



Iowa Board of Pharmacy

Affidavit of Non-College Sponsored Program

Notarized affidavits of experience in non-college-sponsored programs shall be filed with the board office after the successful completion of the internship. These affidavits shall certify only the number of hours and dates of training obtained outside a college-based clinical program. Credit will not be given for internship experience obtained prior to the individual's registration as a pharmacist-intern.

Section 1: Intern Information					
Full Legal Name:	(Last)			(First)	
(Middle)		Date of Birth:		SSN:	
Pharmacy:					
Address:					
City:		State:		Zip:	
<p>Waiver for Release of Information: I am applying for a license/registration to practice pharmacy. I authorize the pharmacy listed above to provide any and all information pertaining to my internship at that pharmacy to the Board at the address listed below. I request that the pharmacist-preceptor complete Section 2 of this form and mail this completed form to:</p> <p style="text-align: center;">Iowa Board of Pharmacy 6200 Park Ave., Ste 100 Des Moines, IA 50321</p>					
Intern Signature:				Date:	

Section 2: Pharmacist-Preceptor Attestation			
Indicate specific dates of internship training and average hours completed per week during each period.			
Dates:		Hours Per Week:	
Dates:		Hours Per Week:	
Dates:		Hours Per Week:	
Dates:		Hours Per Week:	

Unusual Circumstances <i>Check the appropriate responses and explain any "yes" or omitted response(s) on a separate sheet of paper.</i>	
Did this individual ever take a leave of absence or break from the individual's training?	<div style="display: flex; justify-content: space-around;"> Yes No </div>

Was this individual ever placed on probation?	Yes	No
Was this individual ever disciplined or placed under investigation?	Yes	No
Were any negative reports for behavioral reasons ever filed?	Yes	No
Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?	Yes	No

Pharmacist-Preceptor Attestation

I hereby certify that my pharmacist license is current and in good standing and that my license is not now, and has not been, subject to disciplinary sanctions by any pharmacist licensing authority during the time I have served as preceptor for this intern. I certify that I supervised no more than two interns concurrently for purposes of fulfilling the required internship hours and that I am responsible for all functions performed by this intern. I certify to the best of my knowledge that the _____ hours of experience thus gained by this intern have been predominantly related to the practice of pharmacy.

Printed Name:		License No.:	
Signature:		Date:	

Notary:

STATE OF _____, County of _____ Pharmacist-Preceptor signed or attested before me this _____ day of _____, 20__.

_____ My commission expires _____

(Notary Public)