



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
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 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



Pharmacy Intern Hours Affidavit

This affidavit must be completed by the supervising pharmacist or pharmacist-in-charge at the community or institutional pharmacy while the intern pharmacist obtained the experience. The affidavit cannot be completed prior to the last day worked. Original affidavits are required. Any changes must be initialed by the supervising pharmacist or pharmacist-in-charge. All dates must include the month, day, and year for the form to be accepted.

Type of Pharmacy (Please check one)

Community Pharmacy _____

Institutional Pharmacy _____

 Full Legal Name of Applicant Intern License Number Date Issued Expiration Date

 Name of Pharmacy Pharmacy License Number

 Address of Pharmacy - Street City State Zip Code

 Name of Supervising Pharmacist or Contact Phone Pharmacist License State Licensed
 Pharmacist-in-charge Number Number Number

The applicant listed above was employed or volunteered as an intern pharmacist during the time set forth as follows:

From: _____ To: _____
 (month/day/year) (month/day/year)

A total of 1,500 intern hours is required but does not have to be obtained in one pharmacy location. Please indicate below the number of hours the intern pharmacist obtained while under your supervision.

_____ Number of hours of pharmacy practice experience obtained in a pharmacy.

_____ Number of hours of pharmacy practice experience substantially related to the practice of Pharmacy. NOTE: A maximum of 600 hours may be granted at the discretion of the board.

I certify under penalty of perjury under the laws of the State of California that all statements given above for the applicant listed on this form herein are true, and that to the best of my knowledge the experience thus gained by this applicant meets the pharmacy practice experience obtained in a pharmacy as required by law. I further certify that my license is not revoked, suspended, or on probation in any state in which I am now or have been registered.

 Original Pharmacist's Signature

 Date