



# State of Maine

## BOARD OF PHARMACY

### Statement of Preceptor

Department of Professional and Financial Regulation  
Office of Licensing and Registration  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603  
TTY/Hearing Impaired 1-888-577-6690  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [pharmacy.lic@maine.gov](mailto:pharmacy.lic@maine.gov)

## STATEMENT OF PRECEPTOR

### SECTION 1 INTERN INFORMATION

Intern - Last Name	First Name	Middle Name
Contact Address		Street or P.O. Box
City	State	Zip Code
Maine Pharmacy Technician Intern License Number, required to obtain internship credit hours.		Expiration Date

**SECTION 2** Complete this section if Training Site is a Pharmacy Board Licensed Facility  
 If the training site is owned by an individual other than the preceptor, has the owner or employer approved the training of interns?     Yes     No

Type of Site, please check all that apply:		
<input type="checkbox"/> Retail Chain <input type="checkbox"/> Retail Independent <input type="checkbox"/> Nuclear Pharmacy <input type="checkbox"/> Long Term Care Pharmacy <input type="checkbox"/> Opiate Treatment Program/Center	<input type="checkbox"/> Drug Outlet in a Hospital <input type="checkbox"/> Automated Dispensing <input type="checkbox"/> Central Fill Pharmacy <input type="checkbox"/> Central Fill Processing	
Name of Facility		License Number
Physical Address		
City	State	Zip Code
Telephone Number		
(    )		

**Section 3** Complete this section if Training Site is a Non Traditional Practice Setting  
 If the training site is owned by an individual other than the preceptor, has the owner or employer approved the training of interns?     Yes     No

Non traditional practice setting (requires formal request and approval of the Board):	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Research <input type="checkbox"/> Consulting	<input type="checkbox"/> Drug Utilization Review <input type="checkbox"/> Physician's Office <input type="checkbox"/> Industry Sponsored Programs <input type="checkbox"/> Other (specify): _____

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**Section 3: Con't**

Name of Facility		License Number, if applicable
Physical Address		
City	State	Zip Code
Telephone Number		
(    )		
Name of Person Supervising Intern		Title

**SECTION 4: PRECEPTOR**

Name of Preceptor Pharmacist	License Number	Title
<p>I certify that I am a licensed pharmacist holding a current active license and have been engaged in the practice of pharmacy for at least two (2) years on a full-time basis immediately prior to serving as preceptor. I hereby agree to serve as preceptor for the intern named above who holds a current Maine Pharmacy Technician Intern license. I understand that as this intern's preceptor I am responsible for providing appropriate supervision to this intern while he/she is practicing pharmacy and for all aspects of the internship program. I further understand that I shall be responsible for certifying the intern's practical experience and for completing the appropriate affidavit required by the Board of Pharmacy and for submitting reports on the progress and aptitude of the intern upon request. By submitting this application I understand that the Board of Pharmacy will rely upon this information and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.</p>		
Signature of Preceptor		Date

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**FOR BOARD USE ONLY**

**Preceptor Statement:**             Accepted and Approved     Not Accepted or Approved

**Action Date:** \_\_\_\_\_

**Reason for non-approval:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Copy Sent to Preceptor on:** \_\_\_\_\_