

# 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

## 2024-2025 Intern Practical Experience Internship Hours

Intern Name \_\_\_\_\_ Intern # \_\_\_\_\_ Program Yr \_\_\_\_\_

Email \_\_\_\_\_

- 1 You must have a practical experience **affidavit** on file with the Board before 1st day of internship **AND** must file a new affidavit when changing internship locations or preceptors
- 2 Submit **progress report of internship** form & **this form** to SD BOP **5 days** after the end date of reporting period
- 3 Late submissions (affidavit & progress report) will be docked 5% per item
  - \* | on this line, enter TOTAL number of hours you worked that day; report time rounded to nearest half hour as (.5) for 30 minutes

### AUGUST 2024

Su	M	Tu	W	Th	F	S
				1	2	3

*
4 5 6 7 8 9 10
*
11 12 13 14 15 16 17
*
18 19 20 21 22 23 24
*
25 26 27 28 29 30 31
*

### SEPTEMBER 2024

Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7

*
8 9 10 11 12 13 14
*
15 16 17 18 19 20 21
*
22 23 24 25 26 27 28
*
29 30
*

### OCTOBER 2024

Su	M	Tu	W	Th	F	S
		1	2	3	4	5

*
6 7 8 9 10 11 12
*
13 14 15 16 17 18 19
*
20 21 22 23 24 25 26
*
27 28 29 30 31
*

### NOVEMBER 2024

Su	M	Tu	W	Th	F	S
					1	2

*
3 4 5 6 7 8 9
*
10 11 12 13 14 15 16
*
17 18 19 20 21 22 23
*
24 25 26 27 28 29 30
*

### DECEMBER 2024

Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7

*
8 9 10 11 12 13 14
*
15 16 17 18 19 20 21
*
22 23 24 25 26 27 28
*
29 30 31
*

### JANUARY 2025

Su	M	Tu	W	Th	F	S
			1	2	3	4

*
5 6 7 8 9 10 11
*
12 13 14 15 16 17 18
*
19 20 21 22 23 24 25
*
26 27 28 29 30 31
*

Total hours submitted for this side of form: \_\_\_\_\_

Print Preceptor Name \_\_\_\_\_

SD License # \_\_\_\_\_

Preceptor Signature \_\_\_\_\_  
(must be the same signer as on Affidavit)

Date \_\_\_\_\_

**For Office Use**

Affidavit	Y	N	L	Deduction _____
Progress Rpt	Y	N	L	Deduction _____
Same Preceptor	Y	N		Total Deduct _____
Form Signed	Y	N	A/P	Total Hrs Approved _____

Input \_\_\_\_\_

Scanned \_\_\_\_\_



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FEBRUARY 2025						
Su	M	Tu	W	Th	F	S
						1
*						
2	3	4	5	6	7	8
*						
9	10	11	12	13	14	15
*						
16	17	18	19	20	21	22
*						
23	24	25	26	27	28	
*						

MARCH 2025						
Su	M	Tu	W	Th	F	S
						1
*						
2	3	4	5	6	7	8
*						
9	10	11	12	13	14	15
*						
16	17	18	19	20	21	22
*						
23	24	25	26	27	28	29
*						
30	31					
*						

APRIL 2025						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
*						
6	7	8	9	10	11	12
*						
13	14	15	16	17	18	19
*						
20	21	22	23	24	25	26
*						
27	28	29	30			
*						

MAY 2025						
Su	M	Tu	W	Th	F	S
				1	2	3
*						
4	5	6	7	8	9	10
*						
11	12	13	14	15	16	17
*						
18	19	20	21	22	23	24
*						
25	26	27	28	29	30	31
*						

JUNE 2025						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
*						
8	9	10	11	12	13	14
*						
15	16	17	18	19	20	21
*						
22	23	24	25	26	27	28
*						
29	30					
*						

JULY 2025						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
*						
6	7	8	9	10	11	12
*						
13	14	15	16	17	18	19
*						
20	21	22	23	24	25	26
*						
27	28	29	30	31		
*						

Total hours submitted for this side of form: \_\_\_\_\_

Print Preceptor Name \_\_\_\_\_

Preceptor Signature \_\_\_\_\_  
(must be the same signer as on Affidavit)

**For Office Use**

Affidavit	Y	N	L
Progress Rpt	Y	N	L
Same Preceptor	Y	N	
Form Signed	Y	N	A/P

Deduction \_\_\_\_\_  
Deduction \_\_\_\_\_  
Total Deduct \_\_\_\_\_  
Total Hrs Approved \_\_\_\_\_

SD License # \_\_\_\_\_

Date \_\_\_\_\_

Input \_\_\_\_\_

Scanned \_\_\_\_\_