

# **BOARD OF PHARMACY**



# **INTERNSHIP MANUAL**

Revised April 2006

## INTERN TO DO LIST

- ✓ You must have your Intern license in hand before you begin your internship.
- ✓ Confirm that your preceptor is currently registered with the Board by examining your preceptor's license.
- ✓ Your intern license must be conspicuously displayed in the internship site at all times.
- ✓ Notify the Board in writing within 15 days of beginning or changing an internship site.
- ✓ Notify the Board in writing within 15 days of a change in residence.
- ✓ Internship must consist of not less than 2000 Board-approved hours.
- ✓ Not more than 48 hours per week may be credited toward the internship requirement (A week is defined as Monday – Sunday).
- ✓ Be sure to list the actual number of hours worked and the dates covered by those hours on your Intern Experience Affidavits/Hours Log. Hours are to be rounded to the nearest quarter hour.
- ✓ Submit Each Experience Affidavit/Hours Log as you complete them and be sure it:
  - Only covers one calendar year,
  - Is signed by you,
  - Is signed by your preceptor,
  - And notarized.
- ✓ Keep in mind that a pharmacist may only supervise one intern at any given time.
- ✓ Be sure to read the Laws (ORS 689 & 475) and Rules (Chapter 855) so that you know what your responsibilities are.
- ✓ You are required to report to the Board any violations or suspected violations of the Laws & Rules of this State.

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## 1. INTRODUCTION - BOARD

The mission of the Oregon Board of Pharmacy is to promote, preserve and protect public health, safety and welfare by regulating the practice of pharmacy and the quality and distribution of drugs and medical devices throughout the state of Oregon.

The Board carries out its mission through upholding laws known as Oregon Revised Statutes (ORS) and promulgating regulations known as Oregon Administrative Rules (OAR). ORS 689, the Oregon Pharmacy Act, ORS 475, the Uniform Controlled Substances Act and OAR Chapter 855 requires that the Board license individuals and outlets relating to the practice of Pharmacy and the distribution of drugs. You may access these through the Board's website at [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us).

The Board expects the intern, with the assistance of a preceptor, to gain experience in the practice of pharmacy in accordance to the laws and rules. Two basic duties required by the Board of its licensees are the duty to cooperate with the Board and the duty to report suspected or known violations. The Board encourages interns and pharmacists to actively discuss laws and rules as they relate to their practice setting.

The [Pharmacy Internship Manual](#) and the rules regulating interns and preceptors are the result of Board actions based upon recommendations to the Board from its Intern/Preceptor Committee. The Board's intent is to collaborate with the College of Pharmacy to provide a goal-directed internship experience and to enhance the overall quality of pharmacy Internship in Oregon.

The following information about internship and preceptors has been compiled from Chapter 855 of the Oregon Administrative Rules relating to the Oregon Board of Pharmacy. Interns and Preceptors should read the [Pharmacy Internship Manual](#) thoroughly before beginning the internship. Important information about intern licenses, internship requirements, preceptor registration, and preceptor requirements are included.

## 2. INTRODUCTION - INTERNSHIP

A license to practice pharmacy in Oregon, as in other states, requires an individual complete formal instruction in the basic sciences, pharmaceutical sciences, pharmaceutical theory, pharmacy practice, and in practical experience programs. Internships required by boards of pharmacy are intended to provide students with a planned program of supervised professional experience and training to help them become competent practitioners of pharmacy. Experiential learning programs, known as clerkships, offered by college of pharmacy for academic credit can serve to meet this objective. Traditional internships may also meet this objective.

Students may receive internship credit for hours spent in both traditional internship and clerkship. In order for these hours to be applied toward the Board of Pharmacy's internship requirement, the student and the preceptor must be currently licensed by the Board.

### 3. INTRODUCTION - THE PRECEPTOR AS A TEACHER

Members of the regulated health professions accept a common responsibility to their respective professions to ensure that future practitioners possess the skills and motivation to provide safe and competent professional services.

The pharmacist who becomes a preceptor takes on the responsibilities of a teacher and must understand and be prepared to function in that role. Because the preceptor's teaching environment is outside the classroom, this instruction brings an important reality to the intern's learning process. Preceptors should strive to provide students with valuable educational experience in their practice site.

