



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

**FORM #1 – FOREIGN GRADUATE INTERN PRECEPTOR REGISTRATION**

Section 465.007(1)(b), *Florida Statutes*, 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 returned to The Board prior to beginning your work activity program.

**Please print or type legibly.**

<b>1. Preceptor Name</b>		<b>2. Preceptor License Number</b>	
<b>3. Pharmacy Name</b>		<b>4. Pharmacy License Number</b>	
<b>5. Pharmacy Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>6. Pharmacy Telephone Number</b>
<b>7. Name of Foreign Graduate Intern you are supervising.</b>		<b>8. Foreign Graduate Intern License Number</b>	

I hereby accept responsibility for the Foreign Graduate Intern Work Activity Program of the above-named foreign graduate intern, as established in Rule 64B16-26.205, Florida Administrative Code, as outlined by the Florida Board of Pharmacy. I will provide an honest and forthright evaluation of the foreign graduate intern's progress towards licensure as a practitioner, and will uphold the safety and wellbeing of patients provided pharmaceutical care.

\_\_\_\_\_  
 Signature of Preceptor

\_\_\_\_\_  
 Date

**PLEASE RETURN THIS FORM TO THE BOARD OFFICE:**

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