



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

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

Input \_\_\_\_\_  
 Scanned \_\_\_\_\_



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### 2024-2025 Intern Practical Experience Internship Hours

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

Email \_\_\_\_\_

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- \* on this line, enter TOTAL number of hours you worked that day; report time rounded to nearest half hour as (.5) for 30 minutes

| 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 \_\_\_\_\_