



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
 Topeka, Kansas 66612-1244
 www.pharmacy.ks.gov (785)296-4056

**REGISTRATION APPLICATION:
 Intern Experience Hours
 Form S-400**

INSTRUCTIONS

All applications must be typed, be complete, and include all supporting documentation before they will be processed by staff.

The intern should itemize specific individual periods and specific individual hours of allowable internship time performed, which should be certified by the preceptor using this form. This record should be submitted to the Board at least quarterly. Interns should also retain a copy of each submission. All submission are the responsibility of the intern, not the preceptor.

Do not submit this form for intern experience hours that are already being counted through your pharmacy degree program.

PRECEPTOR INFORMATION

First Name	Last Name	Kansas Pharmacist License #	
Facility Name			
Facility Address			
City	State	Zip	Preceptor Phone

INTERN INFORMATION

First Name	Last Name		
Home Phone	Cell Phone	Email	
Kansas Intern Registration #		Issue Date	
Pharmacy School		Date of Enrollment	

EXPERIENCE

Date		Hours	
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TOTAL HOURS: _____

INTERN CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

PRECEPTOR CERTIFICATION

I hereby certify that I am currently licensed to practice pharmacy in Kansas under the license number indicated above, that I have been approved as a preceptor by the Kansas Board of Pharmacy, and that the intern above was in my employ and under my supervision performing duties, preparing pharmaceutical preparations, and keeping records and making reports required under State or Federal law and complying with the regulations governing the Preceptor-Intern program at their enrolled at the facility indicated above. I further certify that the intern obtained the stated hours after being registered as a pharmacy intern with the Kansas Board of Pharmacy, and that to the best of my knowledge and belief, the intern is of good moral character and is not addicted to the use of alcoholic beverages or narcotic drugs.

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED