South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
P.O. Box 11927 • Columbia, SC 29211-1927
Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/

AFFIDAVIT OF PRACTICAL EXPERIENCE

(This form is for internship in South Carolina only)

Form to be completed when either occurs:

(1) within 10 days after the end of each employment
(2) within 10 days after transferring within the same company
(3) within 10 days after the beginning of each new year

Proviso 81.11. The Board of Pharmacy must accept affidavits of practical experience from interns whose practical experience internships occurred in this State. The affidavit must provide that the supervising pharmacist and the site of experience is licensed and in good standing with the board and that the internship falls within the criteria for internships set by the board. The affidavit must be accompanied by a ten dollar ($10) fee to cover administrative costs associated with compliance with this proviso.

Check or Money order only

Intern's Name and Address	**For Office Use Only**
	Date Received:
	Hours Accepted:
	Total Hours:
	Notes:

Affidavit of Licensed Pharmacist Under Whose Supervision Intern Worked

This is to certify that I am _____, a licensed pharmacist in the
(Name of Supervising Pharmacist)

state of _____, with license number_____

and that _____, with Intern Certificate Number_____

was under my supervision, direction, and instruction from _____ through _____

at the _____
(Name and Location of Pharmacy)

_____with permit number _____.
(City, State and Zip Code)

During the period of practical experience, the Intern named herein was engaged in the practice of pharmacy under my supervision. The experience gained by the intern was in accordance with the SC Pharmacy Practice Act. I certify that all statements given herein are true and correct to the best of my knowledge.

Signed:_____
(Supervising Pharmacist)

(NOTARY STAMP)

Subscribed and sworn to before me this_____
(Date)

Notary Public:_____

My commission expires: _____

I certify that all of the information contained herein is true and correct, and that all hours listed on the reverse were completed before this Affidavit was signed.

Date: _____

_____
(Signature of Intern)

Log (Year)_____

Enter the number of hours of internship credit earned daily.

It is the sole responsibility of the Intern to insure that this form is completed and returned to the Board within the required period of time. Lack of knowledge of laws and regulations does not constitute an acceptable excuse.

A total of 1,500 hours of experience is required for licensure. Students enrolled in an approved Doctor of Pharmacy program consisting of six or more years of collegiate studies may receive credit for up to 1,000 hours for practice related experiences upon completion of such program, none of which shall be used to fulfill the requirements that a minimum of 500 hours of practical experience must be obtained in a retail or institutional pharmacy. Reporting of the 1,000 hours will be done on the Certification of Externship Rotations form which shall be completed by the Dean of the College of Pharmacy and submitted by the applicant for licensure along with the examination application. No more than 40 hours per week of internship training will be allowed. Indicate actual hours worked, such as 8, 8.25, or 8.5. Board staff will determine acceptability.

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Print Name **(Only)** _____ Intern Number_____