

Preceptor Enrollment

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Declarations:

Before completing your preceptor enrollment, the following declarations are to ensure preceptor and site requirements are met, to inform prospective preceptors of the responsibilities they are committing to, and to obtain your consent to use your information in CORE ELMS (our online learning management system). Please complete by selecting the box following each section to declare that you have read and agree to the following statements.

Primary preceptor/Co-preceptors will:

- Hold an active pharmacy license with the College of Pharmacists of Manitoba (or equivalent when applicable)
- Not have any restrictions on your practice license
- Have no outstanding complaints that have been referred to the CPhM discipline committee
- Have not had a disciplinary record with the College of Pharmacists of Manitoba or any other regulatory body in the last 3 years
- Have a minimum of **6 months** practice experience
- Practice at a level of proficiency that enables them to meet the course requirements
- Be a role model for students by having an ethical and professional practice
- Have the skills, time and support available to facilitate the student's learning experience
- Commit to meet the preceptor responsibilities including:
 - Prepare for the placement in advance of the student start date
 - Provide an orientation for the student
 - Fulfill course objectives
 - Provide learning opportunities and appropriately supervise student activities (see Practice Direction on Supervision)
 - Meet with the student at appropriate intervals according to the course requirements
 - Provide ongoing, timely and constructive feedback to the student
 - Complete required assessments and evaluation of student performance
 - Contact the Experiential Program Coordinator if any issues arise during the placement
 - Receive and respond to communication with the Office of Experiential Education
 - Disclose any conflict of interest (familial, personal or financial) to the Experiential Program Coordinator as applicable
 - Complete mandatory preceptor training (outlined in section below)

I have read and agree to the above requirements & responsibilities of being a preceptor

Declaration of Intent for Preceptor Training

The following training program is required for all new preceptors working in patient care environments:

1. *Manitoba Orientation Module (17min)*
2. *Western Feedback Module (40 min)*

I declare that mandatory preceptor training requirements will be completed prior to receiving my first student

Practice Site Requirements:

- Meet or exceed the requirements for licensure and be in good standing with its provincial regulatory authority
- Be established for at least 6 months
- Ensure that both the preceptor and the owner/manager (if applicable) agree to accept the student placement and demonstrate commitment to fulfilling the course objectives
- Have staffing levels that provide a positive and supporting learning environment that allows preceptors to fulfil the defined roles and responsibilities of the program
- Allow students to access medical records and on-line resources as needed while on clinical placement.

Conflict of Interest

The preceptor must disclose any relationship that may create a conflict of interest as soon as the potential conflict or bias is identified. This policy is intended to avoid situations, which could be perceived as potentially compromising an objective, candid and fair assessment of the student.

Disclosures will be subsequently reviewed by the Experiential Program Coordinator requiring disclosure:

- The existence of any personal relationships (eg. friends, familial relationships).
- The existence of any financial or business connections (eg, previous, current or future employment).

I declare that I have read and meet the above criteria

Declaration of Consent for CORE ELMS

The information saved in CORE ELMS is collected under the authority of the Freedom of Information and Protection of Privacy Act and will be used and disclosed to set-up and administer clinical placements for pharmacy students. The information will be stored and protected in a secure database under the control of the University.

I consent to the use and disclosure of my personal information in CORE ELMS as above

Once you complete the form by clicking the **SUBMIT** button, you will be directed to the Preceptor Enrollment form in order to arrange the setup of your CORE ELMS account. To complete your enrollment in CORE ELMS, you will be required to enter the following Code:

2019PROSPECTIVEPRECEPTOR