An effective preceptor will allow an intern the freedom to apply knowledge acquired in the classroom to real life situations, while remaining sensitive to the potential insecurity of the intern and the obligations to patient safety. The relationship between the preceptor and intern must include mutual respect and courtesy.

Preceptors should not assume that interns recognize the confidential nature of their work or the significance of the pharmacist's role in drug use and misuse. It is important to emphasize the confidentiality that is required of health professionals and the legal and ethical importance of protecting the privacy of the patient.

It is crucial for the Preceptor to have a sensitive but serious discussion with each intern regarding the issue of drug security, including the following:

- Filling of personal prescriptions,
- Handling of illegal requests for prescription drugs by friends, relatives, or employees, and
- Personal temptations

Emphasis must be placed on the fact that no one is exempt from the requirement of obtaining a prescription from an authorized prescriber to receive legend and controlled substance medications.

A student's internship experience has an important impact on the ability of an intern to enter the profession fully prepared to serve the public and lays the foundation for the development of individual ethical and professional standards. Assisting in that process can be both a rewarding and educational experience for the preceptor.

Many Preceptors recognize and take advantage of the intern's "outsider's" view to identify areas that may benefit from improvement.

#### 4. INTRODUCTION - THE INTERN AS A STUDENT

The relationship is one of student and teacher. The relationship between the intern and preceptor must include mutual respect and courtesy. The preceptor should be viewed as a teacher who, through experience and training, has the skill and knowledge to facilitate the intern's learning. It is important for interns to ask questions and understand that constructive criticism from the preceptor is intended to improve their performance.

Interns should make sure they understand what is expected of them, and if unclear about the goals of the internship, ask the preceptor for clarification. (Interns and preceptors should frequently discuss the progress of the internship.) It is important that interns recognize the confidential nature of the pharmacist-patient relationship and the legal and ethical importance of protecting the privacy of the patient.

A successful internship is dependent upon the willingness of pharmacy practitioners to be teachers and interns to be students. Both the College of Pharmacy and the Oregon Board of Pharmacy support the concept that pharmacists be encouraged to devote time to being a preceptor during their professional careers.

A copy of the Guidelines for Interns is included for both the interns' and preceptors' review.

## 5. GUIDELINES FOR PRECEPTORS

1. The preceptor should keep in mind that a fair and constructive evaluation of the intern's ability to perform designated activities is a serious responsibility, which will affect the intern's progress and performance.
2. The preceptor should always explain, in detail, what is expected of the intern with respect to appearance, attitude and method of practice. Preceptors need to make certain that all pharmacists and interns at the site adhere to the same standards.
3. The preceptor should reflect in appearance, attitude, and behavior the highest standards of professional and ethical practice.
4. The preceptor should be actively involved with the intern in patient care by demonstrating and evaluating professional service and personal communication and counseling.
5. The preceptor should never assume an intern's competence, but should determine it by observation.
6. The preceptor should not discuss personal matters with the intern unless they relate to the intern's professional development.
7. The preceptor should be thoroughly familiar with the methods, goals, and objectives of the pharmacy internship program.
8. The preceptor should give the intern the mutual respect and patience needed to insure an optimal learning experience.
9. The preceptor should accept responsibility for the guidance and training of interns and should devote sufficient time to their instruction.

10. The preceptor is an instructor.
11. Criticism should be constructive and conveyed to the intern in private.
12. The preceptor should, at all time, promote a constructive and positive attitude toward fellow practitioners, other health professionals and the patients we serve.
13. The preceptor should provide an optimal professional environment for the intern.
14. The preceptor should participate regularly in pharmacy continuing education programs.
15. The preceptor should be active in professional organizations and participate regularly in the activities offered.

## 6. GUIDELINES FOR INTERNS

1. The Intern must exhibit a professional appearance in both manner and dress and must adhere to the standards of dress and behavior specified by the assigned preceptor. These standards should be identical to those required of all pharmacists in the particular pharmacy environment.

2. OAR 855-041-0205 (3) Pharmacists, pharmacist interns and technicians shall be clearly identified as such to the public.

3. The Intern is obligated to respect all confidences revealed during internship including, but not limited to, pharmacy records, medical records, patient information, fee systems and professional policies.

