



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 MISSOURI BOARD OF PHARMACY
PRECEPTOR'S AFFIDAVIT OF INTERNSHIP HOURS

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| MAILING ADDRESS: MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102 | OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109 | FOR OFFICE USE ONLY TOTAL HOURS RECEIVED DATE |
| - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: intern@pr.mo.gov or call (573) 751-0092 | | |

INSTRUCTIONS

- ✓ Use this form to report intern hours NOT earned as part of a Missouri pharmacy school/college curriculum.
- ✓ This form must be filed at the completion of the intern's pharmacy practice experience.
- ✓ Hours will not be credited if this form is not submitted as required by 20 CSR 2220-7.025.
- ✓ **Missouri Pharmacy School Students:** If you are a student of a Missouri located pharmacy school/college, your school will report intern hours earned as part of your school/college curriculum. Submit this form only if you are reporting hours that were independently earned outside of your school curriculum. This allowance only applies to students attending a Missouri located pharmacy school/college.
- ✓ Pursuant to 20 CSR 2220-7.025, interns may not receive credit for more than 48 hours per week. Interns may work additional hours, however, only the maximum 48 hours will be credited or recognized by the Board.

INTERN INFORMATION (TO BE COMPLETED BY INTERN)

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| INTERN NAME (LAST) | (FIRST) | (MIDDLE) | (MAIDEN) | INTERN LICENSE NUMBER |
| ADDRESS (STREET) | (CITY) | (STATE) | (ZIP) | |
| CONTACT TELEPHONE NUMBER | EMAIL ADDRESS | | | |
| DO YOU WISH TO BE NOTIFIED THAT YOUR HOURS WERE RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No | WHERE DO YOU PREFER THE NOTIFICATION TO BE SENT? <input type="checkbox"/> Intern's E-Mail Address <input type="checkbox"/> Intern's Address Listed Above | | | |

PRECEPTOR'S REPORT OF INTERN TRAINING HOURS (TO BE COMPLETED BY PRECEPTOR)

- This section must be completed by the current preceptor reflected in the Board's records for the intern.
- Pursuant to 20 CSR 2220-7.025, interns may not receive credit for more than 48 hours per week. Interns may work additional hours, however, only the maximum 48-hour hours will be credited or recognized by the Board.

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| NAME OF PRECEPTOR | PRECEPTOR'S LICENSE NUMBER |
| TRAINING SITE | SITE LICENSE NUMBER (IF APPLICABLE) |
| SITE ADDRESS (STREET) | (CITY) (STATE) (ZIP) |

REPORT OF HOURS (CREDIT WILL NOT BE GIVEN FOR MORE THAN 48 HOURS PER WEEK)

| WEEK ENDING (MM/DD/YYYY) | NO. HOURS EARNED | WEEK ENDING (MM/DD/YYYY) | NO. HOURS EARNED |
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REPORT OF HOURS (CREDIT WILL NOT BE GIVEN FOR MORE THAN 48 HOURS PER WEEK)

| WEEK ENDING (MM/DD/YYYY) | NO. HOURS EARNED | WEEK ENDING (MM/DD/YYYY) | NO. HOURS EARNED |
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REPORT OF HOURS (CREDIT WILL NOT BE GIVEN FOR MORE THAN 48 HOURS PER WEEK)

| WEEK ENDING (MM/DD/YYYY) | NO. HOURS EARNED | WEEK ENDING (MM/DD/YYYY) | NO. HOURS EARNED |
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PRECEPTOR'S AFFIDAVIT

I hereby attest that I am a licensed pharmacist in a state or territory of the United States and served as preceptor for the intern listed above. I certify that the total hours earned comply with 20 CSR 2220-7.030(1)(A)3. I further certify that all information contained in this Affidavit is true and correct to my best knowledge and belief and that the above-named intern completed the intern hours as indicated herein. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I hereby certify under the penalty of perjury that the above statements and total hours below, as well as all information provided herein, are true and accurate to my best knowledge and belief.

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| SIGNATURE OF PRECEPTOR | DATE |
|------------------------|------|

PRINT NAME

MUST BE SIGNED IN PRESENCE OF NOTARY

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| NOTARY PUBLIC EMBOSSEER 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) | | |