

State of Connecticut
Department of Consumer Protection
Commission of Pharmacy
165 Capitol Avenue, Room 147
Hartford, CT 06106 - Telephone: 860-713-6070



Pharmacy Intern Change in Internship Training

In accordance with Sections 20-576-8 of the Regulations of Connecticut State Agencies, you must notify the Commission of Pharmacy, in writing, within five days, of **any change(s)** in internship training.

Pharmacy Intern's Name: _____
Registration Number: PCI. _____
Effective Date of Change(s): _____ / _____ / _____

**Please check all that apply and return by mail to the
Department of Consumer Protection, Commission of Pharmacy, 165 Capitol Avenue,
Room 147, Hartford, CT 06106 or by fax to (860) 713-7242.**

Date of Commencement of the Practice of Pharmacy

Date: _____ / _____ / _____

Change in the Place of Supervision

New Place: _____
(Name of Business)

Address: _____
(Street)

(City/Town) (State) (Zip Code)

Pharmacy License Number of Business: PCY. _____

Change of the Pharmacy Intern Preceptor

New Preceptor's Name: _____
(First, Last)

Preceptor's Pharmacist License Number: PCT. _____

Change in the Hours of Supervision

New Hours: _____

Cessation of Supervision

Date: _____/_____/_____

Change of Intern's Name

Previous Name: _____
(First, Last)

New Name: _____
(First, Last)

Change of Intern's Address

New Address: _____
(Street)

(City/Town) (State) (Zip Code)