

Complete forms must be sent directly from the verifying agency to the board office at [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov), or mailed to:

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258



## Board of Pharmacy Internship or Work Experience - Form B

### Part I: Applicant Information

Applicant Name: \_\_\_\_\_  
Intern/Pharmacist License #: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Have you submitted an application for the Florida Pharmacist Examination?     Yes     No

Date Application Submitted: \_\_\_\_\_  
MM/DD/YYYY

**I hereby apply for internship or work experience credit as outlined below under supervision of:**

### Part II: Pharmacy Information

Supervising Pharmacist Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Pharmacy Name: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Dates of Experience: From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY  
Average # of Hours Per Week: \_\_\_\_\_ Total Hours of Experience: \_\_\_\_\_

**(No more than 50 hours per week if you are a student and no more than 60 after graduation are permitted.)**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

I state the statements on this report are true and correct. The above information was taken from the records of the above-named pharmacy which are available for inspection by the Board of Pharmacy.

Preceptor/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

These hours must be pertinent to the Non-U.S. Graduate Registered Intern's program and statement(s) of attendance must be attached to this form. This form must be completed and forwarded to the board office within ten days of completion of the Foreign Graduate Registered Intern Work Activity Program.