

WYOMING STATE BOARD OF PHARMACY

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Cheyenne, WY 82002

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BOP@wyo.gov

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PRECEPTOR PHARMACIST 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 December 31st. Renewal notices will be sent in November.
- **Intern hours from employment will 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: _____