

PRECEPTOR APPLICATION

I have been actively engaged in the practice of pharmacy for one year.

I am currently engaged in the full-time practice of pharmacy.

I have not been convicted of violations of any laws or regulations relating to pharmacy within three (3) years of this application.

I shall submit all required forms, affidavits. And evaluations to the board on or before due dates. Evaluations are done yearly or upon termination of employment of either intern or preceptor.

I shall be aware and responsible for following all regulations governing legal and ethical professional conduct as outlined in the Standards of Practice and train the intern in this area.

I shall notify the Board of any changes of employment address or location, in writing, within ten (10) days of such a change.

I shall not leave the intern alone to assume the responsibility of a pharmacist

I have read and fully understand the above requirements for a preceptor. I further understand that failure to comply with these requirements may serve as grounds for revocation of my preceptor license.

PLEASE PRINT OR TYPE ALL INFORMATION

NAME: _____ RPH # _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

Does Pharmacy have a preceptor Training Number? _____ IF Yes, State Number _____

NAME OF PHARMACY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For Official Use Only
Preceptor number: _____
Training Area Number : _____
Date Issued : _____
By : _____