Wisconsin Department of Regulation & Licensing

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PHARMACY EXAMINING BOARD

CERTIFICATION OF
STUDENT NON-ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

THIS FORM MUST BE COMPLETED BY YOUR SUPERVISING PHARMACIST LICENSED IN THE STATE OF WISCONSIN AND RETURNED TO THE PHARMACY EXAMINING BOARD

Wis. Admin. Code § Phar 17.02(8) Definition

(8) "Student non-academic internship" means the practice of pharmacy by a person which is not acquired in an academic internship.

Wis. Admin. Code Phar 17.07 Student non-academic internship.

(1) Prior to performing duties as an intern or to receiving credit for hours participating in a student non-academic internship the person must successfully complete his or her second year in and be enrolled at a professional bachelors of science degree in pharmacy or doctor of pharmacy degree granting institution located in this or another state.

(2) A student non-academic internship is limited to performing duties constituting the practice of pharmacy under the direct 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 direct supervision, signed by the intern and the supervising pharmacist. The written record shall be produced to the board upon request.

Wis. Admin. 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:

Date of Graduation

_____/_____/_____

_____
Name (First, Middle, Maiden, Last)

_____
Address (Street, City, State, Zip)

WISCONSIN LICENSED SUPERVISING PHARMACIST - PLEASE COMPLETE THIS SECTION - STUDENT NON ACADEMIC INTERNSHIP CERTIFICATION:

I have directly supervised the applicant for a total of _____ hours in an internship in the practice of pharmacy after the applicant successfully completed his or her second year in and was enrolled at a professional Bachelors of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state. I have kept a written record of the hours and location worked by the applicant under my direct supervision.

The undersigned, having been duly sworn on oath, states that the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

_____ _____
Supervising Pharmacist Wis. License # Date

_____
Internship Location- Name and Address (Name, Street, City, State, Zip Code)

State of _____
County of_____

Subscribed and sworn before me this ____ day
of _____, 20_____
by_____

SEAL

_____
Notary Public, State of _____
My commission expires: _____

#2535 (2/03)
Ch.450, Stats.