4. IT IS THE INTERN'S RESPONSIBILITY AS A HEALTH PROFESSIONAL TO PROTECT THE CONFIDENTIALITY OF EACH PATIENT'S RECORD. Students will keep ALL patient and organizational information they encounter on during internship confidential. Patient information is not to be discussed in public areas. Mechanical reproductions of patient charts is prohibited. Patient initials, rather than full names, are to be used when presenting case discussions or discussing patients. Any business discussed during internships at a clerkship [see OAR 855-031-0005(3)(b) for definition] or rotation site is to be considered confidential. This includes, but is not limited to, contract information, financial records and any business transactions. Failure to maintain confidentiality will result in immediately removal from the site and subject to discipline by the Board.

5. The internship is designed to be an active learning experience and as such requires a commitment on the intern's part.

6. The Intern should recognize that the optimal learning experience requires mutual respect and courtesy between the preceptor and intern.

7. The Intern should discuss any disagreements with their preceptor in private. All criticism should be viewed as a constructive part of the learning process.

8. When making any professional judgments, e.g., choices of drug, dosage recommendation, counseling, etc., the intern must first discuss alternatives with the preceptor.

9. The Intern is encouraged to communicate with physicians, nurses, other health care professionals and patients, but should first discuss any communications involving professional judgment with the preceptor.

10. The Intern should know the laws and rules governing pharmacy practice (ORS 475, ORS 689 and OAR 855) and seek clarification from the preceptor or fax/e-mail questions to the Board ([www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)) when there are questions.

11. Interns are to notify the Board in writing within 15 days of beginning or changing an internship site or a change in permanent residence. OAR 855-031-0010(5) and (6).

## 7. GUIDELINES FOR COMPLETING INTERNSHIP

As an Intern you are required to gain experience in certain activities essential to the safe and competent practice of pharmacy. These competencies are developed jointly by the Oregon Board of Pharmacy and the OSU College of Pharmacy.

Upon leaving a rotation or clerkship site, the intern is responsible for submitting their intern hours logs to the Board of Pharmacy. These hours logs should be completed by the intern and reviewed by the preceptor for completeness. It is the Interns responsibility to ensure they work no more than a 48 hour work week. For calculation purposes, the workweek begins on Monday and ends on Sunday.

## 8 – POST INTERN/PHARMACIST LICENSING INFORMATION

Once you have graduated with a Pharm.D. degree, you will be eligible to take the North American Pharmacist Licensing Examination (NAPLEX). Once you have graduated and accumulated 2000 hours of Internship experience, you will be eligible to take the Oregon Multistate Pharmacy Jurisprudence Examination (MPJE).

Documents required to be submitted to the Oregon Board of Pharmacy prior to taking the NAPLEX and/or MPJE Examinations:

- Oregon NAPLEX Administrative Application (Notarized);
- NAPLEX Administrative Application Fee of \$50.00 (Check or Money Order only, No Cash);
- Passport Photograph (2x2 inches in size);
- Copy of your Birth Certificate or U.S. Passport (Birth Certificates must have been issued from the Vital Records Office. Courtesy Copies from Hospitals where you were born will not be accepted.);
- Confirmation that your Pharmacy Degree has been awarded or conferred from an ACPE accredited school or college of pharmacy.

Documents required to be submitted to the National Association of Boards of Pharmacy (NABP) prior to taking the NAPLEX and/or MPJE Examinations:

- NAPLEX Registration and \$465.00 NAPLEX fee;
- MPJE Registration and \$185.00 MPJE fee.
- Oregon Board of Pharmacy Eligibility

Note: You can go to the NABP website ([www.nabp.net](http://www.nabp.net)) and fill out an electronic version of the NAPLEX and MPJE registration and pay your testing fees via VISA or Mastercard in order to shorten the process.

From the date of your graduation, the pharmacist licensing process can take approximately 6-8 weeks. The College of Pharmacy must first confer that you have been awarded a Pharmacy Degree; a letter from the Registrar's Office is usually received by the Oregon Board of Pharmacy approximately 2 weeks after graduation. Once the Oregon Board of Pharmacy has the required documents listed above, and you have registered to take the NAPLEX and/or MPJE, the NABP will contact the Oregon Board to verify your eligibility to take the examinations. Once the Oregon Board verifies your eligibility to the NABP, you will receive an Authorization to Test (ATT) Letter from NABP within 7-10 calendar days. Your ATTs remain valid for a period of 1 year from the date the Oregon Board certifies your eligibility to the NABP.

