ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

APPLICATION FOR PHARMACY INTERN PRECEPTOR APPROVAL

(For preceptors NOT holding a faculty position in the experiential program of a Board-approved college or school of pharmacy) *

Name:					
	(First)	(Middle)	(Last)		
Address:					
	(Street and Number)	(City)	(County)	(State)	(Zip)
	(Phone Number)	(E-mail)			
Mailing Address (if different):					
	(Street and Number)	(City)	(County)	(State)	(Zip)
License Info:					
	(Number)	(Effective Date)		(Expiration Date)	
College:					
	(Name & Address of College Attended)		(Degree)	(Graduation Date)	
Internship Site:					
Type of Business (example: grocery, compounding, etc.):					
Business Address:					
	(Street and Number)	(City)	(County)	(State)	(Zip)
	(Phone Number)	(Fax)	(E-mail)		

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT, "No charges involving moral turpitude or violations of pharmacy, liquor or controlled substance laws ever made or pending." _____ (Initial) Applicant must initial on line provided if statement is true. Explain in space provided below if any charges, including conviction date, jurisdiction, and location: (use separate sheet if more space required)

To the best of my knowledge and belief the foregoing application is true and current in all respects.

Signature: _____ Date: _____

*** See A.A.C. R4-23-302**