



# 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](http://www.maine.gov/professionallicensing)

Email: [pharmacy.lic@maine.gov](mailto: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 Preceptor must verify its accuracy by signing 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	Zip Code
Maine Pharmacy Intern License Number	Expiration Date	

Name of Facility		License Number (if applicable)
Physical Address		Type of Facility
City	State	Zip Code
Telephone Number		
(   )		
Name of Preceptor		
License Number		Expiration Date

