

**Work Permit Letter**

**Designated Learning Institution #:** O19385946782

**Program Name:** Community Pharmacy Assistant (PCPHA)  
**Duration:** Ontario College Certificate (1 year)  
**Status:** Full-Time studies, Academic, Non-Exchange

**Re: Integral Work-Integrated Learning Component of Program Studies**  
*Immigration, Refugees and Citizenship Canada*

To Whom It May Concern:

Please note all students registered in the one-year Community Pharmacy Assistant program must complete one (1) field practicum to be eligible to receive the one-year Ontario College Certificate in Community Pharmacy Assistant. This work-integrated learning is an integral component of the program and comprises less than 50% of the total program of study.

**We are requesting that a Co-op Work permit be issued to the applicant to complete the mandatory Work Integrated Learning as described per student's program plan:**

**FLPL 18263: Field Practicum 1**

If you require additional information, please contact us either by phone, at +1 (905) 815-4001, or via email, at [international@sheridancollege.ca](mailto:international@sheridancollege.ca).

**NOTE:** This letter must accompany the Letter of Acceptance or Enrollment Verification Letter for the above-mentioned program.

Sincerely,

Sheridan International