

Pharmacist Clinical Experience Program Application

Applicant

Name:

Home Address:

Place of Employment:

Work Address:

Mentor

Name of Mentor

Place of Employment / Host Institution & Address

Description of Practice Site:

Past Mentor/Preceptor Experience (if not included in CV)

Program Information

Area of Interest (clinical, administrative or research):

Goal(s) of the Program:

Objectives of the Program (Include specific learning objectives, overview of applicant's current practice site, impact of the program on applicant's current practice, planned activities):

In the case of a research project, please provide project details:

Plan for applying acquired knowledge (how will this program help identify and resolve gaps in current practice, improve your current practice):

Proposed Budget



Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

Travel: [redacted]
Meals: [redacted]
Accommodation: [redacted]
Honoraria: [redacted]
Licensing/Liability Insurance: [redacted]
Miscellaneous (specify): [redacted]

Additional Supporting Material

Curriculum Vitae and cover letter of applicant (detail CSHP involvement, if applicable)
Curriculum Vitae of Mentor
Letter of agreement/support from applicant's employer/supervisor/manager/director
Letter agreeing to support program from host institution (Director of Pharmacy or equivalent)
Other letters of support (optional)

Signatures

Applicant: [redacted] Date: [redacted]
Mentor: [redacted] Date: [redacted]

By signing this form, we, the applicant and mentor, agree to dedicate the time required to achieve the goals and objectives specified above.
I, the applicant, assume all responsibility for organizing and paying for all components of the program (travel, lodging, meals, professional liability insurance {if required}, payment of honorarium/stipend, etc.)

Forward application by April 26, 2019 via email to: LauraV.Minard@nshealth.ca