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**LEGISLATIVE RESEARCH COMMISSION**

State Capitol 700 Capital Avenue Frankfort KY 40601

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**MEMORANDUM**

TO: Eden S. Davis, General Counsel, Board of Pharmacy

FROM: Emily Caudill, Regulations Compiler

RE: Proposed Amendment or New Regulation – 201 KAR 002:040

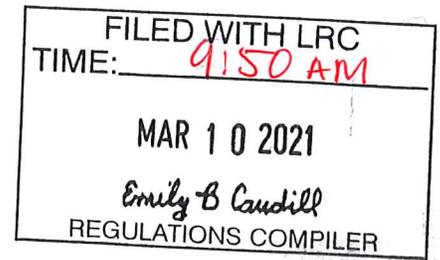
DATE: March 10, 2021

A copy of the administrative regulation listed above is enclosed for your files. This regulation is **tentatively** scheduled for review by the Administrative Regulation Review Subcommittee at its **June 2021** meeting. We will notify you of the date and time of this meeting once it has been scheduled.

Pursuant to KRS 13A.280, **if** comments are received during the public comment period, a Statement of Consideration or a one-month extension request for this regulation is due **by noon on June 15, 2021**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at [RegsCompiler@LRC.ky.gov](mailto:RegsCompiler@LRC.ky.gov) or (502) 564-8100.

Enclosures



1 BOARDS AND COMMISSIONS

2 Kentucky Board of Pharmacy

3 (Amendment)

4 201 KAR 2:040. Registration of Pharmacist Interns.

5 RELATES TO: KRS 315.010(16), 315.020(3), (4), 315.050(4), (5), 315.191(1)(h)

6 STATUTORY AUTHORITY: KRS 315.050(4), (5), 315.191(1)(a), (h)

7 NECESSITY, FUNCTION, AND CONFORMITY: The Kentucky Board of Pharmacy is  
8 required by KRS 315.050(4) to establish standards for pharmacy intern certification. KRS  
9 315.191(1)(h) authorizes the board to establish an internship program for training, qualifications,  
10 and registration of applicants for registration of pharmacist interns. This administrative  
11 regulation establishes the standards for training, qualifications, and registration of pharmacist  
12 interns.

13 Section 1. Definitions. (1) "Academic experience program" means a course or series of courses  
14 taken by a pharmacist intern at a school or college of pharmacy approved by the board that  
15 involves actual practice of pharmacy experiences.

16 (2) "Preceptor" means the pharmacist who is responsible to the board for the practice of  
17 pharmacy experiences of a pharmacist intern.

18 Section 2. An applicant for registration as a pharmacist intern shall:

19 (1) File an Application for Registration as a Pharmacist Intern, Form I, with the board; and

20 (2) ~~Attach a recent head and shoulders passport photograph, that is not a proof copy or plastic~~  
21 ~~identification; and~~

1 ~~(3)~~ Submit proof of acceptance by a college or school of pharmacy approved by the board

2 Section 3. An applicant for examination for licensure as a pharmacist shall:

3 (1) Complete 1,500 hours of internship;

4 (2) Be awarded credit for internship for hours worked in a pharmacy or in related research during  
5 the time the pharmacist intern is enrolled in an approved school or college of pharmacy;

6 (3) Not be awarded credit for hours worked in a pharmacy or in related research during the  
7 period the pharmacist intern is completing the academic experience program;

8 (4) Be limited to internship credit:

9 (a) Of forty-eight (48) hours per week during non-academic sessions if the pharmacist intern is in  
10 good standing with a college or school of pharmacy and the board; and

11 (b) Of twenty (20) hours per week during academic sessions in a college or school of pharmacy.

12 The maximum credit allowed for this enrolled time shall be 500 hours;

13 (5) Be given credit for the following forms of internship:

14 (a) Completion of an academic experience program;

15 (b) Work performed in a pharmacy under the supervision of a preceptor;

16 (c) Work or research related to the practice of pharmacy that was performed under the  
17 supervision of a preceptor for a government body, college or university, pharmacy business, or  
18 other entity if the pharmacist intern has received prior approval by the board. The maximum  
19 credit allowed for this time shall be 400 hours and the pharmacist intern shall also file an essay  
20 of at least 500 words describing the work or research experience and the relation of the work or  
21 research to the practice of pharmacy, which shall be approved by the board president; or

22 (d) An internship performed outside of Kentucky if the:

1 1. Requirements for internship in that state are at least equivalent to the requirements established  
2 in this administrative regulation; and

3 2. Board of licensure in that state has certified that the preceptor, pharmacy, government body,  
4 college or university, pharmaceutical business, or other entity is in good standing; and

5 (6) Not be awarded credit for an internship completed prior to registration with the board.

