



Oregon

Theodore R. Kulongoski, Governor

Oregon Board of Pharmacy
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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: _____