Form IV – 11/2012

**KENTUCKY BOARD OF PHARMACY**
Academic Experience Affidavit
(Please Print)

Pharmacy Intern: _____ Pharmacy Intern Number: _____

Mailing Address: _____

I hereby certify that the above named pharmacy intern has successfully completed the Academic Experiential Rotations listed below:

_____

List pharmacist preceptor, dates, and total hours for each pharmacy practice setting completed:

| Pharmacist Preceptor | Inclusive Dates | Hours |
|---|---|---|
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Each rotation listed was part of the required academic experience program, offered ____ hours of academic credit, and experience was primarily with patient care activities in pharmacy sites.

I hereby acknowledge that the above pharmacist preceptors are current and in good standing with the Board of Pharmacy of this state.

Degree to be conferred: ☐ Pharm. D. ☐ B.S. Pharmacy

_____ _____
(Date) (Signature of College Advisor or Instructor)

_____ _____
(Signature of Pharmacy Intern) (Title)

(College of Pharmacy Seal) _____
(College of Pharmacy)

*(This form IV must be submitted upon completion of course/program to: Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky, 40601)*

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**(For Office Use Only)**

_____ Hours Internship Credited

_____ Total Hours Internship Credited

Date: _____ Approved: _____