Once you have taken the NAPLEX and/or MPJE, it takes 5-7 calendar days for the NABP to report your scores to the Oregon Board of Pharmacy from the date you took the examination. The Oregon Board of Pharmacy will mail a score report to you. Once you have successfully passed both examinations, a pharmacist license application will be mail to you. If all other documentation has been submitted to the Oregon Board of Pharmacy in a timely manner and you successfully pass both the NAPLEX and MPJE on the first attempt, you should expect to be licensed no earlier than the middle of July or first week in August. Therefore, the Oregon Board of Pharmacy recommends that you do not commit to start work as a pharmacist with a prospective employer before this time.

For more information see Oregon Administrative Rule 855-019 or go to our website ([www,pharmacy.state.or.us](http://www.pharmacy.state.or.us)).

**DIVISION 031  
INTERNSHIP REGULATIONS**

Definitions

**855-031-0005**

- (1) A "pharmacy intern" means any person who has:
  - (a) Completed the first professional year and is in good academic standing at an ACPE accredited school or college of pharmacy, or
  - (b) Is a graduate of an ACPE accredited school or college of pharmacy, or
  - (c) Holds a certificate from the Foreign Pharmacy Graduate Equivalency Committee, and has passed the Test of Spoken English (TSE) with a score of not less than 50,
  - (d) And is licensed with the Oregon Board as an intern.
  
- (2) A "preceptor" means a pharmacist licensed and in good standing, registered as a preceptor by the Board to supervise the internship training of an intern.
  
- (3) "Internship" means a professional and practical experience program approved by the Board.
  - (a) "Pharmacy Practice Internship" means experience toward achieving competency in the practice of pharmacy in a registered pharmacy pursuant to ORS 689.151(5), at a site licensed or approved by the Board and for which no academic credit is granted to the intern.
  - (b) "Clerkship" means experience toward achieving competency in specialty practices of pharmacy in programs developed and administered by a school or college of pharmacy and which must be approved by the Board before the course is offered if internship hours are to be submitted by the intern.
  - (c) "Other Internship" means experience toward achieving competency in the practice of pharmacy in a program approved in advance by the Board.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689-255

Hist.: f. & ef., 04-05-96, 03-05-2001,. 01-08-02

**Internship License Application - Forms  
855-031-0010**

(1) Applications for licensure and renewal as a pharmacy intern and registration and renewal as a pharmacy preceptor may be obtained from the Board Office or from the Board web site at [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us). Copies of the current Internship Manual may be obtained from the Board office.

(2) The initial license for a qualified pharmacy intern shall be issued by the Board after the receipt of:

- (a) A completed application,
- (b) Payment of the fee prescribed in OAR 855-110-0005(5), and
- (c) Current, self-photograph (full front, head to shoulders) not smaller than 2"x2".

(3) Licensure shall be deemed registration under ORS 689.005(16).

(4) A pharmacy intern license is valid through the fourth May 31st from the date of issue.

(5) Pharmacy interns are required to notify the Board in writing within 15 days of beginning or changing an internship site.

(6) Pharmacy interns are required to notify the Board in writing within 15 days of a change in permanent residence.

(7) The pharmacy intern license must be conspicuously displayed in the internship site at all times.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS.151

Hist.: f. & ef., 02-04-94, 03-05-2001, 01-08-02

**Approved Internship Experience Areas  
855-031-0015**

(1) Internship shall be acquired in any one or a combination of the following approved internship experience areas:

- (a) Pharmacy Practice Internship,
- (b) Clerkship, or
- (c) Other Internship.

(2) In order for eligible pharmacy students to receive intern hours for clerkship experiences, Oregon State University College of Pharmacy must submit the syllabuses to the Oregon Board for approval before offering the course.

