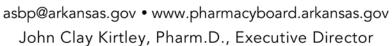


Pharmacist in Charge Name:

## Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201 P: 501.682.0190 F: 501.682.0195





AR License #:

## **AFFIDAVIT OF EXPERIENCE**

Intern Name:		Intern License #:		
prece	s to certify that the intern named on this affidavit has been immedientor pharmacist at all times. My evaluation of this intern is provided Signature:	•	•	rvised by a
	Description	Adequate	Not Adequate	Not Applicable
1.	Maintains patient information consistent with Regulation 09-00-0001(a)	[ ]	[ ]	[ ]
2.	Monitors and evaluates therapy consistent with Regulation 09-00-0001 (b)	[ ]	[ ]	[ ]
3.	Appropriately counsels patients about legend drugs consistent with Regulation 09-00-0001(c)	[ ]	[ ]	[ ]
4.	Effectively counsels patients about legend drugs consistent with Regulation 09-00-0001(d)	[ ]	[ ]	[ ]
5.	Maintains professional and ethical standards	[ ]	[ ]	[ ]
6.	Communicates with health care professionals	[ ]	[ ]	[ ]
7.	Communicates with patients on selection of OTC drugs and medical/surgical supplies	[ ]	[ ]	[ ]
8.	Provides emergency pharmacy services	[ ]	[ ]	[ ]
9.	Complies with drug product selection law and regulation	[ ]	[ ]	[ ]
10.	Compounds prescriptions	[ ]	[ ]	[ ]
11.	Dispenses prescriptions	[ ]	[ ]	[ ]
12.	Manages pharmacy personnel	[ ]	[ ]	[ ]
13.	Provides general public health and civic responsibilities	[ ]	[ ]	[ ]
14.	Manages pharmacy operations	[ ]	[ ]	[ ]

## AFFIDAVIT OF EXPERIENCE (Page 2)

Intern Name: Intern License #: Expected year of graduation: Do you wish to close this training plan or continue it until expiration? ☐ Continue ☐ Close Please fill in the beginning and ending date of each eligible week Put a check mark in the appropriate time category \* worked and the total number of hours worked as an intern below for each week worked. under a preceptor. **After Senior** Number of Fall, Winter, Rotations or Hours Week Start Date **End Date** Worked Summer or Spring After \*\* MM/DD/YYYY MM/DD/YYYY \*\*\* **Break Break** Graduation [ ] [ ] [ ] Week 1 [ ] [ ] Week 2 [ ] [ ] [ ] Week 3 [ ] [ ] [ ] Week 4 [ ] [ ] Week 5 ſ Week 6 Week 7 [ ] Week 8 [ ] [ ] [ ] Week 9 ſ Week 10 Week 11 [ ] [ ] [ ] Week 12 Week 13 [ ] [ ] Week 14 Week 15 [ ] [ ] Week 16 [ ] [ ] [ ] Week 17 ſ ſ [ ] Week 18 **Total Hours:** \* Hours worked during school are not counted as experience hours. \*\* Eligible weeks are complete weeks running from Sunday through Saturday in which you are not in school. \*\*\* Hours worked may exceed 40 hours per week, but credit for experience hours cannot exceed 40 hours per week. This intern appeared to be of good moral character, not addicted to the use of alcoholic liquor or narcotic drugs, and worthy to be licensed as a pharmacist pursuant to law. Pharmacist in Charge Signature Pharmacy Name (Please Print) Pharmacy License No. Date I attest that the information contained on this affidavit is true and accurate.

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Date

Intern Signature