

Guidelines for Pharmacy Practice Plan

Section 1: In this section please state the address and location(s) where you will be practicing.

Section 2: Describe the type of practice setting you will be working in. For example: institutional, independent, chain, specialty.

Section 3: Describe in detail the supervision structure that you will be under. Will you be supervised by a pharmacist while you are on duty? Will there be occasions when you will not be supervised by a pharmacist? Also state whether or not you will be the prescription department manager.

Section 4: In this section describe the hours you will be working and the hours the pharmacy will be open that day.

Please include any additional information that you think would help the Board Chair in making the decision to approve or deny your practice plan.

Please include your name, license number, case number on your practice plan when you send it to your compliance at.

**Department of Health
Compliance Management Unit
4052 Bald Cypress Way, Bin C76
Tallahassee, Florida 32399-3251**