

APPLICATION FOR INTERNSHIP LICENSURE

THE ENTIRE APPLICATION MUST BE COMPLETED (LEGIBLY) AND SUBMITTED WITH THE \$10.00 FEE

To: North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck ND 58503
(701)877-2404

**YOU MUST NOTIFY THE BOARD IF
ANY INFORMATION CHANGES**

Mhardy@ndboard.pharmacy

Name: _____
(First) (Middle) (Last)

Address: _____
City State Zip Telephone #

Date of Birth: _____ Soc Sec #: _____ Gender: ☐ Female ☐ Male

Email: _____

High School Attended City State Date of Graduation

College Attending City State Date of Enrollment

College Attending City State Date of Enrollment

This Internship will begin: _____
Month Day Year

Name of Pharmacy: _____

Pharmacy Permit #: Phar _____ Pharmacy Phone #: _____

My Internship will
be Supervised by: _____ RPh License #: _____

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 statutes 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.

Signature of Supervising Pharmacist RPh# _____ Date

I understand that time of internship cannot be concurrent with time spent in school or college, that I must submit an Affidavit of hours and experiences, quarterly or at its conclusion, signed by my supervising pharmacist. I attest to the completion of at least one year pre-pharmacy curriculum and that I am working toward entry to a professional pharmacy program. [A transcript may be requested by the Board to ensure compliance with the completion of this one-year]

Court conviction for unlawful acts involving violation of city, state, or federal law including misuse and abuse of alcohol and other substances and/or the illegal possession of substances of abuse is also considered a violation of Internship Rules and may be subject to disciplinary action by the North Dakota State Board of Pharmacy. Interns are required to report any court convictions of unlawful acts to the Executive Director of the North Dakota State Board of Pharmacy. Failure of the Intern to report unlawful convictions to the Executive Director could result in disciplinary action by the Board of Pharmacy or denial of licensure.

Signature of Intern

Date

Notification must be made to the Board of my address & employment upon any relocation.
PERTINENT INTERNSHIP REGULATIONS ARE PRINTED ON THE BACK OF THIS FORM

61-03-03.1-01 Definitions. In this chapter, unless the context or subject matter otherwise requires:

1. "Intern" means a person licensed by the state board of pharmacy for the purpose of receiving instruction in the practice of pharmacy from a preceptor. The state board of pharmacy may license as an intern any candidate who has successfully completed no less than one academic year of full-time college (university) enrollment and has satisfied the state board of pharmacy that the candidate is of good moral character or as required when a student has been accepted into the Doctor of Pharmacy Program.

61-03-03.1-02 Licensure.

1. A pharmacy intern must license with the board of pharmacy when accepted into the Doctor of Pharmacy Professional Program at any board approved college/school of pharmacy and annually while successfully completing all four years of the Doctor of Pharmacy Program.
 - a) Upon receipt of the completed "Application for Internship Licensure" from, the state board of pharmacy will issue to the intern a certificate, an annual wallet size identification card, annual renewal card and instruct the intern that the identification card must be carried on the intern's person at all times while on duty in the preceptor pharmacy or other location of instruction. The annual renewal card must be posted in the preceptor pharmacy or other location of instruction.

61-03-03.1-03 Identification.

1. The intern shall be so designated in his/her professional relationships, and shall in no manner falsely assume, directly or by inference to be a pharmacist. The board shall issue to the intern a license for purposes of identification and verification of his/her role as an intern, which license shall be surrendered to the board upon discontinuance of internship for any reason including licensure as a pharmacist. No individual not properly licensed by the board as an intern shall take, use, or exhibit the title of intern, or any other term of similar like or import.

61-03-03.1-04 Supervision.

1. An intern shall be allowed to engage in the Practice of Pharmacy provided that such activities are under direct supervision of a pharmacist. The pharmacist shall physically review the Prescription Drug Order and the dispensed pharmaceutical before the pharmaceutical is delivered to the patient or the patient's agent. The pharmacist is responsible for the practice of the intern.

61-03-03.1-05 Evidence of Completion.

1. Applicants for licensure as Pharmacists shall submit evidence that they have satisfactorily completed not less than 1,500 hours of internship credit per board forms under educational instruction and supervision of a licensed pharmacist as an approved preceptor.

61-03-03.1-06 Board/College Responsibilities.

1. During the entire internship rotations, the intern will maintain a weekly record of activities in a form designated by the board of pharmacy. This form must be reviewed weekly with the preceptor pharmacist during the entire experiential rotations.

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. Go online www.nodakpharmacy.com left-hand side