University of South Australia

Master of Pharmacy (IMPW)
Confirmation of Supervised Practice

This form must be completed and uploaded to SATAC before an application for entry into the program will be considered.

The **Applicant Details and Declaration** section must be completed by the applicant.

The **Supervised Practice Details and Confirmation** section must be completed by a Pharmacy Board of Australia-approved preceptor employed by the organisation hosting the supervised practice.

Applicant Details and Declaration

This section is to be completed by the applicant

Given Name		Family Name	
SATAC Reference			

☐I am aware that to successfully complete this program I will be required to have logged a minimum of 1,575 supervised practice hours during the 12-month provisional registration period and satisfactorily complete a final assessment of competence as required by the Pharmacy Board of Australia.

☐I understand that it is my responsibility to find an alternative supervised practice if the provider (preceptor) withdraws their support or cannot supply me with the required experience. I understand that without supervised practice, I am unable to progress and may be required to withdraw or exit from the program.

Applicant Signature		Date	

Supervised Practice Details and Confirmation

This section is to be completed by a Pharmacy Board of Australia-approved preceptor

Statement of Support

- I certify that the applicant named above has the support of our organisation to undertake some or all the required pharmacy training within our facilities and that the applicant when training will be supervised by a Pharmacy Board of Australia-approved preceptor.
- I certify that the undersigned is a Pharmacy Board of Australia-approved preceptor.
- I understand that I am only confirming support for the applicant's supervised practice and that the organisation is not obliged to make a pharmacist position available for them.

Approved Preceptor Details

Name and Title			
Name and address of Organisation			
Name of Preceptor			
			Paid Position: Yes/No
Phone number		Email	
Authorised Signature		Date	