

PRECEPTOR

(Expires June 30 of odd years)
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY

LICENSED 1 YEAR _____
WORKING IN OREGON _____
ELIGIBLE FOR LICENSE _____
DISCIPLINARY ACTION _____
PERSON ID # _____
APPLICANT ID # _____

PRECEPTOR APPLICATION

A preceptor is responsible for the supervision of the majority of the intern's hours by working directly with the intern and school or college of Pharmacy. Please do not submit an application unless you are willing and able to do this. All preceptor licenses expire June 30th of odd years. If you are an Oregon licensed pharmacist, your preceptor license will be renewed concurrent with your pharmacist license.

Please check one: New Application Preceptor Reinstatement Application

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

BIRTH DATE _____ LICENSE NUMBER _____

PHONE _____ EMAIL _____

OREGON EMPLOYER _____

EMPLOYER ADDRESS _____

CITY, STATE, ZIP _____ EMPLOYER PHONE _____

ANTICIPATED PRECEPTOR TO INTERN RATIO _____

NOTE: If you are a pharmacist in a **FEDERAL FACILITY** or a **NON-PHARMACIST**, you are still required to be licensed as a preceptor with the Oregon Board of Pharmacy. NOTE: All fields must be completed. An application cannot be processed until all the information requested below is provided.

SSN # _____ DATE OF BIRTH _____ LICENSE NUMBER _____

OCCUPATION/PROFESSION _____

NAME OF LICENSING AGENCY _____

FOCUS OF SUPERVISION/TRAINING _____

SCHOOL OF PHARMACY AFFILIATION _____

SCHOOL OF PHARMACY CONTACT NAME & EMAIL _____

Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority. No Yes

If yes, please provide a copy of your Board or Regulatory Agency Disciplinary Orders. If issued by the Board of Pharmacy, please provide case number only _____

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 Regulations outlined in [OAR 855-031](#) and [OAR 855-019](#).

Applicant Signature _____ Date: _____