

South Carolina Department of Labor, Licensing and Regulation **South Carolina Board of Pharmacy** 110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11927 • Columbia • SC 29211-1927 Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596 llr.sc.gov/bop

AFFIDAVIT OF PRACTICAL EXPERIENCE

This form is for internship hours earned in South Carolina only.

Submit this form along with \$10 check or money order made payable to the SC Board of Pharmacy when one of the following occurs: (The application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.)

For Board use only		
Date received		
Hours accepted		
Total hours		

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.

INTERN INFORMATION:

Name:		Intern	Certificate Numbe	er:
Mailing Address:				
<u> </u>	PO Box/ Street	City	State	Zip Code

PRACTICAL EXPERIENCE DETAIL:

It is the sole responsibility of the Intern to ensure 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 of internship training will be allowed per week. Indicate actual hours worked such as 8, 8.25, or 8.5. Board staff will determine acceptability.

Continued on next page ...

Day	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
<u>20</u> 29												
<u> </u>												
31												
Total:										d Total		

AFFIDAVIT OF INTERN'S SUPERVISING LICENSED PHARMACIST

This is to certify that I am(Name of Supervising Pharmacist)	, a licensed pharmacist in the
(Name of Supervising Pharmacist)	
State of South Carolina with license number	, and that
, with Intern C	Certificate Number,
(Name of Intern)	
was under my supervision, direction, and instruction from _	through
	(Start Date) (End Date)
at the	
at the)
with permit number	
During the period of practical experience, the Intern name pharmacy under my supervision. The experience gained Pharmacy Practice Act. I certify that all statements given knowledge.	by the intern was in accordance with the SC
Signed:	
(Supervis	sing Pharmacist)

I certify that all of the information contained herein is true and correct.

Signature of Intern

Date: