MEMORIAL UNIVERSITY
SCHOOL OF PHARMACY

MUN School of Pharmacy Practice Experience Program 2026-27

Section 1: Reply Form

Last Name _____ First Name _____ Registration # _____

Pharmacy Name and Address _____

Pharmacy Phone # _____ Email Address (preferred) _____

May we share your email address with student(s) assigned to your site? ☐ Yes ☐ No

Please indicate your willingness to participate in the **2026-27** Practice Experience Program by checking below. **Please check ALL that apply.**

I wish to be included on the list of potential preceptors for:

☐ **PPE 1 (Community Practice, 2nd year Pharm D program), Spring-Summer 2026**
- 6-week Pharmacy Practice Experience I (Phar 305P) course

☐ **PPE 3 (Patient Care, 3rd year Pharm D program), Spring-Summer 2026**
- 4-week Pharmacy Practice Experience III (Phar 407P) course, this is a student self-selected rotation

☐ **Final year Advanced Pharmacy Practice Experiences**
- Phar 605P: Patient Care (8 weeks); Phar 607P: Community Pharmacy (8 weeks); Phar 608P: Elective (8 weeks)

Course	Apr 27 - Jun 19/26	Jun 22 - Aug 14/26	Aug 24 - Oct 16/26	Oct 19 - Dec 11/26	Jan 4 - Feb 26/27	Mar 1 - Apr 23/27
605P	☐	☐	☐	☐	☐	☐
607P	☐	☐	☐	☐	☐	☐
608P	☐	☐	☐	☐	☐	☐

Please check ALL blocks during which you can accommodate a student.

Section 2: Preceptor Criteria

☐ I declare that I /practice site meet the *Preceptor Criteria* of the School of Pharmacy, https://www.mun.ca/pharmacy/community/spe/preceptorcriteria.php.

☐ I have completed/ ☐ will complete an approved online preceptor education course (e.g., UBC, UWO, AHS) or other acceptable preceptor education program.

Applicant's Signature (Print or Sign) _____ **Date** _____

Return form to: ppeprogram@mun.ca
A reply by November 7, 2025 is appreciated.