



PRACTICAL EXPERIENCE AFFIDAVIT

Pharmacy interns are responsible for the complete and timely filling of all required internship forms and documents. After completing this form, the Preceptor must verify its accuracy by hand signing the statement in Section 4. The form must be notarized. Make a copy for your file & mail the original to the Board office.

1. **FOR** Ohio Pharmacy Intern License Identification # 060

(Type or print legibly *Intern's name and mailing address here*)

Name:
Street Address:
City, State, Zip Code:
E-mail:

-- DEADLINE FOR FILING AFFIDAVITS --

AFFIDAVITS MUST BE RECEIVED IN THE BOARD OF PHARMACY OFFICE NO LATER THAN MARCH 1ST OF THE YEAR FOLLOWING THE DATE THE HOURS WERE WORKED

A PRECEPTOR (STATEMENT OF PRECEPTOR FORM) MUST BE IDENTIFIED AND ON FILE WITH THE BOARD FOR REPORTED HOURS TO BE VALID.

The Board office will acknowledge via e-mail. If you do not receive it within 30 days, contact the Board office, preferably by e-mail.

2. **TRAINING SITE**

Name of Training Site	DDD #
Street Address	County
City, State, Zip Code	Area Code / Phone # Ext

3. **HOURS WORKED AT THIS SITE** (Give only EXACT dates THIS REPORT covers - not entire work history)

BEGINNING DATE of This Report Period (Month/Day/Year)	ENDING DATE of This Report Period (Month/Day/Year)	TOTAL # OF HOURS Worked At This Site ONLY During This Report Period (Round to the nearest whole hour)

The above information was taken from payroll or other records which are kept at the following location and may be examined by any member or agent of the Board: (Provide Business name, Street address, City, State, Zip)

4. **DEPOSITION AND SIGNATURE OF PRECEPTOR**

Name of Preceptor	RPh ID # (if applicable)
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.	
SIGNATURE OF PRECEPTOR	Date Signed

Signature of Preceptor must be notarized.

Sworn to and signed before me this date:
(Date)
(Signature of Notary)

77 South High Street, 17th Floor, Columbus, Ohio 43215

