

PROGRESS REPORT
FOR COMPLETED INTERNSHIP or IPPE HOURS
MUST BE LEGIBLY WRITTEN

North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
(701) 877-2405
Bismarck ND 58503

www.nodakpharmacy.com
Please email form to: ndboph2@ndboard.pharmacy

Name of Intern _____
First Middle Last

Place of Internship or IPPE: _____
Name of Pharmacy

Address _____ City State Zip

Patient-Centered Care Outcomes:

Based on the level of the experience, the intern will provide patient-centered care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, socio-behavioral, and clinical sciences that may impact therapeutic outcomes.

Summary of Experience: Please select which of the following experiences this form represents/tracks.

_____ IPPE Institutional	_____ Total hours	_____ Date/s	_____ Preceptor signature
_____ IPPE Community	_____ Total hours	_____ Date/s	_____ Preceptor signature
_____ IPPE Public Health	_____ Total hours	_____ Date/s	_____ Preceptor signature
_____ Paid Internship	_____ Total hours	_____ Date/s	_____ Preceptor signature

TOTAL HOURS: _____

Reflection/Comments of the Experience: (Must be completed to receive credit. Please use additional paper if necessary to reflect experiences.)

Signature of Intern

To be completed by the pharmacist preceptor:

I have read the foregoing completed progress report of

Name of Intern (Please print) License number

whose internship I supervised and consider the facts to be correct.

Date

Signature of Pharmacist Preceptor License number

Please note: This form must be submitted annually to the ND Board of Pharmacy by September 1. Email form to:
Email completed form to: ndboph2@ndboard.pharmacy

State of Licensure