

Section III: To be signed by the Intern and Preceptor Pharmacist (Both signatures must be notarized by a Notary Public)

1. A valid New York State Pharmacy Intern Permit (required for internships completed in New York only) for the intern named is/was displayed in this pharmacy (If not, attach an explanation).
2. The intern named has been instructed in the practice of pharmacy.
3. The internship has been carried out with the full knowledge and approval of the ownership of the pharmacy.
4. The internship hours accumulated are in addition to the hours required for both introductory and advanced practice rotations of the ACPE pharmacy curriculum.
5. Payroll records or other time records are available for verification of the internship.
6. The preceptor has practiced as a registered pharmacist for one full year before the beginning date of the internship specified.
7. The preceptor has supervised only one full-time or not more than two part-time interns during the period specified.
8. The pharmacy in which the internship has been completed dispensed more than 5,000 prescriptions annually pursuant to section 63.2 (4) of the Education Law for each intern engaged in supervised practice.

The intern and preceptor signing this form attest under penalty of perjury that the intern hours worked and indicated on this form (Section II, Item 9) are true and accurate. False or misleading information may result in disciplinary action being taken against both the intern and preceptor pharmacist. We hereby affirm that the above statements are true and accurate.

Signature of Intern: _____ Date: _____ / _____ / _____
Month Day Year

Signature of Preceptor: _____ Date: _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____ on
the _____ day of _____ in the year _____ before me, the above signatories, personally
appeared _____, and, _____ and personally known to me or proved to me on the basis
of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the
application and all supporting materials are true, complete and correct.

Notary Public signature _____
Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Section IV: To be completed only if you are seeking approval to practice as an Intern Pharmacist in a state other than New York

Before you begin an internship in another state, confirm your eligibility to do so with that State's Board of Pharmacy.

Internships completed in another state may be accepted as long as the intern meets all requirements to practice pharmacy and is authorized to do so by that State's Board of Pharmacy. This section must be completed and signed by an authorized representative of the state in which the internship will be or has been performed. A separate Form 4 must be submitted for each pharmacy and each preceptor pharmacist.

The Board of Pharmacy of the State of _____ authorizes the above named individual to perform the
duties of a pharmacy intern under the supervision of the above named preceptor pharmacist and at the pharmacy listed above. Internship
is/was allowed to commence on the following date: _____.

Authorized signature: _____ Date: _____ / _____ / _____
Month Day Year

Print name: _____
Title: _____

Seal

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Pharmacy Unit, 89 Washington Avenue, Albany, New York, 12234-1000