## PENNSYLVANIA STATE BOARD OF PHARMACY

(717) 783-7156 <u>www.dos.pa.gov/pharm</u> st-pharmacy@pa.gov

Mailing Address: (USPS)	Courier Address: (UPS, FED-EX, etc.)
PO Box 2649	PA Dept of State, Bureau of Professional and Occupational Affairs
Harrisburg, PA 17105-2649	Attn: State Board of Pharmacy
	2 Technology Park
	Harrisburg, PA 17110-2919

## APPLICATION TO CHANGE OR ADD A PHARMACIST PRECEPTOR

#854 103 (Rev. 4/15)

Application fee - \$35.00 check or money order made payable to the "Commonwealth of PA." The fee is not refundable nor transferable. A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank regardless of the reason for nonpayment.

Once this application is processed, the pharmacy intern will receive <u>official</u> <u>notification</u> of the approval of the pharmacist preceptor. Intern hours may be earned under the new pharmacist preceptor only on or after the preceptor approval date that is listed on the official notification.

The pharmacist preceptor should complete application pages one and two:

Name of pharmacist preceptor	Preceptor's pharmacist license number Pharmacy permit number			
Name of pharmacy				
	. PA			
Street address of pharmacy	City	, Z	ip Code	
Name of pharmacy intern	Intern registration	number		
Street address of intern's residence	City	State Z	Zip Code	
Are you currently registered with the Penn Pharmacy as a pharmacist preceptor for a	5	Yes 🗌	No 🗌	
If yes, please give intern's name:				
Is the intern removing a pharmacist as a preceptor?			No 🗌	
If yes, please give the name of the precep	otor who is to be removed:			

## STATEMENT

I have never been convicted of any criminal offense with respect to the observance of federal, state and municipal laws and ordinances relating to the practice of pharmacy, and I have not committed any act that would justify revocation or suspension of my license pursuant to the Pharmacy Act, Section 5.

I am familiar with the Pharmacy Act and the Regulations of the Board of Pharmacy and I agree to conduct my responsibilities as a pharmacist preceptor in accordance with these laws and regulations. I am aware that the regulations require that I notify the Board of Pharmacy each and every time I train a new pharmacy intern and that I am required to file preceptor registration for each pharmacy intern.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of preceptor

Date

Please note the following:

- 1. Preceptor applications must be filed each time the intern changes or adds a pharmacist preceptor in order for the intern to receive credit for the hours that were earned under that preceptor.
- 2. A pharmacist preceptor:
  - Must have an unrestricted Pennsylvania pharmacist license.
  - Must be engaged in the active practice of pharmacy in Pennsylvania.
  - Must be working on a full-time basis in the pharmacy where the intern will train.
  - May not have been convicted of a criminal offense relating to the practice of pharmacy.
  - May not direct the training of more than two pharmacy interns at any one time, unless the program has been approved by the Board for a greater number.
  - Must notify the Board, in writing, when his/her supervision ends for intern(s) previously reported to the Board.
- 3. The internship experience must be at least 1,500 hours, with a maximum allowable credit of 50 hours in any one week.
- 4. The intern must inform the preceptor of the date the Board granted approval of registration as an intern and/or the approval date to add a pharmacist as a preceptor. The Board will not grant credit for any hours earned before the approval date.
- 5. Please maintain a copy of this application and all documents submitted to the Board or received from the Board for future reference.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.