



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

ITEM #4 – INTERNSHIP OR WORK EXPERIENCE FORM (FORM B)

Please print or type legibly.

1. Biographical information			
Applicant name	Intern/pharmacist license number	Phone number	
Street address	City	State	Zip
2. Have you submitted an application for the Florida Pharmacist Examination? If yes, please indicate date.			
Yes _____ No _____ Date _____			

I HEREBY APPLY FOR INTERNSHIP OR WORK EXPERIENCE CREDIT AS OUTLINED BELOW UNDER THE SUPERVISION OF:

3. Pharmacy information			
Supervising Pharmacist's name		License number	
Pharmacy name		Permit number	
Street address	City	State	Zip
Phone number	4. Dates of experience		
	From: ___/___/___ To: ___/___/___		
5. Average number of hours per week		6. Total hours of experience	
(No more than 50 hours per week if you are a student and no more than 60 after graduation is allowed)			

 Applicant's Signature Date

This report is a correct statement of fact. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy.

 Preceptor/Supervisor's Signature Date

NOTE: Please check to be sure that you have answered all of the questions above.

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

FLORIDA BOARD OF PHARMACY
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