

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

APPLICATION AS A PRECEPTOR PHARMACIST

Application Fee: \$10.00

Preceptor's Name: \_\_\_\_\_

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 be valid for one year, expiring December 31<sup>st</sup> of each year.
- **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 the Pharmacy Internship Regulations, Chapter 3, Wyoming Pharmacy Act, Rules and Regulations.

\_\_\_\_\_  
Preceptor Pharmacist

Complete and return this application and payment to:

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

***For Board use only.***

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check number \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration date \_\_\_\_\_ Date Mailed \_\_\_\_\_