

Wyoming State Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002
307.634.9636 (telephone)
307.634.6335 (facsimile)

PRECEPTOR PHARMACIST RENEWAL APPLICATION

Application Fee: \$10.00

Preceptor's Name (*please print*): _____

Preceptor's Wyoming Pharmacist License Number: _____

Preceptor's Pharmacy: _____

Pharmacy Retail License Number: _____

and/or

Institutional License Number: _____

Pharmacy Physical Address: _____

- A preceptor pharmacist must be a Wyoming registered pharmacist licensed and active in the profession a minimum of two (2) years.
- A preceptor pharmacist shall not supervise more than two (2) pharmacy interns at any one time.
- Registrations will expire annually on December 31st. Renewal notices will be sent annually in November.
- **Intern hours will be not be accepted by the Board unless the preceptor pharmacist is registered with the Board.**

I certify that I will abide by and follow those requirements as outlined in Chapter 3, *Pharmacy Internship Regulations*, Wyoming Pharmacy Act, Rules and Regulations.

Signature of Preceptor Pharmacist

For Board use only.

Date received: _____ Amount paid: _____ Check number: _____

Issue date: _____ Expiration date: _____ Date mailed: _____