

Vermont Secretary of State  
Office of Professional Regulation  
**BOARD OF PHARMACY**  
National Life Building, North, Floor 2, Montpelier, VT 05620-3402  
(802) 828-2373  
**APPLICATION AS A PRECEPTOR**

**Name of Pharmacist/Preceptor:**

Last:		First:		Middle:	
Address City; State; Zip					

Credential/License Number		Date Registered/ Licensed in VT	
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Name of Pharmacy in which you Practice on a full-time basis:			
Address: City; State; Zip			
Telephone No.		E-Mail Address:	

Name of other Pharmacist(s) who may aid in the training process or who may interact/supervise Intern(s) on occasion	License Number

Indicate the percentage of the internship you will precept	
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**Pharmaceutical organizations:**

Name and Address:	
Name and Address:	
Name and Address:	

Have you been licensed in a state for at least one year?	Yes	No
Do you have at least 2000 hours in the active practice of pharmacy?	Yes	No

**If the pharmacy where the internship will be conducted is owned by other(s) than the applicant, the owner, corporate officer, partner, etc. must sign below. (Applicant must sign page three.)**

I hereby certify that I am willing to have herein applicant serve as a preceptor and will permit him/her to supervise an intern in my pharmacy.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner, Manager, Department Head or Pharmacist Manager

**Section B: Vermont Mandatory “Good Standing” Declarations**

**CHILD SUPPORT:**

Child Support Orders (15 V.S.A. § 795): As of the date of this application: **(you must check one)**

- I am not subject to a child support order; OR
- I am subject to a child support order and am in good standing\* or in full compliance with a plan to pay; OR
- 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)**

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
- no taxes are due and payable and all required returns have been filed; OR
- the liability for any taxes due and payable is on appeal; OR
- I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
- 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)**

- This does not apply to me because I have never been an employer in Vermont; OR
- 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
- 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(c)): As of the date of this application: **(you must check one)**

- 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
- 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 or consult the “Information for Applicants” on the OPR web page. ([www.vtprofessionals.org](http://www.vtprofessionals.org))

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*Both the preceptor and the employer must notify the Board of Pharmacy if the preceptor leaves the place of employment stated above. The employer must notify the Board of Pharmacy if he/she is no longer willing to engage in the internship training program or if there is a change manager or department head of the pharmacy.*

**Section C: Vermont Mandatory Credential and Fitness Questions**

**Please circle Yes or No for each of these questions. If Yes, follow the provided instructions.**

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," attach a copy of the order or official notification of the action(s).</i>	Yes	No
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," provide a copy of the order or official notification of the action.</i>	Yes	No
Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No
Are you currently under investigation by a licensing authority? <i>If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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," provide a detailed written explanation and attach the official court documents.</i>	Yes	No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes," provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No

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," please have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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," provide a detailed written explanation.</i>	Yes	No
Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No

Social Security # _____/_____/_____	Date of Birth _____/_____/_____
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\*The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

**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 for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (3 V.S.A. §2901)	
Signature of Applicant	Date

Send completed application to:  
 Office of Professional Regulation  
 National Life Building, North, Floor 2, Montpelier, VT 05620-3402  
 Phone: 802-828-2373 or 828-1505, [www.vtprofessionals.org](http://www.vtprofessionals.org)