

Vermont Secretary of State
Office of Professional Regulation
Board of Pharmacy
National Life Building, North, FL 2
Montpelier, Vermont 05620-3402
Phone: (802) 828-2373 or 828-1505; Fax: (802) 828-2465
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Web page: www.vtprofessionals.org

PHARMACY INTERN APPLICATION

INSTRUCTIONS TO APPLICANTS

You may contact Kristy Kemp at (802) 828-2373 if you have questions or need additional information. A copy of the current Board of Pharmacy statutes and rules are available via the Board's Web site at <http://vtprofessionals.org/opr1/pharmacists/>

Who Must Register as a Pharmacy Intern? Every individual (student) shall be registered with the Board before beginning his or her internship (externship) in this State. Pharmacy Interns must register whether earning hours as part of their experiential academic rotations or outside the academic program towards the Board's 500 non-school internship hours. (See Part 4 of the Board's Rules)

Internship: 1,500 hours practical experience. This may be fulfilled by postgraduate experience, supervised practice, and experience gained during participation in college-coordinated externship and clerkship programs. **Notice: Applicants seeking licensure after January 1, 2012 will be required to have completed not fewer than 1,740 hours of internship.** Experience gained in externships and clinical clerkships may not exceed 1,000 hours, 1,240 hours after January 1, 2012. An Intern must be under the direct supervision of a Board-approved preceptor. **Your Preceptor must be registered with the Board.**

The Board requires academic internship experience (reported to your school) and 500 hours of non-classroom internship experience (reported to the Board).

Interns (students), while participating in rotations as part of their college curriculum, are not required to specify the location of the pharmacy where their training will occur at the time this application is completed. In addition, they may list their preceptor as the college-approved preceptor. The college-approved preceptor must also be registered with the Board as a Preceptor and may be the specified Preceptor for multiple Interns/students. The internship hours earned in this situation are reported to the school and apply to the Intern's experiential academic program.

Interns who have achieved third year standing and wish to begin earning internship hours towards the Board's requirement of at least 500 hours of internship experience outside the classroom, must indicate the specific location where the internship will occur and the name of the Board-Approved Preceptor. The Intern must be under the direct supervision of a Board-Approved Preceptor and that Preceptor may supervise no more than two interns at one time. **Interns must verify that their Preceptor is registered for internship experience to count toward the hourly requirement.** You may verify whether your Preceptor is registered via our Web site at www.vtprofessionals.org from the Look up a Licensee quick link. Documentation of this internship experience shall be provided on a form available from the Board.

You must submit the following:

1. Completed application, signed and dated.
2. Fee: Currently None
3. Verification of Pharmacy Education. The Applicant (intern) completes the top portion of the Verification of Pharmacy Education form and sends it to his or her school. Your school or college completes the form and sends it directly to the Board.

A pharmacy intern shall wear a name tag bearing in a clearly legible font the individual's name and title "Pharmacy Intern." (See Board Rule 4.17 (c)).

NOTE: All licensees (or registrations) renew on a fixed 24 month schedule: July 31 (odd numbered years). Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew. Initial licenses issued within 90 days of the renewal date will not be required to renew.

Vermont Mandatory “Good Standing” Declarations

Child Support

Child Support Orders, 15 V.S.A. § 795(c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

Taxes

Tax Compliance, 32 V.S.A. § 3113(b): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

Unemployment Compensation

Unemployment Compensation, 21 V.S.A. §1378(b): As of the date of this application: (you must check one)	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

District Court Fines / Judicial Bureau

Unpaid Judgments, 4 V.S.A. § 1110(b&c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Vermont Mandatory Credential and Fitness Questions

Circle Yes or No for each of these questions. If the answer is Yes follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Please select the box below that best describes your reason for registering as an Intern.	
	I am registering as a Vermont intern so that I am able to participate in Vermont rotations as part of my college curriculum.
	I am registering as a Vermont Intern so that I am able to earn internship hours towards the Board's requirement of at least 500 hours of internship experience outside the classroom

EDUCATION

Name of School of Pharmacy attending/attended		Address:	
Indicate Degree you earned or will earn		Anticipated Graduation Date or Date Graduated	
Phone:	Fax:	E-Mail:	
Is this school accredited by the Accreditation Council for Pharmacy Education (ACPE)? If "No," you must submit a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certification.			Yes No

EMPLOYMENT/INTERNSHIP LOCATION

PRACTICE SITE FOR INTERNSHIP: List the name(s) of the pharmacy where you will be working to acquire your internship experience. (See instructions)			
Name of Pharmacy	City/State	Dates Worked: To/From	Responsibilities

PRECEPTOR(S)

Indicate Name of Your Preceptor (See instructions)	Address: City and State	Preceptor's License No.

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)	
Signature of Applicant	Date

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Verification of Pharmacy Education

APPLICANT: Complete the top of this page and forward it to your Pharmacy School. Your school will send it directly to the Board.

TO BE COMPLETED BY APPLICANT:

Applicant's Name Last/First/Middle			
Mailing Address:			
Date of Birth:		Social Security No.	

Name of Institution granting degree:			
Address:			
Date Graduated or Expected Graduation		Degree Earned or Will Earn	

Applicant's Signature		Date:	
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TO BE COMPLETED BY THE INSTITUTION GRANTING DEGREE(S): The college must send this form directly to the address above.

Name of Applicant:			
Name of Institution:			
Location of Institution:			
Date of Admission:		Expected Graduation Date:	
Has this student achieved at least third year standing or has he or she completed the academic curriculum?		Yes	No
Is/was this College of Pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE) at the time of this student's graduation?		Yes	No

Signature of Authorized Agent			
Title		Date and Seal	