

FILE IN DUPLICATE

**A copy will be returned
To you for your records.**

**Acknowledged by: _____
Date Received: _____**

GEORGIA STATE BOARD OF PHARMACY

INTERNSHIP REPORT

NAME OF INTERN: _____ **INTERN LICENSE # :** _____

ADDRESS: _____
(CITY) (STATE) (ZIP)

IS THIS A NEW ADDRESS? _____ **PHONE # : (____) _____ - _____**

The Georgia State Board of Pharmacy requires the completion of **1500 hours** of internship before you will be permitted to take the licensure examination in Georgia. Internship during school attendance is **NOT** acceptable toward the required 1500 hours.

The Board requires that you work an average minimum of twenty (20) hours per week with an average allowable maximum of fifty (50) hours per week. The maximum number of weeks in which internship hours can be averaged is four (4) weeks or twenty-eight (28) days. Therefore, you may not obtain credit for less than 80 hours or any hours over 200 in a 28-day period. However, this should not be interpreted to mean that you must work at least four (4) weeks or twenty-eight (28) days in order to obtain internship credit. For example, if you are out of school for just one, two or three weeks, you may obtain internship credit for that length of time, provided you work an average minimum of 20 hours per week for the working period, not to exceed the maximum of 50 hours per week for the period. **Please use one (1) line for each week of internship hours worked.**

REPORT FOR THE PERIOD OF:

FROM: (month/day/year)	TO: (month/day/year)	NUMBER OF HRS. WORKED:	TOTAL AMOUNT OF HOURS:

Upon completion of this report, it should be mailed **IMMEDIATELY** to the Georgia State Board of Pharmacy at **237 Coliseum Drive, Macon, Georgia 31217**. Additional internship report forms are available upon request.

“On File with the Georgia State Board of Pharmacy” should not be interpreted as “Acceptable Internship”

If internship hours are worked outside the State of Georgia, they must be certified in our office as “Acceptable” by the State Board of Pharmacy of the State in which they were worked.

TO BE COMPLETED BY PRECEPTOR

NAME OF INTERN: _____

I, _____, registered pharmacist, License # _____, registered under the Laws of Georgia, hereby certify that the above-mentioned intern has worked the days and hours listed on the front of this report form under my personal supervision in the compounding of drugs, dispensing of medicine and preparing pharmaceutical products, and the handling and selling of such drugs, chemicals and poisons as are dispensed in a pharmacy, and that such period of experience is exclusive of experience or time served in a drug store in the capacity of general merchandise selling or other specialized work not involving pharmaceutical experience. The experience certified was worked at the following pharmacy:

NAME OF PHARMACY: _____

ADDRESS: _____
(CITY) (STATE) (ZIP)

TELEPHONE # : (_____) _____ - _____

I hereby certify the report on the reverse side of this form is an accurate record and that the information was taken from the records of the above-named pharmacy which are available for examination by the Georgia State Board of Pharmacy or any of its personnel. I further state and understand that any falsification of any portion of this report form may subject my pharmacist license to disciplinary action by the Georgia State Board of Pharmacy.

(SIGNATURE OF PRECEPTOR) /_____/_____
(DATE)

Subscribed and sworn to before me, this _____ day of _____, _____.

(NOTARY PUBLIC) (SEAL)

My commission expires: _____

TO BE COMPLETED BY INTERN

I swear that the days and hours of internship listed on this form are an accurate record of the hours actually worked. I further state and understand that any falsification of any portion of this report form may subject my intern license to disciplinary action by the Georgia State Board of Pharmacy and may also affect my eligibility for the licensure examination in Georgia and future licensure as a pharmacist in Georgia.

(SIGNATURE OF INTERN) /_____/_____
(DATE)

Subscribed and sworn to before me, this _____ day of _____, _____.

(NOTARY PUBLIC) (SEAL)

My commission expires: _____