SPECIAL SITE OR NON-PHARMACIST PRECEPTOR APPLICATION

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
MISSOURI BOARD OF PHARMACY

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO 65102

OVERNIGHT ADDRESS:
3605 MISSOURI BLVD.
JEFFERSON CITY, MO 65109

APPROVAL DATE	NO. HOURS
DISAPPROVAL DATE	
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 request approval of:
  a. A preceptor that does not hold a pharmacist license issued by a U.S. state or territory, or;
  b. An intern training state that is not licensed as a pharmacy in the U.S. or a U.S. territory.
- ✓ After the special site/non-pharmacist preceptor has been approved by the Board, **interns must also file a Special Site/Non-Pharmacist Preceptor Notice of Employment Approval Application** before beginning their internship hours.
- ✓ ***Missouri Pharmacy School Students:*** If you are a student of a Missouri located pharmacy school/college, your school will submit an approval request for special sites/preceptors that will be used to earn intern hours as part of your school/college curriculum. This form and the Intern Special Site/Non-Pharmacist Preceptor Notice of Employment form are only required if you will be independently earning hours outside of your school curriculum at a special site or with a non-pharmacist preceptor. *This allowance only applies to students attending a Missouri located pharmacy school/college.*

REQUEST TYPE

I AM REQUESTING APPROVAL OF:

☐ Special Site and Non-Pharmacist Preceptor ☐ Special Site ☐ Non-Pharmacist Preceptor

SITE APPROVAL

NAME OF SPECIAL SITE

SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)

IS THE ENTITY AFFILIATED WITH A COLLEGE TRAINING AND/OR RESIDENCY PROGRAM? ☐ YES ☐ NO

IF YES, NAME OF SCHOOL/COLLEGE: _____

DESCRIPTION OF BUSINESS ACTIVITIES *(Attach additional sheets if necessary)*

PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED INTERN JOB DUTIES/RESPONSIBILITIES *(Attach additional sheets if necessary)*

LIST THE LEARNING OBJECTIVE(S) FOR THE INTERN *(Attach additional sheets if necessary)*

PRECEPTOR APPROVAL

A Preceptor Affidavit Form (see attached) must be completed by each preceptor listed below. Attach additional sheets if necessary.

PRECEPTOR NAME			TITLE	
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PRECEPTOR NAME			TITLE	
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PRECEPTOR NAME			TITLE	
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PRECEPTOR NAME			TITLE	
PRECEPTOR MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)

PRECEPTOR QUALIFICATIONS: To complete this application, a resume or curriculum vitae must be attached to this application that shows/lists:

- All degrees obtained by the preceptor(s) listed above beyond high school/a general equivalency diploma; AND
- Preceptor employment history. Employment history must demonstrate the preceptor's experience/ability to train the intern in the proposed duties/responsibilities and should include the employer's name, employment dates and a description of job duties. Information must be submitted for each preceptor.

INTERN INFORMATION *(List the names of interns that will be earning hours at the special site if known. Not required for Missouri located pharmacy schools/colleges. Attach additional sheets if necessary.)*

INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
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INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER
INTERN NAME	(LAST)	(FIRST)	(MIDDLE)	INTERN LICENSE NUMBER

CONTACT PERSON *(Please provide a contact person for questions regarding this application)*			
CONTACT NAME			POSITION/TITLE
CONTACT MAILING ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)
E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	

APPLICANT AFFIDAVIT *(To be completed by person/representative of entity submitting this application)*

I hereby request approval of the site and/or preceptor identified herein. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. 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 understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I further understand that any intern hours earned at or credited by the proposed special site shall comply with 20 CSR 2220-7.030(1)(A). I hereby certify under penalty of perjury that the above statements, as well as all information provided herein, are true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	PRINT NAME
TITLE	DATE

PRECEPTOR'S AFFIDAVIT

A PRECEPTOR'S AFFIDAVIT MUST BE SUBMITTED BY ALL PRECEPTORS DESIGNATED IN THE SPECIAL SITE/NON-PHARMACIST PRECEPTOR APPLICATION.