- (a) The syllabus must show which of the competencies from the Oregon State University College of Pharmacy Competency Checklist will be included in the clerkship experience.
- (b) For purposes of obtaining intern hours from the clerkship experience, the student must be responsible for licensing as an intern with the Board and maintaining the required Experience Affidavit/Hours Logs.
- (c) The student's preceptor in the clerkship courses must also fulfill the responsibilities listed in OAR 855-031-0045.
- (d) The preceptor must obtain prior approval from the Board if the preceptor wishes to designate a non-pharmacist to be responsible for the direct supervision of the intern during the clerkship experience.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.151

Hist.: f. & ef., 02-04-94, 01-08-02, 3-12-04

### **Internship Requirements and Responsibilities 855-031-0020**

- (1) Internship must consist of not less than 2000 Board-approved hours.
- (2) Not more than 48 hours per week may be credited toward the internship requirement.
- (3) The intern must make certain the preceptor is currently registered with the Board.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS.151

Hist.: f. & ef., 02-02-1994, 07-01-1994, 01-08-02

**Out-of-State Internship Experience**  
**855-031-0030**

(1) In order for an Oregon Intern to obtain credit for internship experience outside the State of Oregon, pharmacy interns must:

- (a) Be licensed in the state in which they will practice;
- (b) Meet or exceed the minimum intern requirements of the Oregon State Board; and
- (c) Request the board of pharmacy or other authorized certifying representative of that state to certify the location, type of experience, and the preceptor to the Oregon Board.

(2) In order for an out-of-state intern to practice in the State of Oregon, the intern must meet all requirements as listed in OAR 855-031-0005.

Stat. Auth.: ORS 689.205  
Stats. Implemented: ORS.151  
Hist.: f. & ef., 02-04-94, 01-08-02

**Internship Experience in Federal Facilities**  
**855-031-0033**

(1) In order to obtain internship experience in a federal facility located in Oregon, an intern must be registered with the Oregon Board of Pharmacy.

(2) A pharmacist acting as a preceptor in a federal facility is not required to be licensed as a pharmacist in Oregon, but is required to be registered as a preceptor with the Oregon Board of Pharmacy.

Stat. Auth.: ORS 689.205  
Stats. Implemented: ORS.151  
Hist.: f. & ef.,04-05-96, 01-08-02

**Eligibility for Internship Experience**  
**855-031-0035**

(1) A person shall not be eligible for internship experience unless he or she meets the standards set forth in OAR 855-031-0005(1).

(2) Eligibility for internship experience when an applicant has failed the Board examination is described in OAR 855-019-0005(4).

(3) Licensure as a pharmacist in another state precludes licensure to practice as an intern in the State of Oregon, except for applicants for licensure by examination or by reciprocity who must acquire internship hours to become eligible for licensure, and then only until the required hours have been acquired.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS.151

Hist.: f. & ef., 12-05-90, 01-08-02

### **Internship Reports 855-031-0040**

(1) The Intern Experience Affidavits/Hours Log must list the actual number of hours worked and the dates covered by those hours.

(2) Each Experience Affidavit/Hours Logs must be notarized.

(3) The internship experience Affidavit/Hours Log(s) must be signed by the pharmacy intern and the preceptor(s).

(4) The intern may report to the Board voluntarily the preceptor's aptitude and willingness to perform the duties of a preceptor, or must do so upon request by the Board.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS.151

Hist.: f. & ef., 04-05-1996, 01-08-02

### **Preceptor Registration and Responsibilities 855-031-0045**

(1) The registration of a qualified pharmacy preceptor shall be issued by the Board upon receipt of a completed application. Registration of preceptors is required under ORS 689.005(29).

(2) A registered preceptor must have been an actively practicing pharmacist for at least one year immediately prior to supervising a pharmacy intern.

(3) A pharmacy preceptor registration is valid through the fourth May 31st from the date of issue.

(4) The preceptor may report to the Board voluntarily, the progress and aptitude of a pharmacy intern under the preceptor's supervision, or must do so upon request by the Board.

(5) The preceptor must provide the pharmacy intern with internship experience which in the preceptor's judgment will increase the intern's competency in the practice of pharmacy.

(6) The preceptor must be responsible for supervision of the majority of the pharmacy intern's hours unless the preceptor has obtained prior approval pursuant to OAR 855-031-0015(2)(d). The preceptor must designate on the Internship Experience Affidavit/Hours Log the pharmacists who acted as supervisor during the preceptor's absence.

