



Government of the District of Columbia  
Department of Health  
Board of Pharmacy

**PHARMACY PRECEPTOR FORM FOR PHARMACY INTERNS ONLY**

Please print or type all the information requested except signatures. The intern should complete Section A only, and then provide the form to the preceptor for completion of the rest of the form. The form should then be returned to the address provided. Any pharmacy intern working in a District of Columbia pharmacy outside of the structured program of an IPPE or APPE must comply with the Preceptor Form requirement.

**SECTION A**

**Intern Name:** \_\_\_\_\_  
Last Name First Name MI

**Intern Address:** \_\_\_\_\_  
Line 1

\_\_\_\_\_  
Line 2

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

**Telephone #:** ( ) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION B – Note: Any change in preceptor must be immediately reported to the board in writing.**

**Preceptor Name:** \_\_\_\_\_  
Last Name First Name MI

**Preceptor Address:** \_\_\_\_\_  
Line 1

\_\_\_\_\_  
Line 2

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

**Preceptor Telephone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Location of the Internship:** \_\_\_\_\_

**Description of the Intern's Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Government of the District of Columbia  
Department of Health  
Board of Pharmacy

**PHARMACY PRECEPTOR FORM**

**Intern Name:** \_\_\_\_\_

**Description of Supervision by the Preceptor:** \_\_\_\_\_

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**Preceptor, District of Columbia License Information:**

**License Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Starting Date Internship:** \_\_\_\_\_

**Date Supervision will end:** \_\_\_\_\_

**Oath of Preceptor**

"I submit that I shall answer all questions concerning the training of a Pharmacy Intern under my supervision truthfully to the best of my knowledge and belief and that the training I provide will be predominantly related to the practice of Pharmacy as required by law."

**NOTE: Any change in preceptor must be immediately reported to the board in writing.**

**Preceptor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_, this day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

When completed and notarized, please return this document to the following address:

Department of Health  
Health Professional Licensing Administration  
Board of Pharmacy  
899 North Capitol Street, NE  
Washington, DC 20002



Government of the District of Columbia  
Department of Health  
Board of Pharmacy

**PHARMACY INTERN FORM**

The Board will give credit if the preceptor agrees the Pharmacy Intern has performed 70% of the pharmacy tasks listed. The preceptor has to certify that 70% of the intern's time was spent performing the duties.

**(a) Seventy percent (70%) of the work has spent performing the following Pharmacy Tasks:**

- (1) Filling prescriptions \_\_\_\_\_
- (2) Compounding drugs \_\_\_\_\_
- (3) Evaluating prescriptions \_\_\_\_\_
- (4) Handling controlled substances \_\_\_\_\_
- (5) Handling toxic drugs and substances \_\_\_\_\_
- (6) Substituting generic drugs for brand name drugs \_\_\_\_\_
- (7) Storing and packaging drugs \_\_\_\_\_
- (8) Instructing patients \_\_\_\_\_
- (9) Maintaining prescription records; and \_\_\_\_\_
- (10) Handling veterinarian products \_\_\_\_\_

**(b) A student who is enrolled in a school of pharmacy may be given credit only for hours of work performed during school breaks or vacations;**

**(c) Work performed in the following areas is subject to a maximum of five hundred (500) hours of credit:**

- (1) Work-study in industry or government;
- (2) Research; and
- (3) Community service projects;

**(d) Credit shall not be given for more than forty (40) hours of pre-licensure professional practice hours per week; and**

**(e) Credit for pre-licensure professional practice performed in the District of Columbia shall not accrue until the Board has registered the intern in accordance with the procedures set forth in §6512.**

**Note: Any change in preceptor must be immediately reported to the board in writing.**

**An intern may only have one Preceptor and is required to complete 1500 hours.**