



**FLORIDA BOARD OF PHARMACY**

4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254

Phone: (850) 245-4292 • www.floridaspharmacy.gov

**ITEM #3 – 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:**

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