



Ontario
College of
Pharmacists

Declaration of Completion of the SPT Internship

I hereby declare that the Intern, _____, _____
(Student's name, printed) (OCP #)
has completed _____ weeks of SPT Internship from _____ to
(# of weeks) (start date)
_____ at a minimum of 35 hours per week under my preceptorship **AND**
(end date)

has completed and documented the required Activities to my satisfaction and in accordance with the OCP Preceptor Guide.

AND (Please check two of the following):

_____ has completed the required Activities, to my satisfaction and in accordance with the OCP Preceptor Guidelines and submitted them to OCP

OR

_____ has NOT completed the Activities to my satisfaction or in accordance with the OCP Preceptor Guidelines and requires more time.

AND

_____ has demonstrated an acceptable level of competence to register as a pharmacist in the province of Ontario.

OR

_____ needs more time to demonstrate an acceptable level of competence to register as a pharmacist in the province of Ontario.

I would hire/ would not hire (*circle one*) this intern for the following reasons:

Preceptor Name: _____

Preceptor Signature: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

Date: _____