



Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



AFFIDAVIT OF EXPERIENCE

Pharmacist in Charge Name: _____

AR License #: _____

Intern Name: _____

Intern License #: _____

This is to certify that the intern named on this affidavit has been immediately and personally supervised by a preceptor pharmacist at all times. My evaluation of this intern is provided in the following section.

PIC Signature: _____

Description	Adequate	Not Adequate	Not Applicable
1. Maintains patient information consistent with Regulation 09-00-0001(a)	[]	[]	[]
2. Monitors and evaluates therapy consistent with Regulation 09-00-0001 (b)	[]	[]	[]
3. Appropriately counsels patients about legend drugs consistent with Regulation 09-00-0001(c)	[]	[]	[]
4. Effectively counsels patients about legend drugs consistent with Regulation 09-00-0001(d)	[]	[]	[]
5. Maintains professional and ethical standards	[]	[]	[]
6. Communicates with health care professionals	[]	[]	[]
7. Communicates with patients on selection of OTC drugs and medical/surgical supplies	[]	[]	[]
8. Provides emergency pharmacy services	[]	[]	[]
9. Complies with drug product selection law and regulation	[]	[]	[]
10. Compounds prescriptions	[]	[]	[]
11. Dispenses prescriptions	[]	[]	[]
12. Manages pharmacy personnel	[]	[]	[]
13. Provides general public health and civic responsibilities	[]	[]	[]
14. Manages pharmacy operations	[]	[]	[]

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Intern Name: _____

Intern License #: _____

Expected year of graduation: _____

Do you wish to close this training plan or continue it until expiration? Close Continue

Please fill in the beginning and ending date of each <u>eligible week</u> * worked and the total number of hours worked as an intern under a preceptor.				Put a check mark in the appropriate time category below for each week worked.		
Week **	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Number of Hours Worked ***	Summer Break	Fall, Winter, or Spring Break	After Senior Rotations or After Graduation
Week 1				[]	[]	[]
Week 2				[]	[]	[]
Week 3				[]	[]	[]
Week 4				[]	[]	[]
Week 5				[]	[]	[]
Week 6				[]	[]	[]
Week 7				[]	[]	[]
Week 8				[]	[]	[]
Week 9				[]	[]	[]
Week 10				[]	[]	[]
Week 11				[]	[]	[]
Week 12				[]	[]	[]
Week 13				[]	[]	[]
Week 14				[]	[]	[]
Week 15				[]	[]	[]
Week 16				[]	[]	[]
Week 17				[]	[]	[]
Week 18				[]	[]	[]
Total Hours:						

* Hours worked during school are not counted as experience hours.

** Eligible weeks are complete weeks running from Sunday through Saturday in which you are **not in school**.

*** Hours worked may exceed 40 hours per week, but credit for experience hours cannot exceed 40 hours per week.

This intern appeared to be of good moral character, not addicted to the use of alcoholic liquor or narcotic drugs, and worthy to be licensed as a pharmacist pursuant to law.

Pharmacist in Charge Signature

Pharmacy Name (Please Print)

Date

Pharmacy License No.

I attest that the information contained on this affidavit is true and accurate.

Intern Signature

Date