Virginia Department of Health Professions
Board of Pharmacy

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AFFIDAVIT OF PRACTICAL EXPERIENCE FOR A PHARMACY INTERN

(This form is for reporting practical experience hours gained outside of an ACPE-accredited School of Pharmacy)

Name of Intern: _____

Intern Registration Number: 0203-_____

Total Hours of Practical Experience: _____

Time Period of Experience: from _____ to _____
Month/Day/Year Month/Day/Year

Name of Pharmacy: _____

Pharmacy Permit Number: 0201-_____

Pharmacy Address: _____
Street Address

_____ _____ _____
City State ZipCode

Name of Supervising Pharmacist _____

Pharmacist License Number 0202-_____

_____ _____
Signature of Supervising Pharmacist **Date**

_____ _____
Signature of Pharmacy Intern **Date**