



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Telephone (225) 925-6496
Facsimile (225) 925-6499
Web address: www.pharmacy.la.gov
Email: info@pharmacy.la.gov

Pharmacist's Affidavit for Certifying Hours of Practical Experience Earned WITHIN Louisiana

Instructions for Documentation of Hours of Practical Experience:

- 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.
- This Pharmacist's Affidavit may only be executed by a pharmacist who has been licensed for at least two years in the state of Louisiana before the intern began to earn hours of experience under his supervision.
- 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 3rd is not a Sunday, February 4th is not a Monday, etc.
Partial hours not recorded properly



Louisiana Board of Pharmacy

3388 Brentwood Drive
 Baton Rouge, Louisiana 70809-1700

Telephone (225) 925-6496
 Facsimile (225) 925-6499
 Web address: www.pharmacy.la.gov
 Email: info@pharmacy.la.gov

Pharmacist's Affidavit for Certifying Hours of Practical Experience Earned WITHIN Louisiana Page 1 of 2

Full name of Applicant:	
Applicant's Intern Registration Number:	Last 4 Digits of Applicant's Social Security Number (SSN):

Section 1 – To be completed by the Supervising Pharmacist (ALL blanks require an entry)

I, _____, holder of license number _____, hereby certify that I was licensed as a pharmacist for at least 2 years in the state of Louisiana on the first day the applicant began earning these 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 Applicant (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 Applicant)	_____ (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

Full name of Applicant:	
Applicant's Intern Registration Number:	Last 4 Digits of Applicant's Social Security Number (SSN):
Name of Pharmacy Where Hours Earned:	

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

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

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

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

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

This page may be copied if additional space is needed.