

Wyoming State Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002

PHARMACY INTERN
AFFIDAVIT OF PRACTICAL EXPERIENCE

*Affidavit to be completed by the Pharmacist Preceptor giving exact dates and total number of hours the person named below was actually employed as an Intern. **No more than 40 hours per week will be allowed.***

I hereby certify that _____,
Wyoming pharmacy Intern license number _____, was at all times under
my direct supervision or a registered pharmacist employed at this pharmacy gaining
practical experience as allowed in Chapter 3 of the Board rules as follows:

_____ hours; from _____ to _____

_____ hours; from _____ to _____

_____ hours; from _____ to _____

_____ hours; from _____ to _____

I further certify that this pharmacy is licensed in Wyoming, Wyoming license number
_____, and that I am a registered pharmacist in Wyoming holding certificate
number _____.

Signature of Preceptor Pharmacist

Date

Name of Pharmacy

Address of Pharmacy

This Affidavit must be completed and filed with the Board office upon completion of
each period or termination of employment. An Intern evaluation by the Preceptor must
accompany this Affidavit.