California State Board of Pharmacy
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Sacramento, CA 95833
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www.pharmacy.ca.gov

Business and Consumer Services Agency
Department of Consumer Affairs
Gavin Newsom, Governor

Pharmacy Intern Hours Affidavit

This affidavit must be completed by the supervising pharmacist or pharmacist-in-charge at the community or institutional pharmacy while the intern pharmacist obtained the experience. The affidavit cannot be completed prior to the last day worked. Original affidavits are required. Any changes must be initialed by the supervising pharmacist or pharmacist-in-charge. All dates must include the month, day, and year for the form to be accepted.

Type of Pharmacy (Please check one)
Community Pharmacy ☐
Institutional Pharmacy ☐

Full Legal Name of Applicant	Intern License Number	Date Issued	Expiration Date

Name of Pharmacy	Pharmacy License Number

Address of Pharmacy - Street	City	State	Zip Code

Name of Supervising Pharmacist or Pharmacist-in-charge	Contact Phone Number	Pharmacist License Number	State Licensed

The applicant listed above was employed or volunteered as an intern pharmacist during the time set forth as follows:

From: _____ (month/day/year) To: _____ (month/day/year)

A total of 1,500 intern hours is required but does not have to be obtained in one pharmacy location. Please indicate below the number of hours the intern pharmacist obtained while under your supervision.

_____ Number of hours of pharmacy practice experience obtained in a pharmacy.

_____ Number of hours of pharmacy practice experience substantially related to the practice of Pharmacy. NOTE: A maximum of 600 hours may be granted at the discretion of the board.

I certify under penalty of perjury under the laws of the State of California that all statements given above for the applicant listed on this form herein are true, and that to the best of my knowledge the experience thus gained by this applicant meets the pharmacy practice experience obtained in a pharmacy as required by law. I further certify that my license is not revoked, suspended, or on probation in any state in which I am now or have been registered.

_____ _____

Original Pharmacist's Signature Date