



Evidence of Time Service

Submit this form no later than 2 weeks after completing the time-service period.

- I certify that this time service was not part of the Practice Experience Program (PEP) or any structured training as required to obtain a diploma or undergraduate degree.

This is to certify that,

Name of Student: Registration #:

completed a period of weeks under the supervision of

Name of Preceptor: Registration #

From the day of 20....., to
(month)

the day of 20.....
(month)

The apprenticeship was served in accordance with the requirements of the Pharmacy Act and Regulations of the New Brunswick College of Pharmacists.

Dated at this day of 20.....
(city) (month)

Preceptor's Signature:

Name of Pharmacy:

Telephone:

It is the student's responsibility to file evidence of time service with the NB College of Pharmacists and to retain a copy for their records.