

GEORGIA BOARD OF PHARMACY
A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
(404) 651-8000

PHARMACY INTERN INFORMATION SHEET

Congratulations on your acceptance into Pharmacy School. You are now eligible to be considered for licensure as a Pharmacy Intern. In order to be considered for licensure as a Pharmacy Intern, please complete the required application. You will be considered for licensure once a complete application is received.

Please follow these guidelines while working as a Pharmacy Intern:

- You may obtain internship hour credit only between quarters/semesters of school. You are not allowed to work during the school quarter/semester.
- You may work a **minimum of 20 hours per week** when working a minimum of 80 hours in a 28-day period.
- You may work a **maximum of 50 hours per week** when working a maximum of 200 hours in a 28-day period.
- Submit internship hours on the form provided by the board on the board's web-site at www.gbp.georgia.gov.
- Internship Reporting Forms must be completed and submitted for each time period worked.
- Complete the form (front and back), have your preceptor sign the form and have it notarized.
- Mail them to the Board office at the address below.
- **It is the intern's responsibility to keep a record of all internship hours worked and submitted to the board for approval.**

When filing internship hours from an out-of-state internship, please contact the State Board of Pharmacy in the state licensed as an intern and request that they submit certified copies of approved hours to the:

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Georgia Board of Pharmacy

A Division of the
Georgia Department of Community Health

Do Not Write In This Section:

Receipt#: _____

Amount: _____

Applicant #: _____

Initials/Date: _____

Address: 2 Peachtree Street, N.W., 36th Floor, Atlanta, GA 30303

Telephone #: (404) 651-8000

Fax #: (678) 717-6694

Website: www.gbp.georgia.gov

Application For: Pharmacy Intern Registration and Notice of Employment

Incomplete applications are valid for one year.

Application fee: \$25.00 (Non-refundable)

The fee for checks returned due to non-sufficient funds is \$30.00.

Name:

(PLEASE PRINT) _____
First Middle Last

Name as desired on License

(PLEASE PRINT) _____
First Middle Last

Name as shown on exam records or transcripts

(if different – please print) _____
First Middle Last

PLEASE CHECK ONE OF THE FOLLOWING: MALE: _____ FEMALE: _____

Social Security Number _____ - _____ - _____ **Date of Birth** _____

Physical Address _____

P.O. Box not acceptable- Number and Street Apt. No City/State Zip

Mailing Address _____

(if different) Number and Street Apt. No City/State Zip

(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Georgia Board of Pharmacy's website. The mailing address is used for renewal notices, and application processing.)

Telephone Number Day Telephone Number Evening Email* FAX

***Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email will not be shared with third parties.**

Part II: Professional Education

12. Highest Degree Earned: _____ Doctorate _____ Master's _____ Bachelor's _____ Diploma/Certificate

13. Pharmacy School: UGA Mercer South University Philadelphia College of Osteopathy

If your school is not listed above, please print the name and address of your pharmacy school:

a. Dates Attended: _____ c. Graduation Date: _____

b. Major: _____ d. Degree(s) Earned: _____

Part III: To be completed by the applicant.

a. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) () **Yes** () **No**

b. Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? () **Yes** () **No**

If you answered **yes** to any of the above questions, **please attach an explanation.**

By submission of this application, I swear and attest that the information is correct. I am aware that I **cannot** legally compound or dispense drugs or medicines except when I do so under the immediate and personal supervision of a Registered Pharmacist. I understand that a pharmacy intern license is only valid while enrolled in a school of pharmacy or as approved by the Georgia Board of Pharmacy. I hereby waive my right under the Federal Education Rights and Privacy Act and allow the school of pharmacy to notify the Georgia State Board of Pharmacy if my enrollment status with the school of pharmacy changes.

Signature of Applicant: _____

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public: _____

(seal)

My commission expires: _____

Part IV

Please Print Intern Applicant's Name: _____

VERIFICATION OF ENROLLMENT – This section must be completed and submitted in order to be considered for intern licensure.

Please have this portion of the application completed by the School/College of Pharmacy where you are currently enrolled.

This is to certify that _____
(Print name)

is enrolled in pharmacy school _____
(Print name and address of pharmacy school)

beginning _____
(MM/DD/YYYY)

Signature of Dean of College/Registrar: _____ Date _____

School Seal

TO BE COMPLETED BY THE INTERN EMPLOYER

Internship will be supervised by:

_____ at _____
Name/License Number of Pharmacist Name/License Number of Pharmacy

Pharmacy Address _____
Street Address City State Zip

Date of Intern's Employment _____

TO BE COMPLETED BY THE SUPERVISING PHARMACIST:

I have read the foregoing completed application of whose internship will have my immediate and personal supervision, and find that it accurately indicates the place of internship, which I deem proper and in accordance with the regulations which are applicable. The applicant will be given an opportunity to acquire a well-rounded practical experience which will predominately relate to the purchase, storage, compounding, dispensing, and sale of drugs, medicines, poisons, narcotics, and records incident thereto.

Supervisor's Signature: _____

**PLEASE MAIL THIS FORM TO:
GEORGIA BOARD OF PHARMACY
A Division of the Georgia Department of Community Health
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CONSENT FORM

I hereby authorize the **GEORGIA STATE BOARD OF PHARMACY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I also give consent to the Georgia State Board of Pharmacy to perform periodic criminal background checks for the duration of my active licensure status with this state.

(Applicant's Full Name – Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex_____ Race_____ Date of Birth:_____ Social Security Number: _____
(MM/DD/YYYY)

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the following pages of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

Signature of Applicant Date

Print Applicant’s Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this
(Applicant’s Name)

application for a license by examination for Pharmacy in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____ County _____ State _____

My Commission Expires _____

(seal)

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]
- _____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Certification of Report of Birth issued by the United States Department of State (Form DS-1350 [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § secure and 50-36-2(c)]