

**NEW MEXICO BOARD OF PHARMACY**  
**EMPLOYER'S AFFIDAVIT FOR INTERNSHIP**  
(Please fill in all blank spaces.)

Intern Name: \_\_\_\_\_

I the undersigned, hereby certify that I am a licensed pharmacist in the state of New Mexico,

\*Registered pharmacist license # \_\_\_\_\_; Preceptor's License # \_\_\_\_\_;

and that \_\_\_\_\_ received practical experience as follows:

PLEASE USE ONE LINE PER WEEK/BIWEEK/MONTH\*.

\* Depending on how hours are tracked by employer ( **Lump sums will not be accepted.** )

From \_\_\_\_\_ to \_\_\_\_\_ # of weeks \_\_\_\_\_ X Hours per week \_\_\_\_\_ = Hours Earned \_\_\_\_\_  
Date

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Date

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Date

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Date

Total Hours Reported on This Form \_\_\_\_\_

The above information was taken from payroll or other records which are kept at: \_\_\_\_\_

\_\_\_\_\_, all may be examined upon reasonable notice by the State Board of Pharmacy or any of their inspectors.

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Pharmacy

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip