

STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY

57 Regional Drive

Concord, NH 03301-8518

Telephone: (603) 271-2350 ♦ Website: www.nh.gov/pharmacy ♦ E-Mail: pharmacy.board@nh.gov



NEW HAMPSHIRE INTERNSHIP / PRECEPTOR RECORD FORM

**PHARMACY INTERN / STUDENT – PLEASE NOTE:**

This form, once notarized, is your only official record of internship hours. It must be filled out and signed by your preceptor (supervising pharmacist). **DO NOT SUBMIT** this form to any state board of pharmacy until you apply for NAPLEX. For further information or questions, please call the New Hampshire Board of Pharmacy. **PRECEPTOR - PLEASE PRINT CLEARLY AS THIS INFORMATION WILL BE VERIFIED.**

I HEREBY CERTIFY that I am a licensed Pharmacist in the State of \_\_\_\_\_

and that I am (owner)(manager)(preceptor) of \_\_\_\_\_  
*Pharmacy Name and Address*

and that \_\_\_\_\_ Social Security No. \_\_\_\_\_ was in my  
*Print Name of Intern*

employ or training for \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_.  
*hours beginning date ending date*

The experience was predominately related to the dispensing of drugs and medical supplies, compounding prescriptions, pharmaceutical care, keeping records and making reports as required by law.

I HEREBY CERTIFY under penalty of perjury that the above statements are true.

\_\_\_\_\_  
*Printed Name of Pharmacist Preceptor*      \_\_\_\_\_  
*Pharmacist Lic. #*      X      \_\_\_\_\_  
*Signature of Pharmacist Preceptor*      \_\_\_\_\_  
*Date*  
\_\_\_\_\_  
*Address of Pharmacist Preceptor*      \_\_\_\_\_  
*Telephone of Pharmacist Preceptor*

(NOTARIAL)  
(SEAL)

SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Notary Public or Justice of the Peace*

\_\_\_\_\_  
*Commission Expiration Date*

*For NH Board of Pharmacy Use Only:*

I hereby certify that \_\_\_\_\_ SS# \_\_\_\_\_ has completed \_\_\_\_\_ hours of internship experience acceptable to the New Hampshire Board of Pharmacy for NAPLEX and/or licensure in NH.

\_\_\_\_\_  
*Executive Secretary / Director for the Board*

(OFFICIAL)

(SEAL)

\_\_\_\_\_  
*Date*