



# Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8-E  
Baton Rouge, Louisiana 70808-2537

Telephone (225) 925-6496  
Facsimile (225) 925-6499  
Web address: [www.labp.com](http://www.labp.com)  
Email: [labp@labp.com](mailto:labp@labp.com)

## PHARMACIST'S AFFIDAVIT FOR CERTIFYING HOURS EARNED BY TECHNICIAN CANDIDATES

### INSTRUCTIONS FOR DOCUMENTING YOUR HOURS ON A PHARMACIST'S AFFIDAVIT:

- All hours of experience you earn in a pharmacy must be documented on a form provided by the Board. This form is called a Pharmacist's Affidavit. Please read it carefully before you begin completing it. If your Pharmacist's Affidavit is not completed properly, Board staff is obligated to void your document and request a replacement from you.
- The Pharmacist's Affidavit may only be executed by a pharmacist licensed in the state of Louisiana.
- It is strongly suggested that you record the hours you earn *as you earn them*.
- Upon completion of all hours, your Pharmacist's Affidavit should be signed and notarized by both you and the pharmacist. Please make a copy for your files before submitting the original document to the Louisiana Board of Pharmacy.
- Hours recorded in a pharmacy whose permit is on probation, or under the supervision of a pharmacist whose license is on probation, are not valid for licensure and will not be credited.
- Do not add or make any other corrections after the Pharmacist's Affidavit has been notarized. Hours recorded after the document has been notarized will be voided and denied.

### INSTRUCTIONS FOR COMPLETING THE PHARMACIST'S AFFIDAVIT:

- 1) Read all statements on page one before you begin completing it.
- 2) Section 1 is to be completed and notarized by the pharmacist.
- 3) Section 2 is to be completed and notarized by the applicant.
- 4) Make sure all blanks have an entry.
- 5) Page 2 of the affidavit may be photocopied as needed.
- 6) A separate Pharmacist's Affidavit is required for each pharmacy where hours were earned.
- 7) Make sure your dates do not overlap from one week to the next.
- 8) Record **partial** hours as follows:

15 minutes = .25    30 minutes = .50    45 minutes = .75

### Sample of a **Correct** Entry:

WEEK BEGINNING: MM <u>02</u> DD <u>02</u> YYYY <u>2003</u>				WEEK ENDING: MM <u>02</u> DD <u>08</u> YYYY <u>2003</u>				Total Hours Earned This Week Only
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER DATE HOURS WORKED HERE →	2/2	2/3	2/4	2/5	2/6	2/7	2/8	
ENTER NUMBER OF HOURS EARNED HERE →		8	4.5	5	3		7.25	<u>27.75</u>

### Sample of an **Incorrect** Entry:

WEEK BEGINNING: MM <u>02</u> DD <u>03</u> YYYY <u>2003</u>				WEEK ENDING: MM <u>02</u> DD <u>09</u> YYYY <u>2003</u>				Total Hours Earned This Week Only
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER DATE HOURS WORKED HERE →	2/3	2/4	2/5	2/6	2/7	2/8	2/9	
ENTER NUMBER OF HOURS EARNED HERE →		8.05	4.20	5	3.15		7.25	<u>27.65</u>

Reasons these entries not correct: February 3<sup>rd</sup> is not a Sunday, February 4<sup>th</sup> is not a Monday, etc.  
Partial hours not recorded properly



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## PHARMACIST'S AFFIDAVIT CERTIFYING HOURS EARNED BY TECHNICIAN CANDIDATES

Page 1 of 2

Full name of Applicant: _____	
Social Security Number: _____	

### SECTION 1 – TO BE COMPLETED BY THE SUPERVISING PHARMACIST (ALL blanks require an entry)

I, \_\_\_\_\_, holder of license number \_\_\_\_\_, hereby certify that I am a pharmacist licensed in the state of Louisiana and that the above named applicant earned hours of practical experience under my supervision at:

Pharmacy Name \_\_\_\_\_ Permit # \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

The applicant has earned a total of \_\_\_\_\_ hours of practical experience at this facility as evidenced by the entries recorded on the attached pages.

**I further certify that:**

- 1) The above named applicant, while under my supervision, did perform duties predominantly related to the practice of pharmacy as allowed under state and federal laws; and
- 2) To the best of my knowledge the hours submitted herein and the total number of hours attested to are true and correct; and
- 3) To the best of my knowledge and belief, the above named applicant is competent to practice, or assist in the practice of, pharmacy.

\_\_\_\_\_  
(Notarized Signature of Pharmacist)

\_\_\_\_\_  
(Notary Public Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

Notary Public in and for: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Parish/County) (State)

### SECTION 2 – TO BE COMPLETED BY THE TECHNICIAN CANDIDATE (ALL blanks require an entry)

I, \_\_\_\_\_, hereby certify that I earned my practical experience hours at the facility named in Section 1 while under the supervision of the pharmacist identified in Section 1. I further certify that, to the best of my knowledge, the total number of hours attested to above and recorded on the attached pages are true and correct.

\_\_\_\_\_  
(Notarized Signature of Technician Candidate)

\_\_\_\_\_  
(Notary Public Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

Notary Public in and for: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Parish/County) (State)

FOR BOARD USE ONLY		
Hours credited to this Affidavit: _____	Date Approved: _____	Approved By: _____

**PHARMACIST'S AFFIDAVIT – Page 2 of 2**

<b>Full name of Applicant:</b>	
<b>Social Security Number:</b>	
<b>Name of Pharmacy Where Hours Earned:</b>	

WEEK BEGINNING: MM ____ DD ____ YYYY ____	WEEK ENDING: MM ____ DD ____ YYYY ____
	SUN    MON    TUE    WED    THU    FRI    SAT
ENTER DATE HOURS WORKED HERE →	
ENTER NUMBER OF HOURS EARNED HERE →	<b>Total Hours Earned This Week Only</b> _____

WEEK BEGINNING: MM ____ DD ____ YYYY ____	WEEK ENDING: MM ____ DD ____ YYYY ____
	SUN    MON    TUE    WED    THU    FRI    SAT
ENTER DATE HOURS WORKED HERE →	
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