



*Division of Continuing Pharmacy Education
College of Pharmacy, Dalhousie University
PO Box 15000, Halifax NS B3H 4R2*

For Nova Scotia & Prince Edward Island Preceptors

This certificate shall serve as proof that:

Province_____ License Number: _____

**has acted as a preceptor for the following Practice Experience Program (PEP)
course PHAR 1083 (Class of 2024) at the
Dalhousie University College of Pharmacy 2020-2021:**

**Pharmacy 1083 (Community) Student:_____ calculate 3 CEUS per
week of rotation for a total of 12 CEUs for the full length of the program course.**

TOTAL CEUs_____

**These programs have been accredited by
Dalhousie Continuing Pharmacy Education (Dal-CPE), file #CED-2021-001.**

**Please retain this form & a copy of the student assessment forms for
CEU self-recording.**

**Please do not return to the
Dalhousie College of Pharmacy.**