

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**). 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												
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