(7) The preceptor must certify the Internship Experience Affidavit/Hours Log. A separate Affidavit/Hours Log must be filed when the intern changes preceptors.

(8) A pharmacist must not supervise more than one intern simultaneously at a pharmacy practice site.

(9) A pharmacist must not supervise more than one intern simultaneously at a clerkship site without prior written approval of the Board. To apply for approval, the College of Pharmacy must submit:

- (a) The course syllabus, and
- (b) Proposed ratio of interns to supervising pharmacist.

(10) The preceptor must make certain the intern is currently licensed with the Board.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS.151

Hist.: f. & ef.,04-05-96, 01-08-02, 03-12-04

### **Eligibility for Exams**

#### **855-031-0050**

(1) Interns are eligible to take the State licensure exam, North American Pharmacist Licensure Examination (NAPLEX), upon graduation and notification by the college that their degree has been conferred.

(2) Interns are eligible to take the Multistate Pharmacy Jurisprudence Examination (MPJE) upon:

- (a) Completion of internship experience requirements, including filing Internship Experience Affidavit/Hours Logs totaling 2000 hours as required under OAR 855-031-0040 for the Board's approval, and
- (b) Eligibility to take the NAPLEX.

(3) It is the responsibility of the intern to contact the Board of Pharmacy to request an application packet to take the national licensure exams.

Stat. Auth.: ORS 689.205  
Stats. Implemented: ORS.255  
Hist.: f. & ef., 02-04-94, 01-08-02

**Pharmacist Licensure - Payment of Fee  
855-031-0055**

(1) Upon meeting all requirements for pharmacist licensure, and before practicing pharmacy in the State of Oregon, a person must:

- (a) Complete an application for licensure,
- (b) Pay the annual license fee as prescribed in OAR 855-110-0005(6),  
and
- (c) Obtain a license which will expire on June 30 following the date of issue.

Stat. Auth.: ORS 689.205  
Stats. Implemented: ORS 689.255  
Hist.: f. & ef., 12-05-90, 01-08-02

APPLICATION FOR REGISTRATION

INTERN

(Expires the fourth May 31 from date of issue.)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY [0307] \$30.00
RECEIPT # \_\_\_\_\_
BATCH DATE \_\_\_\_\_
ENTERED BY \_\_\_\_\_

FEE: \$30.00 (Check or Money Order only)

This is a double sided application. Both the front and back portion of this application must be completed. Failure to fully complete this application or provide all of the items requested will require us to return it to you for additions/corrections.

- 1. Attach a passport photograph (2x2 inches in size) taken within the past 6 months.
2. Attach a copy of your state driver's license or state issued ID card.

NOTE. If you are a Foreign Pharmacy Graduate, you must provide your Original FPGEE/TOEFL and TSE Certificates to the Oregon Board of Pharmacy.

Full Name \_\_\_\_\_
Physical Address \_\_\_\_\_
City, State, Zip \_\_\_\_\_
Mailing Address \_\_\_\_\_
Phone Numbers ( ) - ( ) -
Date of Birth \_\_\_/\_\_\_/\_\_\_ E-mail Address \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ The Oregon Board of Pharmacy is required, under 42 USC § 666(a)(13) and ORS 25.785 to obtain the social security numbers of all licensees. Your social security number may be used for purposes of identification and to conduct a background investigation. The Board may disclose your social security number to pharmacies, other state boards of pharmacy and to law enforcement agencies. Failure to provide your SSN will result in non-licensure.

OREGON PRE-GRADUATES / TO BE COMPLETED BY AN OFFICIAL OF YOUR COLLEGE OF PHARMACY:

I verify that the above named applicant has completed the first professional year of study, that they are currently enrolled and in good academic standing at Oregon State University or Pacific University College of Pharmacy.

OFFICIAL'S SIGNATURE \_\_\_\_\_
TITLE \_\_\_\_\_ DATE \_\_\_\_\_
COLLEGE OF PHARMACY \_\_\_\_\_
COLLEGE ADDRESS \_\_\_\_\_

OUT OF STATE GRADUATES must have verification of graduation sent from a college official on Official College Letterhead with this application.

