



**Arkansas State Board of Pharmacy**  
**101 East Capitol, Suite 218**  
**Little Rock, AR 72201**  
**501-682-0190 Fax 501-682-0195**  
<http://www.arkansas.gov/asbp>

**AFFIDAVIT OF EXPERIENCE**

Pharmacist in Charge Name: \_\_\_\_\_

AR License #: \_\_\_\_\_

Intern Name: \_\_\_\_\_

Intern License #: \_\_\_\_\_

This is to certify that the intern named on this affidavit has been immediately and personally supervised by a preceptor pharmacist at all times. My evaluation of this intern is provided in the following section.

PIC Signature: \_\_\_\_\_

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	[ ]	[ ]	[ ]

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Intern Name: \_\_\_\_\_

Intern License #: \_\_\_\_\_

**Do you wish to close this training plan or continue it until expiration?**       **Close**       **Continue**

Please fill in the beginning and ending date of each <u>eligible week</u> * worked and the total number of hours worked as an intern under a preceptor.				Put a check mark in the appropriate time category below for each week worked.		
Week	Start Date MM/DD/YYYY	End Date MM/DD/YYYY	Number of Hours Worked **	Summer Break	Fall, Winter, or Spring Break	After Senior Rotations or After Graduation
Week 1				[ ]	[ ]	[ ]
Week 2				[ ]	[ ]	[ ]
Week 3				[ ]	[ ]	[ ]
Week 4				[ ]	[ ]	[ ]
Week 5				[ ]	[ ]	[ ]
Week 6				[ ]	[ ]	[ ]
Week 7				[ ]	[ ]	[ ]
Week 8				[ ]	[ ]	[ ]
Week 9				[ ]	[ ]	[ ]
Week 10				[ ]	[ ]	[ ]
Week 11				[ ]	[ ]	[ ]
Week 12				[ ]	[ ]	[ ]
Week 13				[ ]	[ ]	[ ]
Week 14				[ ]	[ ]	[ ]
Week 15				[ ]	[ ]	[ ]
Week 16				[ ]	[ ]	[ ]
Week 17				[ ]	[ ]	[ ]
Week 18				[ ]	[ ]	[ ]
<b>Total Hours:</b>						

\* Hours worked during school are not counted as experience hours.

\*\* 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)

Date

Pharmacy License No.

**I attest that the information contained on this affidavit is true and accurate.**

Intern Signature

Date