

# Louisiana Board of Pharmacy

3388 Brentwood Drive Baton Rouge, Louisiana 70809-1700 Telephone (225) 925-6496 Facsimile (225) 925-6499 Web address: <a href="www.pharmacy.la.gov">www.pharmacy.la.gov</a> Email: <a href="mailto:info@pharmacy.la.gov">info@pharmacy.la.gov</a>

## Pharmacist's Certification of Hours of Professional Experience Earned by Pharmacy Intern OUTSIDE Louisiana

#### **Instructions for Documentation of Hours of Practical Experience:**

- All hours of experience earned in a pharmacy must be documented on a form provided by the Board. This form is called a Pharmacist's Certification. Please read it carefully before you begin completing it. If your Pharmacist's Certification is not completed properly, Board staff is obligated to void your document and request a replacement from you.
- It is strongly suggested that you record the hours you earn as you earn them.
- A separate certification form is required for each pharmacy where hours were earned.
- 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 and will not be credited.
- Please make a copy for your files before submitting the original document to the Board office.

#### Instructions for completing the Pharmacist's Affidavit:

- 1) Make sure all blanks have an entry.
- 2) Page 2 of the certification form may be photocopied as needed.
- 3) Make sure your dates do not overlap from one week to the next.
- 4) Record partial hours as follows:

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

Sample of a **Correct** Entry:

	'										
	WEEK BEGINNING: MM <u>O2</u> DD <u>O2</u> YYYY <u>2003</u>					WEEK ENDING: MM <u>02</u> DD <u>08</u> YYYY <u>2003</u>					
		SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned		
-	ENTER DATE HOURS WORKED HERE $ ightarrow$	2/2	2/3	2/4	2/5	2/6	2/7	2/8	This Week Only		
-	ENTER NUMBER OF HOURS EARNED HERE $ o$		8	4.5	5	3		7.25	<u>27.75</u>		

Sample of an **Incorrect** Entry:

WEEK BEGINNING: MM $\underline{O2}$ DD $\underline{O3}$ YYYYY $\underline{2003}$					WEEK ENDING: MM $\underline{O2}$ DD $\underline{O9}$ YYYY $\underline{2003}$					
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned		
ENTER DATE HOURS WORKED HERE $ ightarrow$	2/3	2/4	2/5	2/6	2/7	2/8	2/9	This Week Only		
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$		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

Form No. 22 01-01-2018



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## Pharmacist's Certification of Hours of Professional Experience Earned by Pharmacy Intern OUTSIDE Louisiana Page 1 of 2

Full name of Applicant:								
Applicant's NABP eProfile Number:								
<ul> <li>I certify that I am a pharmacist licensed in the state pharmacist license was issued at least two years placed pharmacy at the pharmacy location identified pharmacy internidentified above has esupervision at the pharmacy identified herein, as for I certify that neither my pharmacist license nor the period of time the hours were earned.</li> <li>To the best of my knowledge and belief, the pharmacist license in the pharmacist license.</li> </ul>	orior to the first day I supervised the intern, and that tified below. earned hours of professional experience under my ully detailed in the following page(s). pharmacy permit were on probation during the							
Name of Pharmacy:								
Pharmacy Address (City, State, ZIP):								
Resident Pharmacy Permit No.:								
Number of Hours of Professional Experience Certified	<b>i</b> :							
Name of Supervising Pharmacist:								
Resident Pharmacist License No.:								
Date	Supervising Pharmacist's Signature							
FOR BOARD USE ONLY  Hours credited to this Certification:								

Form No. 22 01-01-2018

Approved By: \_\_\_\_\_

Date Approved:

# Pharmacist's Certification – Page 2 of 2

Full name of Applicant:								
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Applicant's NABP eProfile Number:				<u> </u>				
Applicant o Main of Tollio Rullboll								
Name of Pharmacy Where Hours Earn	ned:							
WEEK BEGINNING: MM DD	WEEK BEGINNING: MM DD YYYY         WEEK ENDING: MM DD YYYY							
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned
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ENTER NUMBER OF HOURS EARNED HERE								
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ENTER NUMBER OF HOURS EARNED HERE →					_			
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ENTER DATE HOURS WORKED HERE →								
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$								

This page may be copied if additional space is needed.

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