6 Section 4. A pharmacist intern shall: (1) Be issued a Registration Identification Card;

7 (2) Carry the Registration Identification Card when on duty;

8 (3) Show it upon request to a member of the board or its authorized agent; and

9 (4) Notify the board within thirty (30) days of any charge of:

10 (a) A felony;

11 (b) A violation of drug laws; or

12 (c) A violation of alcohol laws.

13 Section 5. The registration of a pharmacist intern shall be revoked if the pharmacist intern is not:

14 (1) Currently enrolled in a college or school of pharmacy approved by the board;

15 (2) A current applicant for licensure as a pharmacist in Kentucky; or

16 (3) Awaiting the results of an examination.

17 Section 6. The registration of a pharmacist intern shall not be revoked when the intern is not

18 currently enrolled in a college or school of pharmacy approved by the board if the board finds

19 that:

20 (1) The intern is on a semester break; or

21 (2) Personal or family health concerns or other reasons beyond the control of the pharmacist

22 intern necessitate a temporary absence from enrollment and the absence is approved by the

23 board.

1 Section 7. A person who is not registered as a pharmacist intern shall not:

2 (1) Hold himself or herself out as a pharmacist intern; or

3 (2) Perform the duties of a pharmacist intern.

4 Section 8. (1) A preceptor shall be a pharmacist who:

5 (a) Has a license in good standing;

6 (b) Has been licensed by the board for at least one (1) year; and

7 (c) Has requested in writing to be designated as a preceptor.

8 (2) A preceptor shall be actively engaged in the practice of pharmacy in the location where the  
9 pharmacist intern performs his or her internship.

10 (3) The preceptor shall supervise only one (1) pharmacist intern at a time for the purpose of the  
11 intern obtaining credit for the practice of pharmacy experience, unless the pharmacist is  
12 supervising interns as a faculty member at a school or college pharmacy approved by the board  
13 during an academic experience program.

14 Section 9. Credit for Non-Academic Experience Programs. (1) Within ten (10) days of beginning  
15 an internship credit for non-academic experience program, a pharmacist intern shall submit a  
16 Pharmacist Preceptor's Affidavit, Form II.

17 (2) On or before graduation from a college or school of pharmacy, a pharmacist intern shall  
18 submit an Internship Report, Form III.

19 Section 10. Credit for Academic Experience Programs. (1) For a Doctor of Pharmacy degree,  
20 credit shall be awarded for each hour of successful completion of an academic experience  
21 program at a college or school of pharmacy approved by the board.

1 (2) An academic experience program shall be reported on an Academic Experience Affidavit,  
2 Form IV, which shall be filed with the board upon completion of the academic experience  
3 program or prior to certification for examination.

4 Section 11. Incorporation by Reference. (1) The following material is incorporated by reference:

5 (a) "Application for Registration as a Pharmacist Intern", Form I, 03/2021 [~~11/2012~~];

6 (b) "Pharmacist Preceptor's Affidavit", Form II, 03/2021; [~~11/2012~~]

7 (c) "Internship Report", Form III, 03/2021 [~~11/2012~~]; and

8 (d) "Academic Experience Affidavit", Form IV, 03/2021 [~~11/2012~~].

9 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at  
10 the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street,  
11 Frankfort, Kentucky 40601 Monday through Friday, 8 a.m. to 4:30 p.m.



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LARRY A. HADLEY, R.Ph.  
Executive Director  
Kentucky Board of Pharmacy

March 10, 2021

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DATE

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall be held on May 25, 2021, at 9:00 a.m. Eastern Time at the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through May 31, 2021. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

Contact person: Larry Hadley, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email [Larry.Hadley@ky.gov](mailto:Larry.Hadley@ky.gov).

REGULATORY IMPACT ANALYSIS  
AND TIERING STATEMENT

201 KAR 2:040 Registration of Pharmacist Interns

Contact person: Larry Hadley

Contact Phone No.: 502-564-7910

Contact email: [larry.hadley@ky.gov](mailto:larry.hadley@ky.gov)

(1) Provide a brief summary of:

- (a) What this administrative regulation does: This administrative regulation establishes the professional responsibilities of a pharmacist and a pharmacist intern under supervision.
- (b) The necessity of this administrative regulation: KRS 315.191(1)(a) requires the board to promulgate administrative regulations necessary to regulate and control the practice of pharmacists. This administrative regulation establishes the professional responsibilities of a pharmacist and a pharmacist intern under supervision.
- (c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation establishes the professional responsibilities of a pharmacist and a pharmacist intern under supervision.
- (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This amended regulation removes the photograph requirement for the application and updates an abbreviation in the application. .

