

Vermont Secretary of State
Office of Professional Regulation
Board of Pharmacy
National Life Building, North, FL 2
Montpelier, Vermont 05620-3402
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INSTRUCTIONS TO INTERNS REPORTING NON-SCHOOL HOURS

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/>

The Board requires academic internship experience (reported to your school) and 500 hours of non-classroom internship experience (reported to the Board). This form is to report your non-school internship hours. Your school hours must be sent to the Board directly from your school/college.

Internship Non-Classroom Hours At least 500 hours of internship experience must be outside the classroom in a setting in which the intern provides direct patient care services, as an intern under the direct supervision of a pharmacist. Documentation shall be provided on a form available from the Board.

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.

To receive credit for internship hours you must have registered as an Intern with the Board. An Intern must be under the direct supervision of a Board-approved preceptor. Your Preceptor must be registered with the Board.

You must submit:

- Completed Intern's Evaluation of Internship Period
- Preceptor's Affidavit of Internship Hours

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Board of Pharmacy

**Report of Internship Hours
 Intern's Evaluation of Internship Period**

First Name of Intern	Middle Initial	Last Name
Previous Name(s) (Maiden)		

Indicate your Vermont Intern Registration Number	
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Social Security Number: _____/_____/_____ ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

OR

Passport Number: _____ *** (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))

First Name of Preceptor	Middle Initial	Last Name
Previous Name(s) (Maiden)		

Place of Internship Name of Pharmacy			
Mailing Address of Pharmacy	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		

Home Phone:	() -	Cell Phone:	() -
Work Phone:	() -	E-Mail:	

Indicate Period of Internship Covered	mm/dd/yy		mm/dd/yy	
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Indicate total Internship hours completed to date	
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Some typical training functions in an internship program are listed below. For the time covered in this report only, indicate the extent of exposure by checking the appropriate boxes.

Zero/None	Slight	Extensive	
			Selling non-prescription drugs, veterinary drugs, health accessories, first aid and sickroom supplies.
			Consultation with patients about uses and contraindications in the sale of non-prescription drugs.
			Ordering drugs from suppliers, receiving, record-keeping, stock control.
			Assistance in billing.
			Consultation with physicians (prescribers) and/or paramedical personnel to provide drug information.
			Observation/assistance with security measures taken in the pharmacy.
			Assistance in taking Controlled Substances inventory.
			Observation in preparation of Drug Enforcement Administration (DEA) order forms.
			Compounding and dispensing prescriptions under supervision of pharmacist.
			Assistance in IV admixture program.
			Assistance in Controlled Substances record-keeping.
			Observation/assistance in tax exempt alcohol record-keeping and report in hospital.
			Assistance in service visits to nursing stations in hospital.
			Assistance in service visits to nursing homes, extended care facilities, hospice, etc.
			Use of individual patient profiles.
			Use of family prescription record system.
			Evaluation of prescription drug orders.
			Preparation and labeling of drugs.
			Dispensing of drugs.
			Patient profile update and review.
			Drug use review.
			Patient counseling.
			Proper and safe storage of drugs.
			Other
			Other
			Other
			Other

Intern's comments on the specific training functions received with regard to the quality and extend of the training:

**Statement of Applicant
Signatures of Intern and Preceptor**

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 Intern		Date	
Signature of Preceptor		Date	

Indicate Period of Internship Covered	mm/dd/yy		mm/dd/yy	
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Breakdown of Internship Hours			
Week Ending mm/dd/yy	Number of Hours Intern Worked	Week Ending mm/dd/yy	Number of Hours Intern Worked

Preceptor's Evaluation: Preceptor, please check the appropriate box.

Quality of Work: Consider the completeness, neatness and acceptability of work done	Has not reached expected level	<input type="checkbox"/>	Normal Expectancy	<input type="checkbox"/>	Definitely better than the expected level	<input type="checkbox"/>
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Quality of Work: Consider amount of work done within a given time and how it compares with expected results	Has not reached expected level	<input type="checkbox"/>	Normal Expectancy	<input type="checkbox"/>	Definitely better than the expected level	<input type="checkbox"/>
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Ability to Learn: Consider ability to understand and retain	Requires repeated instructions	<input type="checkbox"/>	Learns reasonably well	<input type="checkbox"/>	Readily understands and retains	<input type="checkbox"/>
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Cooperation: Consider attitude toward work associates, supervision, willingness to work with and for others	Shows lack of interest at times, fair team worker	<input type="checkbox"/>	Generally cooperative and interested, works reasonably well with others	<input type="checkbox"/>	Good team worker, cooperates well	<input type="checkbox"/>
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Initiative and Application: Consider to what extent intern is a "self-starter" and the attention and effort applied to work	Inclined to take things easy, requires occasional prodding	<input type="checkbox"/>	Steady and willing worker	<input type="checkbox"/>	Energetic, willingly assumes initiative	<input type="checkbox"/>
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Dependability: Consider the manner in which he/she applies self in work, if gets work out on time, etc.	Conscientious, but needs more checking than others on same work	<input type="checkbox"/>	Can be trusted to do a job with routine checks	<input type="checkbox"/>	Applies self well, requires only occasional check	<input type="checkbox"/>
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Decisiveness: Consider self-confidence, assertiveness	Has some self-confidence but too assertive	<input type="checkbox"/>	Generally self-confident, tactful approach	<input type="checkbox"/>	Exceptional self-confidence, ego does not interfere with tact	<input type="checkbox"/>
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Attendance and Punctuality	Frequently absent or late		Some absence with good cause		Rarely absent or late, notifies in advance	
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Judgment: Consider ability to evaluate situations and make sound decisions	Not always reliable, erratic		Good in most matters		Very reliable	
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Adaptability: Consider the Intern's ability to meet changed conditions and the ease with which he/she learns new duties	Somewhat slow to adjust to changes, requires great deal of instruction		Generally satisfactory in meeting changed conditions and learning new duties		Readily adjusts to changed conditions and quickly absorbs new duties	
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Professional Knowledge: Consider the depth of professional knowledge or skill Intern possess	Some difficulty in applying knowledge		Generally knowledgeable, applies knowledge adequately		Exceptionally knowledgeable and applies it well	
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Use of Literature: Consider ability to provide drug information and to use professional literature	Difficulty in providing drug information and using literature		Provides information and uses literature adequately		Provides information and uses literature exceptionally well	
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Overall Appraisal: Remember you are comparing this Intern with others in the same position that you have supervised	Does less than satisfactory work		Does satisfactory work in most areas		Clearly more satisfactory than most Interns	
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What are the Intern's strengths?	

What are the Intern's weaknesses?	

Preceptor's Comments	

Intern's comments after having read this evaluation.	

Signatures of Intern and Preceptor

<p>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)</p>			
Signature of Preceptor		Date	
Signature of Intern		Date	