Oregon Administrative Rule 855-031-0030 states that in order for an Oregon Intern to obtain credit for internship experience outside the State of Oregon, pharmacy interns must:

- Be licensed in the state in which they will practice;
- Meet or exceed the minimum intern requirements of the Oregon State Board of Pharmacy; and
- Request the board of pharmacy or other authorized certifying representative of that state to certify the location, type of experience, and the preceptor to the Oregon Board of Pharmacy.

**ARRESTS, CHARGES, OR CONVICTIONS OF LAW VIOLATIONS AND DISCIPLINE:** You **MUST** respond **FULLY** and **TRUTHFULLY** to these questions. Failure to **FULLY** and **TRUTHFULLY** respond to these questions will result in the denial of your application or another appropriate sanction under ORS 689.405(1)(f) and ORS 689.445. **FULLY** and **TRUTHFULLY** includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor In Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, assault violations, any other violation of the law, misdemeanor or felony, of ANY state or federal law, regardless of the state or territory in which it happened.

Have you ever been arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed? YES [ ] NO [ ]

Have you ever been charged with or disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency? YES [ ] NO [ ]

Have you ever surrendered or resigned a professional license? YES [ ] NO [ ]

**If the answer is "NO" to these questions, you must *hand write* and sign the following statement:**

"I have never been arrested for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government. I have never been charged with nor disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency. I have never surrendered or resigned a professional license."

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(For Above Questions/Statement)

**If the answer is "YES" to any of the three questions above, you must explain the circumstances in detail.** You must also provide copies of police reports and court documents. Failure to provide these records will lengthen the time it takes to process your application. Attach additional sheets if necessary.

I am aware that I may not dispense drugs except under the supervision of a licensed pharmacist and am aware of my responsibility to protect the confidentiality of medical records. I have read, and agree to abide by the internship rules of the Oregon Board of Pharmacy found at Oregon Administrative Rule 855, Division 031. I am aware that failure to observe these rules may result in denial of internship hours and disciplinary action against my license.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE OREGON BOARD OF PHARMACY**

***ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)***

INTERN EXPERIENCE AFFIDAVIT / HOURS LOG

INSTRUCTIONS:

1. A separate affidavit must be completed when:
  - a. The intern changes preceptors.
  - b. A new calendar year begins.
  - c. The intern changes locations.
2. Affidavit to be used for Oregon experience only. Remember to have Preceptor sign hours log as well as have Intern hours Notarized.

TO BE COMPLETED BY PRECEPTOR (Please print or type):

Preceptor's Name \_\_\_\_\_ Preceptor Lic # \_\_\_\_\_  
Supervising  
Pharmacist(s) \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Phone # \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

This is to certify that \_\_\_\_\_ (name of intern) was employed under my supervision during the time set forth as follows:

From \_\_\_\_\_ month / \_\_\_\_\_ day / \_\_\_\_\_ year to \_\_\_\_\_ month / \_\_\_\_\_ day / \_\_\_\_\_ year = Total hours worked \_\_\_\_\_

Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY INTERN (Please type or print):

Intern Name \_\_\_\_\_ License number \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I have reviewed the information included in this affidavit and agree that it accurately covers my internship experience.

TOTAL HOURS SUBMITTED ON THIS AFFIDAVIT \_\_\_\_\_

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

Notary Seal \_\_\_\_\_

Notary Stamp \_\_\_\_\_

OREGON BOARD OF PHARMACY  
INTERN HOURS LOG

INSTRUCTIONS: Log each day worked (LEAVING BLANK days not worked) showing number of hours worked rounded to the nearest quarter hour (**not X's**), such as 8.50; 7.25; 5.75, etc. Do not put more than one calendar year on this form.

Intern name: \_\_\_\_\_ Year \_\_\_\_\_

DAY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
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30												
31												
SUB												

TOTAL HOURS \_\_\_\_\_

## INTERN EVALUATION OF THE PRECEPTOR

This form may be used by the intern to report voluntarily or when requested by the Board, the preceptor's aptitude and willingness to perform the duties of a preceptor.

Name of Intern \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

-----

Name of Preceptor \_\_\_\_\_ License # \_\_\_\_\_

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

-----

Beginning internship date with this preceptor \_\_\_\_\_

Ending internship date with this preceptor \_\_\_\_\_

Please circle the number that most closely describes your preceptor's performance in the following areas.

