



Georgia Board of Pharmacy

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

www.gbp.georgia.gov

INTERNSHIP REPORT

NAME OF INTERN: _____ INTERN LICENSE # _____

The Georgia State Board of Pharmacy requires the completion of **1500 hours** of internship before you will be permitted to take the licensure examination in Georgia. Please see Board Rule 480-2-.03 for additional information regarding pharmacy internships and internship credit.

REPORT FOR THE PERIOD OF:

FROM: (month/day/year)	TO: (month/day/year)	NUMBER OF HRS. WORKED:	TOTAL AMOUNT OF HOURS:

Upon completion of this report, it should be mailed to the **Georgia Board of Pharmacy, 2 MLK Jr. Dr. S.E., 11th Floor, East Tower, Atlanta, GA 30334**. Additional internship report forms are available at www.gbp.georgia.gov.

Please be advised that submission of a report to the Georgia Board of Pharmacy does not guarantee that the submitted hours are acceptable for credit towards the requirement of 1500 hours. Please review Board Rule 480-2-.03 for additional details.

TO BE COMPLETED BY THE PRECEPTOR

NAME OF INTERN: _____

I, _____, registered pharmacist, License # _____ registered under

the Laws of Georgia, hereby certify that the above-mentioned intern has worked the days and hours listed on page one of this report form under my personal supervision in the compounding of drugs, dispensing of medicine and preparing pharmaceutical products, and the handling and selling of such drugs, chemicals and poisons as are dispensed in a pharmacy, and that such period of experience is exclusive of experience or time served in a drug store in the capacity of general merchandise selling or other specialized work not involving pharmaceutical experience.

The experience certified was worked at the following pharmacy:

NAME OF PHARMACY: _____

PHARMACY LICENSE NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

I hereby certify the report on page one of this form is an accurate record and that the information was taken from the records of the above-named pharmacy which are available for examination by the Georgia State Board of Pharmacy or any of its personnel. I further state and understand that any falsification of any portion of this report form may subject my pharmacist license to disciplinary action by the Georgia State Board of Pharmacy.

Signature of preceptor Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public _____ (SEAL)

My Commission expires: _____

TO BE COMPLETED BY INTERN

I swear that the days and hours of internship listed on this form are an accurate record of the hours actually worked. I further state and understand that any falsification of any portion of this report form may subject my intern license to disciplinary action by the Georgia State Board of Pharmacy and may also affect my eligibility for the licensure examination in Georgia and future licensure as a pharmacist in Georgia.

Signature of Intern Date

Subscribed and sworn to before me, this _____ day of _____, _____.

Notary Public _____ (SEAL)

My commission expires: _____