

PROFESSIONAL • DEVELOPMENT



College of Pharmacists of Manitoba

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Statement of Participation Preceptorship

Name:

Licence or Certificate #:

The College of Pharmacists of Manitoba has accredited the following learning activity:

<i>Date</i>	<i>Participated as a Preceptor/Supervisor for: (Name and Program)</i>	<i>CEU Claimed*</i>	<i>Accreditation Number</i>
			20023M

This program is designated an accredited learning activity by the College of Pharmacists of Manitoba for pharmacists and pharmacy technicians in Manitoba.

*Pharmacists/pharmacy technicians **must document** their significant learning experiences personally gained through involvement in preceptorship/structured practical training/internship as a Preceptor/Supervisor and the associated contact time. These learning experiences must involve active learning or research with the student, technician-in-training or intern. Upon completion, pharmacists/pharmacy technicians may add up the contact time and record the total number of continuing education units (CEUs) obtained through participation as a Preceptor/Supervisor and enter this number on the accreditation statement and in the online PD Log. The list/log of documented learning experiences must be included with this statement for your records. For the purposes of calculation, involvement in one contact hour of an accredited learning activity is equivalent to one CEU.

Signature of Preceptor/Supervisor

A handwritten signature in black ink, appearing to read 'Kim McIntosh'.

Kim McIntosh, B.Sc.Pharm.
Assistant Registrar

*College Mission: To protect the health and well being of the public by
ensuring and promoting safe, patient-centred and progressive pharmacy practice.*

