MINNESOTA BOARD OF PHARMACY
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NOTICE OF EMPLOYMENT FOR INTERNSHIP TRAINING

Complete and return this form to the Board office, WITHIN FIVE (5) DAYS of starting work, and when there is a change of preceptor or a change of work site.

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

Address: _____ Phone No.: _____

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

Email Address: _____

The submission of this Notice of Employment Report is due to (which of the following)

☐ Change in Preceptor ☐ Change in Work Location ☐ Starting Employment as an Intern ☐ For hours due on June 15 ☐ Requesting a UofM Waiver

WORK SITE:

Pharmacy Name: _____ Phone No.: _____

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

Start Date: _____

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

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

CATEGORIES OF INTERNSHIP EXPERIENCE YOU ARE BEGINNING: (NOTE: If you are a University of Minnesota student and are doing your rotations, you do NOT need to send in a Notice of Employment. If you are NOT a University of Minnesota student doing your rotations, you WILL need to send in a Notice of Employment.)

☐ Summer After Pharm D I Year
☐ Summer After Pharm D II Year
☐ Summer After Pharm D III Year
☐ Concurrent
☐ FPGEC Hours
☐ Community Advanced Practice Experience
☐ Hospital Advanced Practice Experience
☐ Pharm D Clinical Rotations/Advanced Practice Experience
☐ Less Than a Full-time Student (fewer than 12 credits)
☐ Post Graduate

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 Notice of Employment 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 blue Notice of Employment for this timeframe, if the experience is obtained in a Minnesota pharmacy.

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. Notice of Employments, or blue forms, may be filed at the beginning of the fall quarter/semester. 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 blue Notice of Employment should be submitted for this timeframe, if the experience is obtained in a Minnesota pharmacy.

ADVANCED PHARMACY PRACTICE EXPERIENCE:

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. A blue Notice of Employment should be submitted for this timeframe, by out-of-state students, if the experience is obtained in a Minnesota pharmacy.

NON-DISPENSING ADVANCED PHARMACY PRACTICE EXPERIENCE:

These are the 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 submit a blue Notice of Employment for each rotation worked in Minnesota, signed by their registered preceptor. 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. A blue Notice of Employment should be submitted for this timeframe, if the experience is obtained in a Minnesota pharmacy.

POST-GRADUATE EXPERIENCE:

These hours are worked after graduation. A blue Notice of Employment 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 blue Notice of Employment.

FPGEC HOURS:

This is work experience for interns who have been certified by the Foregin Pharmacy Graduate Equivalency Examination Commission. A blue Notice of Employment should be submitted for this timeframe, if the experience is obtained in a Minnesota pharmacy.