



STATE OF MAINE BOARD OF PHARMACY

Reporting Maine Internship Experience

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation

(Mailing address) 35 State House Station, Augusta, ME 04333

(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Note: The office location address may be used only for overnight deliveries only. The office address does not accept postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603

TTY/Hearing Impaired 1-888-577-6690

FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing

Email: pharmacy.lic@maine.gov

**PHARMACY INTERNSHIP EXPERIENCE AFFIDAVIT
(Board Rules Chapter 6)**

You, the intern, are responsible for completing and filing a timely report.

After completing this form, the Preceptor must verify its accuracy by signing the statement on the second page of this form. Please retain a copy for your file and mail the original to the Board.

Intern Name		
Contact Address		
City	State	Zip Code
Maine Pharmacy Technician Intern License Number	Expiration Date	

Place of Internship

Name of Facility		License Number (if applicable)
Physical Address		Type of Facility
City	State	Zip Code
Telephone Number		
()		
Name of Preceptor	License Number	Expiration Date
Signature of Preceptor		Date

Hours worked at this Site (give only exact dates that this report covers—**not entire work history**)

Beginning Date of this Report (Month/Day/Year)	Ending Date of this Report (Month/Day/Year)	Total Number of Hours Worked at this Site During this Report Period

The above information was taken from payroll or other records that are kept at the following location(s) and may be examined by any agent or the Board:

Address		
City	State	Zip Code

Preceptor Affirmation

I hereby affirm that the intern named herein was trained at the site listed above, worked the hours reported, and practiced and performed duties in compliance with the Board of Pharmacy laws and rules. I further understand that I am responsible for certifying the practical experience affidavits required by the Board of Pharmacy and will submit reports on the progress and aptitude of the intern when requested. I understand that the Board of Pharmacy will rely upon this information and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Signature of Preceptor Date

Signature of Intern Date