



*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 2081 at the
Dalhousie University College of Pharmacy 2020-2021:**

**Pharmacy 2081 (Hospital) Student: _____ calculate 6 CEUS per
week of rotation for a total of 6 CEUs for the full length of the one-week onsite portion of
the course this year during the COVID-19 Pandemic.
(Rotation Dates: _____).**

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.**