

INTERN NAME: _____

INTERN REG. #: _____

AFFIDAVIT OF PRECEPTORS

I certify that, on the date listed with each competency statement and certified by my initials, the intern whose manual I have signed has demonstrated mastery of the listed competency.

<u>Name (please print)</u>	<u>Pharmacist Lic. #</u>	<u>Pharmacy</u>	<u>Initials</u>
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Preceptor #1 _____

Preceptor #2 _____

Preceptor #3 _____

Preceptor #4 _____

Preceptor #5 _____

Preceptor #6 _____

Preceptor #7 _____

Preceptor #8 _____

Preceptor #9 _____

Preceptor #10 _____

<p>NOTE: Each pharmacist-preceptor certifying this pharmacist-intern's mastery of any competency listed in this booklet must be identified on this affidavit, whether the internship supervised by the preceptor is a traditional or nontraditional internship or is a component of the pharmacist-intern's college of pharmacy clinical or practical rotations.</p>
