PENNSYLVANIA STATE BOARD OF PHARMACY
(717) 783-7156
www.dos.state.pa.us/pharm
st-pharmacy@pa.gov

Mailing Address:
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
2601 N. Third Street
Harrisburg, PA 17110

INTERN EXPERIENCE REPORTING FORM (# 854 102, Rev. 1/15)

Name of Intern:_____,_____
Last First Middle

Intern's E-mail Address:_____

Pharmacy Intern Registration Number: PI-_____

Name of Registered Preceptor:_____Pharmacist License #:_____

Name of Pharmacy:_____Pharmacy Permit #:_____
(Where intern hours were gained)

STATEMENT

As the registered preceptor for the said intern, I say that the intern has scrutinized prescriptions and compounded or dispensed prescriptions under my direct supervision during his/her course of practical training, and that the following information is taken from payroll or other records and may be examined upon reasonable notice by the Board of Pharmacy or any of its inspectors.

_____ has completed_____hours of internship
Name of Intern Total

from_____to _____at a rate of no more than
Month/Day/Year Month/Day/Year

50 hours per week.

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

Will you continue to serve as this intern's preceptor?

Yes_____ No, please remove me as this intern's preceptor_____

******The alteration of any information on this form will result in the rejection of the form.******

INTERN EXPERIENCE REPORTING FORM

1. Intern hours must be earned in Pennsylvania.

2. A preceptor must be approved by the Board prior to gaining intern hours under that preceptor.

3. The Board can grant credit for intern hours earned only on or after the date that the preceptor was approved.

4. Intern hours may be gained at a rate of no more than 50 hours in any one week.

5. The reporting form will be rejected if it appears that any information on the form was modified. If a mistake is made with regard to the information being provided, the preceptor must complete an entirely **new** reporting form. Alteration of information will be cause for rejection of the form.

6. If the pharmacy intern has had an address change, the pharmacy intern should immediately complete and submit an address change form (form posted at www.dos.state.pa.us/pharm).

7. Please maintain a copy of all documents submitted to the Board or received from the Board for future reference.

8. It is recommended that the intern hours be submitted on at least a yearly basis.

9. To receive notification that the Board has received and approved your intern hours, please submit a stamped, self-addressed postcard that includes the name of the preceptor, the number of intern hours being reported on this *Intern Experience Reporting Form*, and a space for the approval date (see illustration below). Once your intern hours have been reviewed and approved, your stamped, self-addressed postcard will be date stamped with the approval date and returned to you.

   Note: Do **not** attempt to use the illustration as a postcard.