

STATEMENT OF PRACTICAL EXPERIENCE - PHARMACY INTERN

Access this form via website at: cca.hawaii.gov/pvl

NOTICE: DO NOT USE THIS FORM if your hours were earned outside the State of Hawaii. (See item 2 below for instructions.)

Instructions & Information:

1. An applicant for initial pharmacist license must submit this statement of practical experience to the Board of Pharmacy for approval.
 - a. Part I is to be completed and signed by *both* the applicant and the Supervising Pharmacist.
 - b. Part II is reserved for the Board's use only.
 - c. Use the on-line fillable form or print *legibly* in black ink.
 - d. Have two copies of this form completed; **submit** original to Board's office and retain copy for your file. A fee will be charged when you later request copies and verification, with a processing time of approximately 6 weeks.
 - e. Mailing address: _____ Office location: _____

Board of Pharmacy
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

2. Hours earned at out-of-state pharmacies.

To receive credit for work experience gained out-of-state, the applicant must be eligible to work in that state as an intern and shall have either the state board of pharmacy submit verification of the hours of practical experience recorded by that state board, or have the employer submit a notarized statement of employment which reflects the applicant's employment dates, hours worked, and the name, license number and signature of the supervising pharmacist.

PART I. TO BE COMPLETED BY APPLICANT & SUPERVISING PHARMACIST.					
Name of Applicant (First, Middle, Last)		Name of Supervisor (First, Middle, Last)		License No. PH -	
Effective Date of Pharmacy Intern Permit	Pharmacy Intern Permit	Name of Pharmacy		License No. PHY -	
Date Practical Experience (Mo-Day-Year) Began: Ending:	Total Hours	Address of Pharmacy			
Certification Signatures. This is to certify that the above applicant worked under the immediate supervision of the above-named pharmacist selling drugs, filling prescriptions, preparing pharmaceutical preparations and keeping records and making reports required under state and federal statutes.					
_____ Signature of Applicant		_____ Date	_____ Signature of Supervisor		_____ Date

PART II. TO BE COMPLETED BY BOARD ONLY.	
Information in the above statement indicates experience acceptable to the Hawaii State Board of Pharmacy as internship training.	
_____ Date	_____ Executive Officer, Board of Pharmacy, State of Hawaii

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.