



SOUTH DAKOTA BOARD OF PHARMACY
4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106
p - 605.362.2737 f - 605.362.2738
www.pharmacy.sd.gov email - pharmacyboard@state.sd.us

REPORT OF INTERN HOURS

Intern hours earned in South Dakota do not leave the state.

A letter, indicating the total internship hours earned in South Dakota, will be sent to the Board listed below

Please report my South Dakota intern hours to:

Board of Pharmacy Name _____

Attn: _____

Board of Pharmacy Street Address _____

Board of Pharmacy Secondary Address _____

Board of Pharmacy City _____ State _____ Zip Code _____

Please provide your information and a copy of the information will be sent to you:

Student Name _____ Intern Registration # I- _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Email address _____

Send form to pharmacyboard@state.sd.us or fax to 605-362-2738.

FOR SD BOP USE ONLY

Received _____ Date Prepared/Sent _____ Sent By _____