



## Declaration of Completion of the SPT Studentship

I hereby declare that the student, \_\_\_\_\_, \_\_\_\_\_  
(Student's name, printed) (OCP #)  
has completed \_\_\_\_\_ weeks of SPT Studentship 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.

Based on the student's performance *(please check one of the following)*:

\_\_\_\_\_ I recommend an extended period of SPT Studentship including additional assessments, to provide adequate opportunities for the student to demonstrate an acceptable level of competence before moving to SPT Internship\*.

**OR**

\_\_\_\_\_ I confirm that the student has demonstrated an acceptable level of performance to be allowed to move to SPT Internship\*.

*\* Interns may work independently after the preceptor has assessed and documented the intern's performance on a regular basis, and both the intern and preceptor have agreed*

Overall, my student's strengths during this rotation include the following:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Areas where I would suggest that my student continue to focus for improvement:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Other comments:

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Preceptor Name \_\_\_\_\_ Pharmacy Name \_\_\_\_\_

Preceptor Signature \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_

Date \_\_\_\_\_