MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

INTERN NOTICE OF EMPLOYMENT OR CHANGE OF PRECEPTOR

Hours will not be credited if this form has not been submitted by the intern within the specified five (5) day period. This form should be used to report the beginning or change of employment with a pharmacy. This form should also be used to report a change in preceptor or an additional preceptor.

INSTRUCTIONS

1. Please type or print clearly in black ink.
2. If this is a change in preceptor, his/her signature must be notarized.
3. Return the completed form to the address above.

****THIS FORM MUST BE FILED WITHIN FIVE DAYS OF THE START OF EMPLOYMENT OR CHANGE IN PRECEPTOR.**

I AM REPORTING:

☐ New Employment ☐ Change in Preceptor
☐ Change in Preceptor and Employment ☐ An Additional Preceptor

TO BE COMPLETED BY INTERN

NAME OF INTERN (FIRST, MIDDLE, LAST)	INTERN LICENSE NUMBER (WILL BE ISSUED IF APPLYING FOR LICENSE)
ADDRESS OF INTERN (STREET, CITY, STATE, ZIP)	
COLLEGE OF PHARMACY	
SIGNATURE OF INTERN	

TO BE COMPLETED BY PRECEPTOR

NAME OF PHARMACY	PERMIT NUMBER
PHARMACY ADDRESS (STREET, CITY, STATE, ZIP)	
NAME OF PRECEPTOR	PRECEPTOR LICENSE NUMBER
IF CHANGE, FORMER PRECEPTOR NAME	FORMER PRECEPTOR LICENSE NUMBER
SIGNATURE OF PRECEPTOR (IF CHANGE, NEW PRECEPTOR MUST HAVE SIGNATURE NOTARIZED BELOW)	BEGINNING DATE OF EMPLOYMENT FOR INTERN

I DO SOLEMNLY SWEAR OR AFFIRM THAT I AM A LICENSED PHARMACIST IN THE STATE OF MISSOURI AND THAT I WILL SERVE AS A PRECEPTOR FOR THE AFOREMENTIONED INTERN

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF PRECEPTOR	
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	