

Practical Experience Application/Affidavit

South Dakota Board of Pharmacy
3701 West 49th Street, Suite 204, Sioux Falls, SD 57106
Phone: 605-362-2737
www.pharmacy.sd.gov

This form must be returned to the Board of Pharmacy before internship begins and when a change of internship location or preceptor occurs.

Last Name: _____ First Name: _____ M.I. _____

Maiden Name: _____ Phone: _____

Address: _____

City/State/ZIP: _____

Practical Experience Site:

Pharmacy Name: _____

Address: _____ Phone: _____

City/State/ZIP: _____

Preceptor: _____ License No.: _____ State: _____

Periods covered in the coming year: _____ Jan-Apr _____ May-Aug _____ Sept-Dec
Year Year Year

Explanation of Special Circumstances: _____

____ I have previously paid the fee of \$40, and am assigned South Dakota Intern Certificate No. _____

____ My intern permit is expiring, and I am requesting a new permit be sent to the address listed above (no fee required).

____ I currently do not have a South Dakota Intern Certificate, and am submitting an **Application for Intern Certificate** with a fee of \$40 along with this application.

20:51:02:10. Practical experience defined. The term practical experience as it relates to qualification for licensure, means performing the practice of pharmacy as defined in SDCL 36-11-2.2 and the functions authorized to registered pharmacists in SDCL 36-11-19.1, all of which must be performed under the immediate and personal supervision of a registered pharmacist.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Intern Applicant

Date

20:51:02:11. Supervising pharmacist requirements. A registered pharmacist who agrees to supervise the practical experience of a registered pharmacy intern must certify this on a form provided by the board and agree to abide by the South Dakota pharmacy law and the rules of the South Dakota Board of Pharmacy.

I have read the foregoing completed application of _____ whose internship training will have my immediate and personal supervision, and find that it accurately relates to the place of internship, which I deem is proper and in accordance with the regulations which are applicable, and other facts. I agree to abide by the Pharmacy Laws and Rules of the Board of Pharmacy in the state where practicing. Progress Report of Internship forms will be signed by me and sent to the Board office within 5 days of end of internship.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Pharmacist Preceptor

RPh Certificate Number

Date