptor Development Program Modules</b><ul style="list-style-type: none"><li><input type="checkbox"/> All modules as required at time of completion</li></ul></li></ul>	
<p>*Required as of March 1, 2024</p>	
<p>I have read, initialed 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.</p>	
<p><b>By signing this application, I understand that it is a confirmation of information as listed on this entire application. Furthermore, I acknowledge and agree that if i submit this document electronically and insert my name below, it is equivalent to my original ink signature.</b></p>	
<p>Signature of Applicant</p>	<p>Date</p>