

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

Board of Pharmacy

4052 Bald Cypress Way Bin C-04
Tallahassee, FL 32399-3258



Board of Pharmacy

Non-U.S. Graduate Intern Preceptor Registration

Section 465.007 (1)(b)2., F.S., 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 submitted to the board prior to beginning your work activity program.

Preceptor Name: _____ Preceptor License #: _____

Name of Pharmacy: _____ Pharmacy License #: _____

Pharmacy Address: _____

City: _____ State: _____ ZIP: _____

Pharmacy Telephone: _____

Non-U.S. Graduate Intern Name: _____

Non-U.S. Graduate License #: _____

I hereby accept responsibility for the Foreign Graduate Intern Supervised Work Activity Program of the above-named non-U.S. graduate intern, as established in Rule 64B16-26.2033, F.A.C., as outlined by the Board of Pharmacy. I will provide an honest and forthright evaluation of the non-U.S. graduate intern's progress towards licensure as a practitioner and will uphold the safety and wellbeing of patients provided pharmaceutical care.

Preceptor Signature: _____ Date: _____

MM/DD/YYYY