

MINNESOTA BOARD OF PHARMACY  
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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