



Louisiana Board of Pharmacy

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Pharmacist's Certification of Hours of Practical Experience Earned with Special Work Permit

This form may be used to request credit for practical experience hours earned by an individual with a Special Work Permit issued by the Board. Upon completion, you may submit this form to the Board office during the application process (online or paper). You may also upload the form to the Board office using the Online Services Portal.

Full Name of Technician Candidate:	
Special Work Permit No.:	Issue Date of Registration:
Name of Pharmacy:	
Louisiana Pharmacy Permit No.:	
Name of Supervising Pharmacist:	
Louisiana Pharmacist License No.:	
Beginning Date of Hours Earned:	End Date of Hours of Earned:
Total Number of Hours Credited:	

The Louisiana licensed pharmacist identified above should attest to the following by providing an original signature below:	
<ul style="list-style-type: none">• I certify that I am a pharmacist licensed by the Louisiana Board of Pharmacy and that I practice(d) pharmacy at the pharmacy location identified.• I certify the individual identified above has earned hours of practical experience under my supervision at the pharmacy identified herein, as fully detailed.• I certify that neither my pharmacist license nor the pharmacy permit were on probation during the period of time the hours were earned.• I certify that the individual identified above did not earn more than 50 hours per week.• To the best of my knowledge and belief, the individual identified above is competent to assist in the practice of (technicians) or practice (pharmacist or pharmacy intern) pharmacy.	
Pharmacist's Signature:	Date: