



State of Alaska  
 Department of Commerce, Community and Economic Development  
 Division of Corporations, Business and Professional Licensing  
**BOARD OF PHARMACY**  
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**PHA**

For Division Use Only

## JOB SHADOWING DOCUMENTATION

**Instructions:** This form must be kept in the pharmacy record for a minimum of two years after the job shadowing is complete. HIPPA education, compliance and documentation are the obligation of the pharmacist-in-charge (PIC) or job shadowing preceptor. Regulations are located in **12 AAC 52.250**

**SECTION A:** To be completed by the PIC or job shadowing preceptor before beginning a student job shadowing program. If the student is less than 18 years of age, the signature of the student's parent or guardian is required.

Pharmacy Name: \_\_\_\_\_

PIC/Job Shadowing Preceptor Name (Print): \_\_\_\_\_

PIC/Job Shadowing Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Parent or Guardian Name (Print): \_\_\_\_\_ Student DOB: \_\_\_\_\_

Student/Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B:** To be completed by the PIC or job shadowing preceptor upon completion of a student's job shadowing program. Additional page(s) may be used as needed.

Date(s) and time(s) of job shadowing:

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_; Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_; Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_; Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_; Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_; Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Patient Counseling observed?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any problems which occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_