

MAINE BOARD OF PHARMACY

Reporting Maine Intern Experience

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345
Note: The office location address may be used only for overnight deliveries only. The office address does not accept postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603 TTY users call Maine relay 711 FAX (207) 624-8666

Web address: www.maine.gov/professionallicensing

Email: pharmacy.lic@maine.gov

PHARMACY INTERN EXPERIENCE AFFIDAVIT (Board Rules Chapter 6-A)

You, the intern, are responsible for completing and filing a timely report. This report is due no later than January 31st of each year.

After completing this form, the <u>Preceptor must verify its accuracy by signing</u> the statement on the second page of this form. Please retain a copy for your file and mail the original to the Board.

Intern Name					
Contact Address					
City		State	ate Zip Code		
Maine Pharmacy Intern License Number		Ехрі	xpiration Date		
Name of Facility		Lice	icense Number (if applicable)		
Physical Address		Type of Facility			
City	State		Zip Code		
Telephone Number					
()					
Name of Preceptor					
License Number		E	Expiration Date		
	-				

Hours worked at this Site (give only exact dates that this report covers—not entire work history)

Pursuant to Board Rules Chapter 6-A Section 9 (B) Non-IPPE/APPE Hours or Board Rules Chapter 6-A subchapter 2 Section 10. The hours reported on this form were obtained during the preceding calendar year outside of an IPPE or APPE or for the foreign graduate reporting internship.

Please note hours reported later than January 31 of each year may not be accepted.

Beginning Date of this Report (Month/Day/Year)	Ending Date of this Report (Month/Day/Year)	Total Number of Hours Worked at this Site During this Report Period

The above information was taken from payroll or other records that are kept at the following location(s) and may be examined by any agent or the Board:

Address				
City	State	Zip Code		
Check One: Internship hours listed above were obtained outside of the IPPE/APPE approved rotations				
☐ Pursuant to Board Rules Ch	apter 6 section 6-A subchapter 2			
Affirmation				

I hereby affirm that the intern named herein was trained at the site listed above, worked the hours reported, and practiced and performed duties in compliance with the Maine Board of Pharmacy laws and rules. I further understand that I am responsible for certifying the practical experience affidavits required by the Maine Board of Pharmacy and will submit reports on the progress and aptitude of the intern when requested. I understand that the Maine 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.

Signature of Preceptor, PIC or Supervising Pharmacist	Date	
Signature of Pharmacy Intern	Date	