

TO ALL INTERNS

PLEASE READ CAREFULLY AND RETAIN FOR REFERENCE

GENERAL INFORMATION: Please read all application instructions and the laws and rules governing pharmacist-interns before completing your application. The following information is based on 657 I.A.C. Chapter 4, "Pharmacist-Intern Registration and Minimum Standards for Evaluating Practical Experience."

Who Must Register

1. Interns acquiring experience in Iowa and going to school in Iowa must be registered.
2. Interns going to school in Iowa and acquiring experience in a state other than Iowa must be registered.
3. Interns attending a school in another state and acquiring experience in Iowa must be registered.

When to Register: Every person shall register before beginning their internship, but not before the successful completion of at least one semester in a recognized college of pharmacy.

Fee: \$33 – Upon registration and payment of thirty-three dollars, interns will be furnished all necessary reporting forms.

Training Requirements: Internship shall consist of a minimum of 1500 hours, 1250 hours of which may be a college-based clinical program. The remaining 250 hours shall be acquired under the supervision of one or more preceptors in a traditional licensed general or hospital pharmacy, at a rate of no more than 48 hours per week. Credit toward the 250 hours will be allowed, at a rate not to exceed 10 hours per week, for an internship served concurrent with academic training. "*Concurrent time*" means internship experience acquired while the person is a full-time student carrying, in a given school term, at least 75 percent of the average number of credit hours per term needed to graduate and receive an entry level degree in pharmacy. Recognized academic holiday periods, such as spring break and Christmas break, shall not be considered "concurrent time."

Reports: Affidavits (notarized) of experience credit in non-college-sponsored programs must be filed with the Board office. Affidavits of internship training submitted to this office must certify the number of hours and dates of training and must include certification of competencies attained during the course of internship training.

Notices: No more than two interns shall be trained by a preceptor at one time. All interns shall notify the Board within ten days of change of name, employment, or mailing address.

Contact the Board office for clarification of any of the above. A copy of the internship rules is available at http://www.state.ia.us/ibpe/rules_laws/ch04.html. Please feel free to contact the Board office for clarification of any of the above.

IOWA BOARD OF PHARMACY

APPLICATION FOR REGISTRATION AS A PHARMACIST-INTERM (To be completed by pharmacist-intern)

Name _____

E-Mail Address _____

Date of Birth _____ Social Security No. _____

Permanent address _____

City State Zip Code

Address while attending college _____

City State Zip Code

College of Pharmacy _____

Current Status as a Student (circle which year) 1 2 3 4 5 6

Anticipated date of graduation or date degree granted _____

Date internship training will begin _____

Have you ever been convicted of or pleaded guilty to a misdemeanor or a felony charge? Yes [] No []

If yes, provide details separately.

Have you ever been convicted of or pleaded guilty to a drug- or alcohol-related offense? Yes [] No []

If yes, provide details separately.

NOTE: Do not complete the pharmacy name and address information below if you currently do not have a preceptor. When you do have a preceptor and internship site, please notify the Board office.

Name of Pharmacy _____

Address of Pharmacy _____

City State Zip Code

I am aware that I cannot legally compound or dispense drugs except when I do so under the immediate and personal supervision of a licensed pharmacist and I understand that I may not be left in charge of a pharmacy.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against my pharmacist-intern registration.

(Signature of Applicant)

(Date)

**Registration Fee \$33.00. Remit Check or Money Order Payable to:
Iowa Board of Pharmacy, 400 S.W. 8th St., Suite E, Des Moines, IA 50309-4688**

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §252J.8(1) and 261.126(1) (2007), and Iowa Code §272D.8(1) (Supp. 2008). The number will be used in connection with the collection of child support obligations, student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code §421.18 (2007).



STATE OF IOWA

TERRY BRANSTAD
GOVERNOR
KIM REYNOLDS
LT. GOVERNOR

BOARD OF PHARMACY
LLOYD K. JESSEN, RPh, JD
EXECUTIVE DIRECTOR

CERTIFICATE OF ELIGIBILITY

(To be completed by college of pharmacy)

I certify that _____ is registered as a student in the college of named below, has successfully completed one semester in the college of pharmacy, and is satisfactorily progressing toward completion of academic requirements for a degree in pharmacy. The above-named student is eligible for registration as a Pharmacist-Intern effective _____.
(Date)

Any derogatory information on file? Yes* _____ No _____

(Signed)

(Title)

(Name of College)

(Address of College)

(Date)