

Preceptor's Affidavit of Internship Hours

This form is to be submitted each time an intern completes training at a new location.

This form must be filed for each intern supervised by the preceptor.

A

Name of Intern: _____ *Intern Reg. # _____
First Last (Must be included)

Intern's E-mail address: _____

Preceptor's Name State License No. License Expiration Date

Name of Pharmacy in which you practice on a full-time basis

Pharmacy Location: Street Address

City State Zip Telephone Number ()

Are you the owner of the pharmacy? YES NO

B.

Reported Intern Hours. Provide total hours of internship training under the preceptor's direct supervision for the specified work period. **Do not duplicate hours accrued.**

NOTICE: Intern's working period should be reported in 3-6 month increments if the internship is at least 12 months in length.

Intern Dates of Employment: _____ From: MM/DD/YY To: MM/DD/YY Preceptor's Initials

Number of Intern Hours completed during the work period stated above: _____ (example: two hundred and forty)

C.

Evaluation of Intern. Answer each question listed. This form **MUST** be mailed to PCS within 15 business days.

In regards to the intern's quality of work, has the intern met your expectation level for completeness and neatness of work accomplished? YES NO

In regards to the intern's quantity of work, has the intern met your expectation level for duties performed and time frame in which duties were accomplished? YES NO

In regards to the intern's level of professional knowledge, has the intern met your expectation level for applying their professional knowledge and skill level? YES NO

Overall appraisal: Has the intern met your expectation level for overall job performance? YES NO

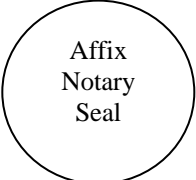
Please write any additional comments on the reverse side of this form.

D.

Date of interview with intern: _____

Intern's affidavit: By my signature below, I attest that I have read and discussed this appraisal.

Signature of Intern (in the presence of a Notary Public)



Is your pharmacist Registration(s)/License(s) currently in good standing with the Board(s)? YES NO

Preceptor's affidavit: I hereby certify under penalties of perjury that the above information is true and correct.

Signature of Preceptor (in the presence of a Notary) Date

My commission on

Signature of Notary Public Print name of Notary Public

MM/DD/YY