Form III

KENTUCKY BOARD OF PHARMACY

Internship Report

Name _____ Intern No. _____
(Last) (First)

Address_____

I shall resume my pharmacy education at _____ college/university

on _____ and hereby apply for internship credit as outlined below

under the immediate supervision of _____ .
(Pharmacist Preceptor)

at _____
(Name and Address of Pharmacy)

Phone Number _____ _____
(Signature)

WEEK	ENDING		NUMBER OF HOURS	E *		WEEK	ENDING		NUMBER OF HOURS	E *
MONTH	DAY	YEAR				MONTH	DAY	YEAR		

*Indicate E for each week you were enrolled in a college of pharmacy

I hereby certify that this report is a correct statement of fact. The above information was taken from the records of the above named pharmacy and is available for examination by the Kentucky Board of Pharmacy.

_____ _____
(Date) (Signature of Preceptor)

A separate Form III for each preceptor must be submitted and received in the Board office in duplicate by October 1 of each year for all internship experience obtained the preceding twelve months. Mail to:

Kentucky Board of Pharmacy
Spindletop Administration Bldg., Ste 302
2624 Research Park Drive
Lexington, KY 40511

(For Office Use)

_____ Hours Internship Credited Hours Enrolled _____
_____Total Hours Internship Credited
Remarks:

Date _____ Approved _____

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.)