I hereby attest that I have reviewed 20 CSR 2220-7.025 and agree to serve as a preceptor at the site listed below. I understand that intern practice experience must comply with 20 CSR 2220-7.030(1)(A)3. I certify that all preceptor information contained in this application is true and correct to my best knowledge and belief. 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 understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I agree to report intern hours to the Board as required by 20 CSR 2220-7.025. I hereby certify under the penalty of perjury that the above statements, as well as all information provided by me, are true and accurate.

NAME OF SPECIAL SITE				
SITE ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
SIGNATURE OF PRECEPTOR		DATE		
PRINT NAME		TITLE		

MISSOURI INTERN PHARMACIST GUIDE

This Guide contains general information on Missouri's requirements for intern pharmacists. See § 338.035 of the Revised Statutes of Missouri and rule 20 CSR 2220-7.025 for a complete listing of all intern requirements.

WHO NEEDS AN INTERN PHARMACIST LICENSE?

- Anyone who would like to earn pharmacy practice experience in Missouri must be licensed by the Board as an intern pharmacist, including, Missouri students. The Board will only certify and recognize intern hours earned by licensed intern pharmacists.

LICENSE REQUIREMENTS

- To be licensed as a Missouri intern pharmacist, you must:
  - ✓ Be currently enrolled in or a graduate of an ACPE accredited school or college of pharmacy;
  - ✓ Submit an Intern Pharmacist License Application to the Board and pay a $50 application fee; and
  - ✓ Submit fingerprints and undergo a criminal history background check.
- PLAN AHEAD! It may take 4-6 weeks for the Board to receive your criminal history reports and process your application. Incomplete applications take even longer to process. Avoid delays, apply early.
- *Graduates of a foreign pharmacy school/college may be eligible for an intern pharmacist license as provided by 20 CSR 2220-7.040.*

CRIMINAL HISTORY BACKGROUND CHECKS

- Intern pharmacist applicants must submit fingerprints and undergo a state and federal criminal history background check.
- Fingerprinting is conducted by an approved state vendor and requires an additional fee. Detailed instructions on scheduling a fingerprint appointment are included in the Intern Pharmacist Application, including, instructions for applicants being fingerprinted in another state.
- You are required to answer "yes" to the criminal history questions even if you have received a Suspended Imposition of Sentence ("SIS") or Suspended Execution of Sentence ("SES"). An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. <u>You must answer "yes" and provide an explanation even if you received an SIS or an SES.</u>
- Your application may be delayed or denied if you fail to truthfully and accurately disclose all criminal history information.

EARNING HOURS

- You may begin to earn intern hours <u>after</u> you are licensed as an intern pharmacist. The Board will not certify or recognize any practice hours earned before you are licensed. *Note: Students attending a Missouri located pharmacy school/college see student section below.*

- Intern hours can only be earned at a site or with a preceptor approved by the Board. Except as otherwise provided by rule, the Board will not certify or recognize hours earned at an unapproved site or with an unapproved preceptor.
- Intern pharmacists will receive credit for no more than forty-eight (48) intern hours each week. You may continue working after you've reached 48 hours. However, you will not be credited for more than the 48-hour maximum.

INTERN SITES

- All intern sites must be approved by the Board. To request approval, an Intern Site/Preceptor Approval Application must be submitted if the proposed site is licensed as a pharmacy in the U.S. or a U.S. territory.
- If you are changing sites, a new Intern Site/Preceptor Approval application must be filed with the Board within ten (10) days of the change (*see additional information below).*
- An Intern Training Special Site/Preceptor Application should be submitted for sites not licensed as pharmacy in a U.S. state or territory.

PRECEPTORS

- Intern hours may only be earned under the supervision of a Board approved preceptor. An Intern Site and Preceptor Approval Application must be submitted if the proposed preceptor is licensed as a pharmacist by a U.S. state or territory.
- If you are requesting approval of your first preceptor, the Intern Site/Preceptor Approval Application must be submitted before you begin earning hours with the preceptor.
- If you are changing preceptors, a preceptor approval application must be filed with the Board within ten (10) days of the change (*see additional information below).*
- An Intern Training Special Site/Preceptor Application must be submitted for non-pharmacist preceptors.

