

**INTERN EXPERIENCE REPORTING FORM** (# 854 102, Rev. 2/13)

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  
Name of Intern Total  
internship from \_\_\_\_\_ to \_\_\_\_\_ at a rate  
Month/Day/Year Month/Day/Year

of no more than 50 hours per week.

I verify that the statements in this form 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. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I verify that this form 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 pursuant to 18 PA C.S. Section 4911.

\_\_\_\_\_  
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](http://www.dos.state.pa.us/pharm) under "Licensure Information", "Board Forms").
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 including 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.

Preceptor's Name	Postage Stamp
No. of Intern Hours Being Reported	Intern's Address
Space for Date Stamp (Approval Date)	