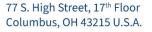
Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

Practical Experience Affidavit

Updated 1/8/2025

This form shall be used by Pharmacy Interns to report internship credit earned outside the intern's school of pharmacy academic program pursuant to <u>OAC 4729:2-2-06</u>. Each affidavit should only be used to claim internship hours not previously reported to the Board.



Phone: 614 | 466 4143 Fax: 614 | 752 4836



Practical Experience Affidavit



Instructions: This form shall be uploaded by the Intern as a Submit Additional Documentation request in <u>eLicense Ohio</u>.

INTERNITICENSE NO (REGINS WITH 06) :

SECTION 1. PHARMACY INTERN INFORMATION

INTEDNINAME:

	INTERN LICENSE NO. (BEGINS WITH 00).			
INTERN EMAIL ADDRESS:	INTERN PHONE NUMBER:			
SECTION 2. TRAINING SITE INFORMATION				
SECTION 2. TRAINING SITE INFORM	ATION			
SECTION 2. TRAINING SITE INFORMATION NAME OF TRAINING SITE:	LICENSE NUMBER:			

SECTION 3. HOURS WORKED AT THIS SITE

Hours claimed on this report must be earned within the previous year. Practical experience reported on the affidavit shall be **the total number of actual clock hours worked during the reported time period** rounded to the nearest hour. The hours reported must be able to be documented by payroll or other records which may be examined by the state board of pharmacy upon request.

BEGINNING DATE OF THIS REPORT	END DATE OF THIS REPORT	TOTAL NUMBER OF HOURS	
PERIOD (MM/DD/YYYY):	PERIOD (MM/DD/YYYY):	ROUND TO NEAREST WHOLE HOUR:	

SECTION 4. PRECEPTOR ATTESTATION & SIGNATURE

PRECPTOR NAME:	OHIO PHARMACIST LICENSE NO. (BEGINS WITH 03):			
ATTESTATION:				
I hereby state that the intern named above was trained at the site listed above, worked the hours reported and				
practiced in accordance with the requirements of the Ohio Pharmacy Practice Act and the internship program.				
I hereby certify, under penalty of ORC 2921.13, that the above statements are true and correct.				
PRECEPTOR SIGNATURE:		DATE:		