

Professional Credential Services, Inc.
PO Box 198689 ~ Nashville, TN 37219-8689

Preceptor's Registration Form

This form is to be used only if Section F on **FORM A** was NOT completed at time of initial intern registration. Interns who had not yet entered into an agreement with a preceptor at the time of completing **FORM A**, must indicate on **FORM C** the new preceptor agreement. **FORM C** must also be completed **each time** an intern begins work at a new location or with a new preceptor.

**This area to be completed by Intern Please type or print legibly in black ink.*

Name of Intern: _____ ***Intern Reg. #** _____
(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

**This area to be completed by Preceptor Please circle appropriate answer.*

Is the intern named on this registration form currently working under your supervision? YES NO

If not, what is the nature of your work relationship? _____

Are you the owner of the pharmacy? YES NO

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

Have you completed at least one year of practice as a pharmacist in a pharmacy or pharmacy related setting?
YES NO

Preceptor must read the following and sign below:

By my signature below, I agree to supervise the aforementioned pharmacy intern at the location indicated above.

Signature of Preceptor

Date

Mail completed form to:
PCS-Pharmacy Coordinator
PO Box 198689
Nashville, TN 37219-8689

ORIGINAL DOCUMENT MUST BE SUBMITTED.
COPIES ARE NOT ACCEPTED.
Intern should retain a copy for their record.

PCS Use Only
License in good standing? Y N
Intern FORM A received? Y N
FORM C received _____