



THE STATE

of

ALASKA

*Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Pharmacy

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Email: *BoardOfPharmacy@Alaska.Gov*

Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Board of Pharmacy Intern Affidavit of Experience

This form must be returned by mail within 30 days following completion or termination of internship in the practice of pharmacy as required by 12 AAC 52.080(e).

PHARMACIST INTERN:

Complete only the top portion of this form. The sponsoring pharmacist will complete the remainder of the form and return the completed form to the Alaska Board of Pharmacy where your intern hours will be recorded.

Pharmacist Intern Name: _____ License Number: _____

Mailing Address: _____

Phone: _____ Email: _____

Dates of Internship being verified: _____

Non-traditional site? Yes No If yes, date approved by the board: _____

SPONSORING PHARMACIST:

Complete this form in full and return it by mail to the P.O. Box listed on this form.

Sponsoring Pharmacist: _____ License Number: _____

Name of Facility where internship occurred: _____

City: _____ State: _____ Zip: _____

I provided direct supervision for the above-named pharmacist intern during the timeframe specified above.

I reviewed each prescription drug order prior to dispensation by the above-named pharmacist intern.

The total number of hours accrued during the supervision of internship was (exact hours): _____.

CONTINUED ON FOLLOWING PAGE

By my signature below, I attest that my replies to the foregoing questions and all statements given herein are true and that to the best of my knowledge that experience thus gained by the intern has been predominantly related to the practice of pharmacy as required by law.

Signature of Registered Pharmacist Sponsor

Printed Name

Store Name

Street Address

City

State

Zip

Telephone No.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public for the State of _____

Residing at _____

Notary Signature

My Commission Expires: _____

NOTARY SEAL