

Instructions for Applicants for Preceptor Certification

Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with black or blue ink only.
2. The application fee is NOT refundable.
3. Board regulation requires that preceptors pass the Preceptor/PIC Exam. You may contact the Board office to have this test mailed, e-mailed or faxed to you.
4. Board regulation requires that you have been licensed and practicing for a minimum of one year as an Arkansas Pharmacist.
5. Board regulation requires that preceptors are a member of at least one state professional association.
6. At least one preceptor from the internship site must be a member of an appropriate national pharmaceutical organization. If you are not a member of a national association or organization, but another preceptor at your work place is a member of a national organization or association, please provide his or her name and the name of the national organization.
National pharmacy organizations and associations include but are not limited to the: American Pharmacists Association (AphA), the American Society of Health-System Pharmacists (ASHP), the National Community Pharmacists Association (NCPA), the National Association of Chain Drug Stores (NACDS).
7. If you have been convicted of any violation of Arkansas Code § 17-92-311 (see below) your application for certification as a preceptor will have to be approved by the Arkansas State Board of Pharmacy.
8. Professional meetings are meetings sponsored by a professional organization and do not include meetings for continuing education purposes only. They **do** include annual or district meetings.
9. If you have not attended a meeting as specified in questions 17 and 18, will you agree to attend one in the current biennium? If yes, specify the meeting.

NOTE: Preceptor permits expire on June 1 of the second calendar year following the date of their issuance. The fee for certification is \$20.00 for preceptors. Please make checks payable to the *Arkansas State Board of Pharmacy*.

Return this form to the:

Arkansas State Board of Pharmacy, 101 East Capitol, Suite 218, Little Rock, AR 72201.

17-92-311. Revocation, suspension, or non-renewal – Grounds.

- (a) The Arkansas State Board of Pharmacy may revoke an existing license of a licensed pharmacist or may suspend the license or may refuse to issue a license if the holder or applicant, as the case may be, has committed or is found guilty by the board of any of the following acts or offenses set forth:
 - (1) That the person is guilty of fraud, deceit, or misrepresentation in the practice of pharmacy;
 - (2) That the person is unfit or incompetent to practice pharmacy by reason of negligent performance of his or her duties;
 - (3) That the person has been found guilty or pleaded guilty or nolo contendere in a criminal proceeding, regardless of whether or not the adjudication of guilt or sentence is withheld, by a court of this state, another state, or the federal government for:
 - (A) Any felony;
 - (B) Any act involving moral turpitude, gross immorality, or which is related to the qualifications, functions, and duties of a licensee; or
 - (C) Any violation of the pharmacy or drug laws of this state or rules and regulations pertaining thereto, or of the pharmacy or drug statutes, rules, and regulations of any other state or of the federal government.
 - (4) That the person has become insane or has been adjudged by a court of competent jurisdiction to be of unsound mind;
 - (5) That the person has directly or indirectly aided or abetted the practice of pharmacy by a person not authorized to practice pharmacy by the board.
 - (6) That the person has been guilty of fraud or misrepresentation in obtaining a license to practice pharmacy in the State of Arkansas as a licensed pharmacist;
 - (7) That the person has been guilty of gross unprofessional or dishonorable conduct;
 - (8) That the person has willfully violated any of the provisions of the pharmacy laws of the State of Arkansas;
 - (9) That the person is addicted to the use of intoxicating liquors or drugs to such a degree as to render him or her unfit, in the opinion of the board, to manufacture, compound, sell, or dispense drugs or medicine;
 - (10) That the person knowingly adulterated or caused to be adulterated any drugs, chemical, or medical preparations and offered such preparations for sale; or
 - (11) That the person had his or her license to practice pharmacy revoked, suspended, or had other disciplinary action taken, or had his application for a license refused, revoked, or suspended, or had voluntarily or otherwise surrendered his license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state.
- (b) Nothing in this section should be construed as affecting the rights of any person to appeal any order of the board as now provided by the state pharmacy laws.

Please Note:

The Pharmacy Law Book provides guidelines for preceptors and interns in Regulation 02-01: Internship/Clerkship.

You may download this regulation by going to the following website: <http://www.arkansas.gov/asbp>, select Pharmacy Law Book, then select Regulation 2.



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

APPLICATION/RENEWAL FOR A PHARMACY PRECEPTOR
Application Fee: \$20.00

1. PHARMACIST NAME: Last		First	Middle	Suffix (Jr.)
2. PHARMACIST LICENSE NO.: PD			3. YEAR ISSUED:	
4. PHARMACY NAME:		5. PHARMACY LICENSE NO.: AR / HP _____		
6. PHARMACY'S PHYSICAL ADDRESS: (street address, city, state, zip)				
7. PHARMACY'S MAILING ADDRESS (if different from above, indicate your mailing address.)				
8. PHARMACY PHONE NUMBER: ()			9. PHARMACY FAX NUMBER: ()	

Please answer the following questions:

10. Have you ever been a Preceptor before? (If you answered NO, you must complete the Preceptor/PIC Exam)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you been an Arkansas licensed pharmacist for more than one (1) year? (This is required in order to be a Preceptor)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you been actively engaged in the practice of pharmacy for the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Does your pharmacy library contain a Law Book and current reference material, or do you have access to these resources online in your workplace?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Are you a member of the Arkansas Pharmacists Association or the Arkansas Association of Health-System Pharmacists?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you a member of a national pharmacy organization? If YES, which organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. If you are NOT a member of a national organization, is at least one preceptor at your internship site a member of a national organization? If YES, what is the preceptor's name? Which organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Has your license ever been revoked or suspended, or have you been convicted of any violation of Arkansas Code 17-92-311?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Did you attend a professional meeting in the 2008-2009 biennium?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. If you did not attend a professional meeting in the 2008-2009 biennium, will you agree to attend one in this biennium? If YES, which meeting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please read carefully and sign below.

I agree to give immediate personal and direct physical supervision to the intern assigned to my pharmacy. I will not supervise more than one intern at any specified time.

I understand that violation of any of the rules and requirements set forth in this section may cause me to lose certification as a preceptor and may cause the intern to lose internship training credit.

Signature of Applicant (in full, no initials)

Date Signed