

## **Instructions for the “Non-Traditional Internship Preceptor Approval Application”**

Pharmacy interns must earn at least 1,500 acceptable intern hours under a pharmacist preceptor. Of these 1,500 intern hours, at least 500 intern hours must be earned outside of a school's academic program and in a licensed pharmacy. The remaining 1,000 intern hours may be earned through a school's academic program or outside of school at a practice site other than a licensed pharmacy. If you are interested in earning intern hours to be applied towards this 1,000 intern hours requirement by working at a non-traditional internship site, please submit a fully completed application and fee **at least 90 days prior** to your start date at the non-traditional internship site.

If your application is submitted at least 90 days prior to your start date at the non-traditional internship site, the Board of Pharmacy (Board) will evaluate your request at one of its monthly meetings. The Board may choose to approve or disapprove the application. If an application is approved, the Board may limit the number of intern hours that may be earned at a particular non-traditional internship site.

Please note the following:

1. Applications must be filed each time the intern changes or adds a pharmacist preceptor in order for the intern to receive credit for the hours that were earned under that preceptor.
2. A pharmacist preceptor:
  - a. Must have an unrestricted Pennsylvania pharmacist license.
  - b. Must be working on a full-time basis at the non-traditional internship site.
  - c. May not have been convicted of a criminal offense relating to the practice of pharmacy.
  - d. May not direct the training of more than two pharmacy interns at any one time, unless the program has been approved by the Board for a greater number.
  - e. Must notify the Board, in writing, when his/her supervision ends for intern(s) previously reported to the Board.
3. The internship experience must be at least 1,500 hours, with a maximum allowable credit of 50 hours in any one week.
4. The intern must inform the preceptor of the date the Board granted approval of registration as an intern and/or the approval date to add a pharmacist as a preceptor. The Board will not grant credit for any hours earned before the approval date.
5. Please maintain a copy of this application and all documents submitted to the Board or received from the Board for future reference.

If the applicant is not already registered with the Board as a pharmacy intern, please note that additional documents must be submitted with this application. Please refer to the “Application for Registration as a Pharmacy Intern” which is posted at [www.dos.pa.gov/pharm](http://www.dos.pa.gov/pharm). Page 1 of that application must be properly completed and submitted while page 4 of that application or an official copy of a FPGEC certificate must be submitted as directed on that application.



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Name of pharmacy intern

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Intern registration number

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Street address of intern's residence

City

State

Zip code

Are you currently registered with the Pennsylvania State Board of Pharmacy as a pharmacist preceptor for another intern?

Yes\_\_\_\_ No\_\_\_\_

If yes, please give intern's name:\_\_\_\_\_

Is the intern removing a pharmacist as a preceptor?

Yes\_\_\_\_ No\_\_\_\_

If yes, please give the name of the preceptor who is to be removed:\_\_\_\_\_

#### STATEMENT

I have never been convicted of any criminal offense with respect to the observance of federal, state and municipal laws and ordinances relating to the practice of pharmacy, and I have not committed any act that would justify revocation or suspension of my license pursuant to the Pharmacy Act, Section 5.

I am familiar with the Pharmacy Act and the Regulations of the Board of Pharmacy and I agree to conduct my responsibilities as a pharmacist preceptor in accordance with these laws and regulations. I am aware that the regulations require that I notify the Board of Pharmacy each and every time I train a new pharmacy intern and that I am required to file preceptor registration for each pharmacy intern.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

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***Signature of preceptor***

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***Date***

The Board may request submission of a new application or part of an application along with the required application fee if any discrepancies with this application have not been appropriately addressed within one year of the date that the application was originally received in the Board office.