



Oregon

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
 Web: 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 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 annually. If you are an Oregon licensed pharmacist, your preceptor license must be renewed concurrent with your pharmacist license. *If you do not hold an Oregon pharmacist license, it is your responsibility to complete and return this form annually by June 30th to renew your license.* Thank you.

Please check one: New Application Renewal Application

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

BIRTH DATE _____ LICENSE NUMBER _____

HOME PHONE _____ EMPLOYER PHONE _____

EMPLOYER _____

EMPLOYER ADDRESS _____

CITY, STATE, ZIP _____

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. Please complete the information below.

SSN #: _____ LICENSE NUMBER: _____

OCCUPATION/PROFESSION: _____

NAME OF LICENSING AGENCY _____

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's Signature _____ Date: _____