

# Wisconsin Department of Regulation & Licensing

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## PHARMACY EXAMINING BOARD

### DISCLOSURE FOR FOREIGN GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

### **THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST AND RETURNED TO THE PHARMACY EXAMINING BOARD PRIOR TO BEGINNING A FOREIGN GRADUATE INTERNSHIP**

**NOTICE - ANY CHANGE OF SUPERVISING PHARMACIST REQUIRES THAT A NEW FORM BE SUBMITTED TO THE PHARMACY EXAMINING BOARD PRIOR TO FURTHER PERFORMING DUTIES CONSTITUTING THE PRACTICE OF PHARMACY AS AN INTERN.**

Wis. Admn. Code § Phar 17.04 - Foreign graduate internship:

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a foreign graduate internship the person must file an application with the board for original licensure under s. Phar 2.02, and submit evidence satisfactory to the board of having obtained certification by the foreign pharmacy graduate examination committee.

(2) A foreign graduate internship is limited to performing duties constituting the practice of pharmacy under the supervision of a supervising pharmacist. The supervising pharmacist shall keep a written record of the hours and location worked by an intern under his or her supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request. Prior to performing duties as an intern or to receiving credit for hours in an internship in the practice of pharmacy under this section the supervising pharmacist shall be disclosed in the initial application and any change of a supervising pharmacist shall be disclosed to the board prior to further performing duties constituting the practice of pharmacy as an intern.

(4) Upon completing a maximum of 2000 hours of the practice of pharmacy in a foreign graduate internship, the internship is terminated and the person shall not further engage in the practice of pharmacy until obtaining licensure from the board.

Wis. Admn. Code § Phar 17.02(9) "Supervising pharmacist" means a pharmacist who supervises and is responsible for the actions of an intern in the practice of pharmacy.

This form may be copied and additional copies submitted if necessary

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**Applicant - Please complete this section:**

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_____	( )
Name (First, Middle, Last, Maiden)	Telephone Number
_____	_____/_____/_____
Address (City, State, Zip)	Date of Graduation

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**Supervising Pharmacist - Please complete this section:**

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**I hereby certify that I agree to supervise the applicant in an internship in the practice of pharmacy (limited to a maximum of 2000 hours).**

_____	_____	_____
Supervising Pharmacist	WI License Number	Date
_____	( )	_____
Internship Location - Name & Address (Name, City, State, Zip)	Telephone Number	