

Application for Internship Registration
The Entire Application Must Be Completed Prior to Submitting to the Board of Pharmacy
This application must be accompanied with the legal fee of ten (\$10.00) dollars

To: The North Dakota State Board of Pharmacy
PO Box 1354
Bismarck, North Dakota 58502-1354

YOU must notify the
Board Office of ANY
Changes to this information

Applicant's Name _____
(First) (Middle) (Last)

Applicant's Address _____
(Street & number) (City or town) state (Zip) (Telephone NO)

Month) (Day) (Year) (Age) Social Security Number
DATE OF BIRTH

Email address _____

(High school attended) (Address of school) (Date of graduation)

(Name of College of Pharmacy or other college or university attended) (Date of enrollment)

My internship will be supervised by _____ Reg No. _____ State _____
(Name of pharmacist)

At _____
(Name of pharmacy) (Address of pharmacy)

This internship will begin: _____
(Month) (Date) (Year)

61-03-03.1-07 Change of Address/Practice Site.

1. All interns shall notify the Board immediately upon change of an experiential rotation and residence address.

Date: _____
(Signature of applicant)

(To be filled in by pharmacist who supervises the intern)

I have read the foregoing completed application of _____ whose internship training will have my immediate and personal supervision, and find that it accurately related the place of internship, which I deem is proper and in accordance with the statues and regulations, the practical experience shall predominantly relate to the purchase, storage, compounding, dispensing and consultation with patients relative to the utilization of all therapeutic classification of drugs and records incident there to which are required.

Date: _____ Signature of Licensed Pharmacist: _____

License Number: _____ State: _____

Name and address of Pharmacy: _____