

MINNESOTA BOARD OF PHARMACY
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Saint Paul, MN 55102

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PRECEPTOR APPLICATION

Please print all information clearly

Name: _____ License No.: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

PRECEPTOR SITE:

Site Name: _____ License No: (if applicable): _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

Have you ever been disciplined for violating any state or federal laws governing the practice of pharmacy?

Yes

No

If yes, give details on the reverse side of this page.

Please read and acknowledge by initialing

I have been actively engaged in the practice of pharmacy since licensure as a pharmacist for at least 4000 hours, with at least 2000 hours of this practice performed in the state of Minnesota, and I am currently engaged in the practice of pharmacy at least 20 hours per week.

I will complete all required forms, affidavits, and evaluations, as required by the Board, on or before due dates.

I will notify the Board immediately of any change in my employment address or location, to be followed by written notification explaining any change in preceptor/intern status.

My site provides an educational environment and the resources necessary for student learning (i.e., access to current references, internet access, etc.).

I agree to provide time for the purpose of assisting the intern in meeting the competencies of the internship manual.

I will attend an instructional program, specifically for preceptors, provided by or approved by the Board.

I have read, initialed, and fully understand the above requirements for a preceptor. I further understand that failure to comply with these requirements may serve as grounds for revocation of my preceptor registration.

Signature

Date