



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 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>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



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Page 1 of 2

Full name of Applicant:	
Applicant's NABP eProfile Number:	

- I certify that I am a pharmacist licensed in the state where the pharmacy is located, that my pharmacist license was issued at least two years prior to the first day I supervised the intern, and that I practice pharmacy at the pharmacy location identified below.
- I certify the pharmacy intern identified above has earned hours of professional experience under my supervision at the pharmacy identified herein, as fully detailed in the following page(s).
- I certify that neither my pharmacist license nor the pharmacy permit were on probation during the period of time the hours were earned.
- To the best of my knowledge and belief, the pharmacy intern is competent to practice of pharmacy.

Name of Pharmacy: _____

Pharmacy Address (City, State, ZIP): _____

Resident Pharmacy Permit No.: _____

Number of Hours of Professional Experience Certified: _____

Name of Supervising Pharmacist: _____

Resident Pharmacist License No.: _____

_____ Date

_____ Supervising Pharmacist's Signature

FOR BOARD USE ONLY

Hours credited to this Certification: _____

Date Approved: _____

Approved By: _____

Pharmacist's Certification – Page 2 of 2

Full name of Applicant:	
Applicant's NABP eProfile Number:	
Name of Pharmacy Where Hours Earned:	

WEEK BEGINNING: MM ____ DD ____ YYYY ____	WEEK ENDING: MM ____ DD ____ YYYY ____								
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