



**FOR INTERNSHIP OUTSIDE OF KENTUCKY**

The Pharmacist Preceptor and Pharmacy named in the preceding report are currently in good standing with this Board.

Date \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Board of Pharmacy \_\_\_\_\_

(Seal)

(The above must be completed by an official of the Board of Pharmacy in the state where internship was obtained.)