SPECIAL SITES (NON-PHARMACY SITES/NON-PHARMACIST PRECEPTORS)

- An Intern Training Special Site/Non-Pharmacist Preceptor Application should be submitted if you are requesting to earn hours at a site that is not licensed as a pharmacy in a U.S. state/territory **or** if you are requesting approval of a non-pharmacist preceptor.
- After the special site/non-pharmacist preceptor has been approved by the Board, interns must also submit an Intern Special Site/Non-Pharmacist Preceptor Notification of Employment Approval form prior to earning hours at an approved special site or with an approved non-pharmacist preceptor.
- The Intern Special Site/Preceptor Approval Application must be filed and approved before submitting your Intern Special Site/Preceptor Notification of Employment Approval Application.

CHANGING SITES/PRECEPTORS

- A new Intern Training Special Site/Preceptor Application must be submitted if you are changing sites/preceptors.
- You may begin to earn hours at the new site or with the new preceptor prior to submitting an approval application. However, the Board will not certify or recognize intern hours earned more than ten (10) days prior to the date your Intern Site/Preceptor Approval Application is submitted to the Board. Review rule 20 CSR 2220-7.025 to make sure the proposed site/preceptor meets Board requirements. Your hours will not be counted if the approval request is disapproved by the Board.
- **The Board strongly recommends that you file an approval application before you change sites/preceptors**.

REPORTING YOUR HOURS

- To report hours, a Preceptor's Affidavit of Internship Hours must be signed by your preceptor and returned to the Board. The Board will not certify or recognize hours not reported by your preceptor.
- Hours do not have to be submitted as they are earned (i.e.,- weekly or monthly). Instead, hours should be reported after you have completed your intern training hours with the approved preceptor.
- 1,500 internship hours are required for a Missouri pharmacist license.

STUDENTS ENROLLED IN A MISSOURI PHARMACY SCHOOL/COLLEGE

The Board has approved the following intern procedures for students enrolled in a pharmacy school/college that is located in Missouri (University of Missouri, STLCoP):

- Students must be licensed as an intern and meet all eligibility requirements.
- Once you're licensed, your school will submit a list to the Board for approval of any site/preceptor used as part of the school's curriculum. You do not have to submit a Site/Preceptor approval form for intern hours earned as part of your school curriculum.
- Site/Preceptor change requests will be handled and submitted by your school. Once again, you do not have to submit your own site/preceptor approval forms.
- Your school will certify your hours after you graduate or within thirty (30) days after you are no longer enrolled. You do not have to individually report hours earned as part of your school curriculum. These hours will be reported by your school.
- The above procedures only apply to hours earned as part of your school curriculum. If you earn hours outside of your school curriculum, you are required to follow the same intern rules as a non-Missouri student. This means you are responsible for submitting an Intern Training Site/Preceptor Approval form as well as a Preceptor's Affidavit of Internship hours for all hours earned outside of your school curriculum. These forms will not be submitted by your school.

ADDITIONAL INFORMATION

- *Do I need an intern pharmacist license if I don't plan on applying for a Missouri pharmacist license?*
  - Yes, if you would like the Board to certify the hours earned in Missouri to another state. Once again, only hours earned as an intern pharmacist will be certified or recognized by the Board.
- *Can the hours I worked as a pharmacy technician count as intern hours?*
  - No. The Board will only certify or recognize hours earned while licensed and working as an intern pharmacist. Pharmacy technician hours will not be considered or recognized as intern hours.
- *How do I request certification of my Missouri intern hours for another state?*
  - A written request may be e-mailed to intern@pr.mo.gov or mailed to: Missouri Board of Pharmacy, P.O. Box 625, Jefferson City, Missouri 65102. Please include your name, intern license #, date of birth and the name and address where the certification should be sent.

QUESTIONS

- Questions regarding Missouri's intern pharmacist requirements may be addressed to:
  E-Mail: intern@pr.mo.gov
  Phone: (573) 751-0092
  Fax: (573) 526-3464