



APPRENTICESHIP AGREEMENT

This agreement must be received at the NB College of Pharmacists office before any Time Service or Training Period or independent assessment commences.

Agreement made this day of 20

BETWEEN: a registrant
Registration #

and a licensed pharmacist
Registration #

practising at :
Name of the Pharmacy Pharmacy telephone

PHARMACIST DECLARATION: I hereby certify that:

- a) I am a pharmacist and **have been licensed by the NB College of Pharmacists for at least one year,**
- b) I agree to act as preceptor/assessor for the registrant named in this Agreement,
- c) I will carry out my responsibility as a preceptor/assessor in accordance with the requirements of the
Pharmacy Act, and the Regulations of the New Brunswick College of Pharmacists, and
- d) I have read the necessary documents and acknowledge my responsibilities.
i) *Preceptors: "Responsibilities of Preceptors and Students" OR*
ii) *IPG assessors: "Independent Assessment at Entry to Practice (IAEP) guidance"*

Pharmacist's signature Registration #:

REGISTRANT DECLARATION: I hereby certify that:

- a) I agree to undertake a period of practical training/assessment under the licensed pharmacist named in this Agreement,
- b) I will carry out my responsibility as a registrant in accordance with the requirements of the
Pharmacy Act and the Regulations of the New Brunswick College of Pharmacists, and
- c) I have read the necessary documents and acknowledge my responsibilities.
i) *Student "Responsibilities of Preceptors and Students" OR*
ii) *IPG: "Independent Assessment at Entry to Practice (IAEP) guidance"*

d) I am covered by personal professional liability (errors and omissions) insurance that meets requirements according to Regulations

Registrant Signature: Registration #: