

PROGRESS REPORT/AFFIDAVIT OF INTERNSHIP TRAINING

Complete and return this form to the Board office on **JUNE 15th** of each year. If you have a change of preceptor or a change of work site, you will need to submit a Progress Report/Affidavit of Internship Training form **WITHIN FIVE (5) DAYS** of the change. **Typically, however, this form will only need to be submitted once a year.**

Name: _____ Intern No.: _____
(Full Name – First, Middle, Last)

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____ Expected Graduation Date: _____

WORK SITE:

Pharmacy Name: _____ Phone No.: _____

Address: _____
(Street) (City) (State) (Zip Code)

Start Date: _____ End Date: _____ Total Summer Hours Worked: _____

Start Date: _____ End Date: _____ Total Concurrent Hours Worked: _____

Start Date: _____ End Date: _____ Total Other Hours Worked: _____

INTERN STATUS: *(Please check the box that corresponds to the full year of coursework you last completed)*

- Pharm D I Pharm D IV
 Pharm D II Certified by FPGEC
 Pharm D III

CATEGORIES OF INTERNSHIP EXPERIENCE YOU ARE REPORTING:

- Summer After Pharm D I Year FPGEC Hours
 Summer After Pharm D II Year Less Than a Full-time Student (fewer than 12 credits)
 Summer After Pharm D III Year Post Graduate
 Concurrent

I am familiar with the provisions of Board instructions, rules, guides, and objectives for internship training that were furnished to me at the time of my internship registration. I also realize that prompt return of this completed form is my responsibility and not the responsibility of my preceptor, the College of Pharmacy, or the Board of Pharmacy.

Intern's Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE PHARMACIST-PRECEPTOR

Registered Preceptor Name: _____ License No.: _____

I have read the above Progress Report/Affidavit for Internship Training, completed by the above-named intern, whose internship training will be accomplished under my supervision in the pharmacy designated above. I certify that I have read the guides and objectives, for the above-named intern, and I assume personal responsibility to insure that the intern is properly exposed to all of the learning experiences listed, according to Board rules.

Preceptor Signature: _____ Date: _____

Preceptor Registration Expiration Date: _____

CATEGORIES OF INTERNSHIP EXPERIENCES

SUMMER HOURS:

This category includes any summer, between spring and fall quarters or semesters, where you are not registered for school, taking classes, or participating in required externships or rotations. The summers that are most common for students to work are after the third and fourth years of the standard five- or six-year pharmacy curriculum. (This may vary from school to school. If in doubt, check with our office.) You should submit a white Progress Report Affidavit on June 15th of each year or at the end of your experience with a pharmacy or preceptor, if you end your experience at a pharmacy or with a preceptor during the year.

CONCURRENT TIME:

Concurrent time is defined as time worked as an intern while you are attending school and registered for 12 or more credits per quarter or semester (a full-time student). This category does not include school-required experiences. Most concurrent internship time periods begin the first day of fall quarter or semester, and end with the last day of spring quarter or semester. Progress Report Affidavits, or white forms, may be filed on June 15th of each year or at the end of your experience, with a pharmacy or preceptor, if you end your experience at a pharmacy or with a preceptor during the year. The Minnesota Board of Pharmacy will grant a maximum of 400 hours for experience accumulated in this category. Any hours worked over 400, in this category, may still be submitted to our office, in the event that your hours need to be transferred to a state that accepts more than 400 hours of concurrent time. A white Progress Report Affidavit should be submitted for this timeframe, if the experience is obtained in a Minnesota pharmacy.

COMMUNITY/HOSPITAL PRACTICE:

This experience is worked in accordance with college of pharmacy requirements. Credit will be given to University of Minnesota students, as arranged between the College of Pharmacy and the Board. Out-of-state students will receive credit for actual patient contact hours, which are filed with the Board of Pharmacy in the state where the hours were worked. Request your college to send us evidence of your experience at the end of your rotations.

PHARM D ROTATIONS/ADVANCED PRACTICE EXPERIENCE:

These are the clinical rotations required of Pharm D students, not the community or traditional hospital dispensing experiences. If you have questions regarding this definition, call our office. Non-University of Minnesota students should request your college to send us evidence of your work experience at the end of your rotations. University of Minnesota students need not submit the blue Notice of Employment, as the College of Pharmacy does this for you.

LESS THAN A FULL-TIME STUDENT (FEWER THAN 12 CREDITS):

This category includes all quarters or semesters in which you are taking fewer than 12 credits, including Pharm D rotations that are held during the summer session. You should submit a white Progress Report Affidavit on June 15th of each year or at the end of your experience with a pharmacy or preceptor, if you end your experience at a pharmacy or with a preceptor during the year.

POST-GRADUATE EXPERIENCE:

These hours are worked after graduation. A white Progress Report Affidavit should be submitted for this timeframe, if these hours are worked in a Minnesota pharmacy. Students who have completed their 1600-hour requirement, but who are still working as an intern until passing the Board Examination, should file the white Progress Report Affidavit.

FPGEC HOURS:

This is work experience for interns who have been certified by the Foreign Pharmacy Graduate Equivalency Examination Commission. A white Progress Report Affidavit should be submitted for this timeframe at the end of your 1600 hours or when you end your experience with a preceptor or pharmacy.