Pharmacists' Association of Newfoundland & Labrador

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NEW PHARMACIST MENTORING PROGRAM
New Pharmacist Application Form

Background: The first few months working as a pharmacist can be very stressful. With new graduates being solely responsible for what they dispense, they often experience increased stress in dealing with issues that were not a part of their educational experience as students. By having an experienced pharmacist they can contact, they will not feel completely alone. This program is intended to help new pharmacists develop more confidence in their skills and abilities, thus creating a better working environment for them.

Aim: To assist new members during their first three (3) months as a licensed pharmacist by providing them with at least one mentor (ideally 2-3) that they could contact if they need professional assistance.

Required: In the first two years, approximately 10-15 pharmacists (depending on the number of new graduates staying in the province) will be required that would give a new pharmacist their contact information (ie. telephone numbers, cellular number and e-mail address) so they could be contacted if an issue arose in which they needed some advice. Pharmacists that volunteer will be matched to the new graduates based on company and/or computer system. Any pharmacist that wants to volunteer will have to complete application form. As well, any new graduate wanting to avail of the program will have to complete an application form before the end of April.

Timeframe: This program will run from the months of July, August and September and will only be available to graduates staying in the province.

It is hoped that this program will become self-sustaining, and graduates that use the program will volunteer to be in the program in the coming years. Unlike studentships, new pharmacists will not have to be out of university 3 years.

The New Pharmacist Mentoring Program will help you as a new pharmacist develop more confidence in your skills and abilities. If you would like to particpate in this PANL program, please complete the form below.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Employer's Name (include any associated Trade Names) _____ Pharmacy Computer System _____

Work Address: Street _____ City, Province, Postal Code _____ Telephone # (Work) _____

Home Address: Street _____ City, Province, Postal Code _____ Telephone # (Home) _____

Cellphone # or Alternate Phone # _____ Email Address (Work) _____ Email Address (Home) _____

Contact Preference ❑ Email ❑ Regular Mail
❑ Home/Cell ❑ Work

I, the undersigned, certify that the information contained in this application is complete and correct and authorize PANL to collect, use and share the information contained within this application for the sole purposes set out in the mentoring program as noted above.

Pharmacist's Name (Please Print) _____ Pharmacist's Signature _____ Date Signed (mm/dd/yy) _____

Created April 2007