



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