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

- (a) How the amendment will change this existing administrative regulation: The regulation amendments remove the photograph requirement for the application and updates an abbreviation in the application.
- (b) The necessity of the amendment to this administrative regulation: The photograph requirement is no longer required by Board policy and the administrative regulation needs to reflect that change.
- (c) How the amendment conforms to the content of the authorizing statutes: The Kentucky Board of Pharmacy is required by KRS 315.050(4) to establish standards for pharmacy intern certification. KRS 315.191(1)(h) authorizes the board to establish an internship program for training, qualifications, and registration of applicants for registration of pharmacist interns. This administrative regulation establishes the standards for training, qualifications, and registration of pharmacist interns.
- (d) How the amendment will assist in the effective administration of the statutes: The amendment will clarify the application for interns to register with the Board of Pharmacy.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The board anticipates pharmacy students to be impacted by the amended language.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Pharmacy students will have to familiarize themselves with the new amended language of the regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): There are no expected costs for the identities to comply with the amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3) This administrative regulation establishes the professional responsibilities of a pharmacist intern under supervision.

(5) Provide an estimate of how much it will cost to implement this administrative Regulation:

(a) Initially: No costs will be incurred.

(b) On a continuing basis: No costs will be incurred.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Board revenues from pre-existing fees provide the funding to enforce the regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No increase in fees or funding will be required because of this new regulation.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? (Explain why tiering was or was not used) Tiering is not applied because the regulation is applicable to all pharmacy students applying to be a pharmacist intern.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation No. 201 KAR 2:040 Registration of Pharmacist Interns

Contact Person: Larry Hadley

Contact Phone No.: 502-564-7910

Contact email: larry.hadley@ky.gov

1. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Kentucky Board of Pharmacy will be impacted by this administrative regulation.
2. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 315.191(1)(a).
3. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue for the board in the first year.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue for the board in subsequent years.

(c) How much will it cost to administer this program for the first year? No costs are required to administer this program for the first year.

(d) How much will it cost to administer this program for subsequent years? No costs are required to administer this program for subsequent years.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation. N/A

Revenues (+/-): 0

Expenditures (+/-): 0

Other Explanation:

## SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The "Application for Registration as a Pharmacist Intern" is the 1-page application form that a pharmacy student must complete in order to be registered with the Board of Pharmacy as a Pharmacist Intern. KRS 315.050 requires the Board of Pharmacy to set standards for registration as a pharmacist intern.

"Application for Registration as a Pharmacist Intern", Form I, 03/2021 has been updated to remove the photograph requirement and to provide the meaning for FPGEC certificate to Foreign Pharmacy Graduate Examination Committee certificate.

"Pharmacist Preceptor's Affidavit" is the 1-page form required to be completed by the pharmacist preceptor. KRS 315.050 requires the Board of Pharmacy to set standards for registration as a pharmacist intern.

"Pharmacist Preceptor's Affidavit", Form II, 03/2021 has no content change but contains an updated date since it was been reviewed for accuracy.

"Internship Report" is the 2-page form required to be completed by the student that contains the number of hours worked weekly and is signed by the preceptor. KRS 315.050 requires the Board of Pharmacy to set standards for registration as a pharmacist intern.

"Internship Report", Form III, 03/2021 has no content change but contains an updated date since it was been reviewed for accuracy.

"Academic Experience Affidavit" is the 1-page form required to be completed by the pharmacist intern that includes all of the dates and hours of the intern's rotations that qualify for graduation. KRS 315.050 requires the Board of Pharmacy to set standards for registration as a pharmacist intern.

"Academic Experience Affidavit", Form IV, 03/2021 has no content change but contains an updated date since it was been reviewed for accuracy.

**Fee \$25.00**

**Form I - 03/2021**

Kentucky Board of Pharmacy  
State Office Building Annex, Suite 300  
125 Holmes Street  
Frankfort, KY 40601  
Phone 502-564-7910  
Fax 502-696-3806

**(FOR BOARD USE ONLY - LEAVE BLANK)**

Registration Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN**

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

(Last) (First) (Middle) (Social Security Number)

Address: \_\_\_\_\_

(Street) (Phone)

(City) (State) (Zip) (Date of Birth)

(E-mail Address)

Have you ever been registered as a Pharmacy Technician in Kentucky? \_\_\_\_NO \_\_\_\_YES, Registration Number \_\_\_\_\_.

