Application for Pharmacy Intern Preceptor Approval

(For preceptors NOT holding a faculty position in the experiential training program of a Board-approved college or school of pharmacy)*

1. Name:_____

2. Address:_____
Number & Street City State Zip Telephone

3. Mailing Address (if different):_____
Number & Street City State Zip

4. License No.:_____ Effective Date:_____ Exp. Date:_____

5. College Education:_____
Name & Address of College Attended Degree Date of Graduation

6. Internship Site:_____

7. Type of business (example: grocery, compounding, etc.):_____

8. Business Address:_____

9. Business Phone:_____ FAX:_____ E-mail:_____

10. RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT, "No charges involving moral turpitude or violations of pharmacy, liquor or controlled substance laws ever made or pending." _____(Initial). Applicant must initial on line provided if statement is true. Explain in space provided below if any charges, including conviction date, jurisdiction, and location: (use separate sheet if more space required)

_____

_____

To the best of my knowledge and belief the foregoing application is true and current in all respects.

_____
Signature Date

*See A.A.C. R4-23-302