



# PRACTICAL EXPERIENCE AFFIDAVIT

**Updated 3/20/2024**

This form shall be used by pharmacy interns to report internship credit earned outside the intern’s school of pharmacy academic program pursuant to [OAC 4729:2-2-06](#). Each affidavit should only be used to claim internship hours not previously reported to the Board.

*This form shall be uploaded by the Intern as a Submit Additional Documentation request in [eLicense Ohio](#).*

## SECTION 1. PHARMACY INTERN INFORMATION

INTERN NAME:	INTERN LICENSE NO. (BEGINS WITH 06):
INTERN EMAIL ADDRESS:	INTERN PHONE NUMBER:

## SECTION 2. TRAINING SITE INFORMATION

NAME OF TRAINING SITE:	LICENSE NUMBER:
TRAINING SITE ADDRESS (INCLUDE CITY, STATE, AND ZIP):	

**-- CONTINUED ON NEXT PAGE --**

### SECTION 3. HOURS WORKED AT THIS SITE

Hours claimed on this affidavit must be earned within the previous year. Practical experience reported on the affidavit shall be **the total number of actual clock hours worked during the reported time period** rounded to the nearest hour. The hours reported must be documented by payroll or other records which may be examined by the Ohio Board of Pharmacy upon request.

BEGINNING DATE OF THIS REPORT PERIOD (MM/DD/YYYY):	END DATE OF THIS REPORT PERIOD (MM/DD/YYYY):	TOTAL NUMBER OF HOURS <i>ROUND TO NEAREST WHOLE HOUR:</i>
--	--	--

### SECTION 4. PRECEPTOR ATTESTATION & SIGNATURE

PRECEPTOR NAME:	OHIO PHARMACIST LICENSE NO. (BEGINS WITH 03):
ATTESTATION: <i>I hereby state that the pharmacy intern named above was trained at the site listed on this affidavit, worked the hours reported, and practiced in accordance with the requirements of the Ohio Pharmacy Practice Act and the internship program. I certify, under penalty of ORC 2921.13, that the above statements are true and correct.</i>	
PRECEPTOR SIGNATURE:	DATE: