

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health  
Health Regulation Licensing Administration



DISTRICT OF COLUMBIA BOARD OF PHARMACY

This form must be returned in a sealed envelope and hand delivered to the Department of Health,  
Health Regulation Licensing Administration by the applicant.

**SUPERVISED PRACTICE TO BE COMPLETED BY SUPERVISOR FOR  
LICENSURE TRANSFER APPLICANTS**

TO THE SUPERVISOR: This form must be completed if you are supervising an applicant for a Pharmacist license. The supervisor shall be fully responsible for the practice of an applicant during the period of supervision and shall be subject to disciplinary action by the Board for any violation of the Act by the applicant. The applicant can only work under supervised practice for one (6) months from the date of this form. Applicants must have an application on file to work under supervised practice.

Supervisor's Name and license number (Please Print):

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Applicant's name:

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Location of supervisor (Facility Name):

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Brief description of applicant's duties and responsibilities:

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Signature of Supervisor

Phone Number

Date

OFFICIAL SEAL

FOR OFFICE USE ONLY

Date Application Submitted: \_\_\_\_\_

Date Supervision Will End: \_\_\_\_\_

Date of Board Review: \_\_\_\_\_