**SCHOOL INFORMATION**

Pharmacy School  
Anticipated Date of Graduation  
You must attach a copy of your acceptance letter

**FOREIGN GRADUATES ONLY**

- You must attached a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate
- You must provide a mailing address located within the United States or submit a pre-addressed postage paid envelope for mailing to an international address.

**\* A positive response to questions A through D require a detailed explanation and submission of court and sentencing documents, police reports and other related documents.**

- A. Have you ever been convicted of a felony not previously reported to the Board?  
\_\_\_\_YES, \*attach an explanation/documents \_\_\_\_NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws not previously reported to the Board?  
\_\_\_\_YES, \*attach an explanation/documents \_\_\_\_NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy or other Licensure Board not previously reported to the Board?  
\_\_\_\_YES, \*attach an explanation/documents \_\_\_\_NO
- D. Have you had a pharmacist intern license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy not previously reported to the Board?  
\_\_\_\_YES, \*attach an explanation/documents \_\_\_\_NO
- E. Are you currently licensed, certified, or registered as a pharmacist intern in any another state?  
\_\_\_\_YES, please list \_\_\_\_\_ \_\_\_\_NO

I understand that in the event I am charged with any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration. I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A person who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing registration and/or renewal of registration is subject to disciplinary action pursuant to KRS 315.137(1)(c).

DATE

SIGNATURE

**KENTUCKY BOARD OF PHARMACY**  
**PHARMACIST PRECEPTOR'S AFFIDAVIT**

**Form II** must be submitted within **ten (10) days** from the beginning of internship. Form II must be **resubmitted** within ten (10) days if **change in Pharmacist Preceptor**. Please mail certified, return receipt requested to:

Kentucky Board of Pharmacy  
State Office Building Annex, Suite 300  
125 Holmes Street  
Frankfort, KY 40601  
Phone 502-564-7910 Fax 502-696-3806

Pharmacist Intern's Name \_\_\_\_\_

Pharmacist Intern's ID Number \_\_\_\_\_

Pharmacist Preceptor's Name \_\_\_\_\_

Pharmacist Preceptor's License Number \_\_\_\_\_ State of Licensure \_\_\_\_\_

Full Name and Address of Pharmacy \_\_\_\_\_  
\_\_\_\_\_

Pharmacy Permit Number \_\_\_\_\_

Pharmacist Intern's Starting Date \_\_\_\_\_

- ❖ I shall maintain personal supervision of the Pharmacist Intern on a one-to-one basis and fully understand that a Pharmacist Intern cannot legally compound or dispense prescriptions except when doing so under the immediate, personal supervision of a certified pharmacist preceptor and may not be left in charge of a pharmacy.
- ❖ I affirm that I will adhere to the requirement of the "Pharmacy Internship Policy" and the requirements of Kentucky law and administrative regulations.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Pharmacist Preceptor's Signature)

**(It is the Pharmacist Intern's responsibility to submit this form to the Kentucky Board of Pharmacy office within the required time limitation.)**



**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.)**

**KENTUCKY BOARD OF PHARMACY**  
 Academic Experience Affidavit  
 (Please Print)

Pharmacy Intern: \_\_\_\_\_ Pharmacy Intern Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I hereby certify that the above named pharmacy intern has successfully completed the Academic Experiential Rotations listed below:

\_\_\_\_\_

List pharmacist preceptor, dates, and total hours for each pharmacy practice setting completed:

Pharmacist Preceptor	Inclusive Dates	Hours

Each rotation listed was part of the required academic experience program, offered \_\_\_\_ hours of academic credit, and experience was primarily with patient care activities in pharmacy sites.

I hereby acknowledge that the above pharmacist preceptors are current and in good standing with the Board of Pharmacy of this state.

Degree to be conferred:       Pharm. D.                       B.S. Pharmacy

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of College Advisor or Instructor)

\_\_\_\_\_

(Signature of Pharmacy Intern)

\_\_\_\_\_

(Title)

(College of Pharmacy Seal)

\_\_\_\_\_

(College of Pharmacy)

*(This form IV must be submitted upon completion of course/program to: Kentucky Board of Pharmacy,  
 State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky, 40601)*

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**(For Office Use Only)**

\_\_\_\_\_ Hours Internship Credited

\_\_\_\_\_ Total Hours Internship Credited

Date: \_\_\_\_\_

Approved: \_\_\_\_\_