



## **Statement of Preceptor Form**

**Updated 1/8/2025**

This form shall be used by Pharmacy Interns to report a pharmacist preceptor within thirty (30) days after beginning training pursuant to rule 4729:2-2-06 of the Ohio Administrative Code. No credit will be given for practical experience obtained prior to 30 days of the date the Statement of Preceptor form is received by the Board office.

# Statement of Preceptor Form



**Instructions:** 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):	
TRAINING SITE PHONE NUMBER:	HAS THE OWNER, EMPLOYER, OR ADMINISTRATOR APPROVED TRAINING OF INTERNS: • Yes                      • No

### SECTION 3. TYPE OF TRAINING SITE

Outpatient, Retail Pharmacy (Independent or Chain)
Institutional, Hospital Pharmacy
Nuclear Pharmacy
Other Pharmacy Type (please explain):
Site Other Than a Pharmacy (please explain) *Requires request to Board per <a href="#">OAC 4729:2-6-05 (C)</a> :
Explanation (if required):

### SECTION 4. PRECEPTOR INFORMATION, ATTESTATION, & SIGNATURE (Digital or wet ink signatures are accepted)

PRECEPTOR NAME:	OHIO PHARMACIST LICENSE NO. (BEGINS WITH 03) :
PRECEPTOR EMAIL ADDRESS:	PRECEPTOR POSITION AT TRAINING SITE: [Picklist – Owner, Manager or Responsible Person, Employee]
<p>ATTESTATION:</p> <p><i>I state that I am a registered pharmacist holding a current and active license, or the person supervising the experience pursuant to OAC 4729:2-6-06. I hereby agree to serve the State of Ohio Board of Pharmacy as preceptor for the intern named above who holds a current Ohio pharmacy intern license. I understand that as this intern's preceptor I am responsible for seeing that they are properly supervised while practicing pharmacy pursuant to OAC 4729:2-1-01 and that they are exposed to all aspects of the internship program. I further understand that I shall be responsible for certifying the practical experience affidavits required by the Board of Pharmacy and submit reports on the progress and aptitude of the intern when requested. I hereby certify, under penalty of ORC 2921.13, that the above statements are true and correct.</i></p>	
PRECEPTOR SIGNATURE:	DATE: