



FLORIDA BOARD OF PHARMACY
 4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254
 Phone: (850) 245-4292
www.floridaspharmacy.gov

FORM #1 – FOREIGN GRADUATE INTERN PRECEPTOR REGISTRATION

Section 465.007(1)(b), *Florida Statutes*, requires that graduates of a school of pharmacy located outside the United States work a minimum of 500 hours in a supervised work activity program within the State of Florida under the supervision of a Florida registered pharmacist. This form must be returned to The Board prior to beginning your work activity program.

Please print or type legibly.

1. Preceptor Name		2. Preceptor License Number	
3. Pharmacy Name		4. Pharmacy License Number	
5. Pharmacy Address			
City	State	Zip	6. Pharmacy Telephone Number
7. Name of Foreign Graduate Intern you are supervising.		8. Foreign Graduate Intern License Number	

I hereby accept responsibility for the Foreign Graduate Intern Work Activity Program of the above-named foreign graduate intern, as established in Rule 64B16-26.205, Florida Administrative Code, as outlined by the Florida Board of Pharmacy. I will provide an honest and forthright evaluation of the foreign graduate intern's progress towards licensure as a practitioner, and will uphold the safety and wellbeing of patients provided pharmaceutical care.

 Signature of Preceptor

 Date

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

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