No Opinion 1	Strongly Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Strongly Agree 5
--------------------	---------------------------	---------------------------	------------------------	------------------------

- |    |   |           |
|----|---|-----------|
| 1. | Preceptor was familiar with the goals, and objectives of the pharmacy internship program.                                 | 1 2 3 4 5 |
| 2. | Preceptor gave me the mutual respect and patience needed to insure an optimal learning experience.                        | 1 2 3 4 5 |
| 3. | Preceptor accepted responsibility for the guidance and training of interns and devoted sufficient time to my instruction. | 1 2 3 4 5 |
| 4. | Preceptor was actively involved in patient care by promoting professional service and personal communication.             | 1 2 3 4 5 |

- |     |  |           |
|-----|--|-----------|
| 5.  | The pharmacy provided an optimal professional and educational environment for me.  | 1 2 3 4 5 |
| 6.  | Preceptor kept in mind that fair and constructive evaluation of my ability to perform designated activities is a serious responsibility, affecting my progress and performance as a future practitioner; criticism was constructive and conveyed to me in private. | 1 2 3 4 5 |
| 7.  | Preceptor belonged to professional organizations and participated regularly in the activities of these organizations as well as pharmacy continuing education programs, and encouraged my involvement as well.   | 1 2 3 4 5 |
| 8.  | A substantial number of new concepts and techniques were learned during this internship.   | 1 2 3 4 5 |
| 9.  | I felt this was a worthwhile internship.   | 1 2 3 4 5 |
| 10. | I would recommend this internship to my peers.   | 1 2 3 4 5 |

**Please use this space for additional written comments.**

What was good about this internship?

What could be improved?

Signature of Intern \_\_\_\_\_ Date \_\_\_\_\_



# Oregon

Theodore R. Kulongoski, Governor

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Phone: 971/ 673-0001  
Fax: 971/ 673-0002

E-mail: [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)  
Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

## PRECEPTOR APPLICATION

A preceptor is responsible for the supervision of the majority of the intern's hours by working directly with the intern. Please do not submit an application unless you are willing and able to do this. Thank you.

### Please print or type

LICENSE NUMBER: \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMPLOYER TELEPHONE \_\_\_\_\_

NOTE: If you are a pharmacist in a federal facility and do not hold an Oregon Pharmacist License, you are still required to be registered as a Preceptor with the Oregon Board of Pharmacy. Please provide your Social Security Number and a copy of your Active State Pharmacist License.

SOCIAL SECURITY NUMBER : \_\_\_\_\_

I am aware that it is the Preceptor's responsibility to know the rules of the Oregon Board of Pharmacy concerning the Internship program and to thoroughly read the Internship Manual.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## PRECEPTOR EVALUATION OF INTERN

This form may be used by the preceptor to report voluntarily, or when requested by the Board, the progress and aptitude of the pharmacy intern under the preceptor's supervision.

Name of Preceptor \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

-----

Name of Intern \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

-----

Beginning internship date with this intern \_\_\_\_\_

Ending internship date with this intern \_\_\_\_\_

**Circle the number to the right of the following statements that most closely describes the above named intern's performance.**

No Opinion 1	Strongly Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Strongly Agree 5
--------------------	---------------------------	---------------------------	------------------------	------------------------

- |    |  |           |
|----|--|-----------|
| 1. | Demonstrated a familiarity with the goals, and objectives of the pharmacy internship program.                | 1 2 3 4 5 |
| 2. | Consistently prepared and willing to receive instruction.  | 1 2 3 4 5 |
| 3. | Accepted responsibility for his/her work during the internship.  | 1 2 3 4 5 |
| 4. | Demonstrated effective interpersonal communication skills with patients and other health care professionals. | 1 2 3 4 5 |
| 5. | Conducted him/herself in a professional manner.  | 1 2 3 4 5 |

- |    |   |           |
|----|---|-----------|
| 6. | Performed the duties and responsibilities of the internship in a satisfactory manner. | 1 2 3 4 5 |
| 7. | Demonstrated proficiency with new concepts and techniques during this internship.     | 1 2 3 4 5 |

**Please use this space for additional written comments:**

What was good about this internship?

What could be improved?

Additional Comments:

Signature of Preceptor \_\_\_\_\_ Date \_\_\_\_\_