MINNESOTA BOARD OF PHARMACY

Minnesota Board of Pharmacy
335 Randolph Ave., Ste. #230
St. Paul, MN 55102
Email: pharmacy.board@state.mn.us
Protecting the Public Since 1885

APPLICATION FOR REGISTRATION AS A PRECEPTOR

Pharmacists intending to act as preceptors for pharmacist-interns must register as preceptors with the Board. A preceptor registration shall expire every other year on the anniversary of its issuance.

Applicant Information

☐ New Application ☐ Renewal ☐ Request to Reactivate Preceptor Registration

Date of Application: _____ mm/dd/yy License #: _____

Name: First: _____ Middle: _____ Last: _____

Designated Address: Minn. Stat. 13.41, subd. 2, requires that applicants and licensees designate a public residence or business address and telephone number where they can be reached regarding licensing matters. **The designated address and telephone number are classified as public.** Your license card will be mailed to your designated address. Note: If your designated address is a healthcare facility or other business, please enter the name of the facility in the first address line, followed by the street address in the second line.

Street Address: _____

_____

City, State, and Zip_____

Email Address: _____Telephone: _____

Business Address: Minn. Stat. 214.073 requires applicants and licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public.

☐ Same as Designated Address

☐ I certify that I am not currently in the workforce, and I don't have a business address related to my practice

Business Name: _____

Street Address: _____

_____

City, State, and Zip: _____

Private Address: If you provide a private address, it will be used by the Board to send most correspondence to you, with the exception of the license card received upon renewal. Private addresses are not accessible to the public.

☐ Not Applicable

Street Address: _____

_____

City, State, and Zip_____

Preceptor Site:

Site Name: _____ License #: _____

Street Address: _____

_____

City, State, and Zip: _____

If the site is not licensed as a Minnesota pharmacy, please explain:

Read and acknowledge the following by initialing:

All Applicants:

____ I have completed at least 4,000 hours of practice as a licensed pharmacist, with at least 2,000 hours of that practice occurring within Minnesota.

____ I am currently engaged in the practice of pharmacy at least 20 hours per week as a pharmacist.

____ I will provide time on a regular basis, at least three times each month, for the purpose of helping interns meet the competencies of their internship requirement(s).

____ I will complete all required forms, affidavits, and evaluations 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.

Pharmacists Seeking Renewal or Reactivation of Preceptor Registration *only*:

____ I have completed an instructional program specifically for preceptors within the previous 24 months (include proof of completion with your application).

Practice Questions:

All applicants must answer the following questions. If you answer yes to any of these questions, please provide additional information explaining why you answered yes.

1. Are you currently under investigation, or have you ever been charged, pled guilty to, or convicted of an offense that if committed in this state would be deemed a felony without regard to its designation elsewhere?

   ☐ Yes ☐ No

   If Yes, provide copies of all relevant court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms.

2. Have you ever pled guilty to or been convicted of violating any state or federal law relating in any way to drugs or alcohol?

   ☐ Yes ☐ No

   If Yes, provide copies of all relevant court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms, along with any related chemical assessments or chemical dependency treatment records.

3. Are you currently the subject of a complaint investigation by, or have you ever had disciplinary action taken against you or any license or registration you've held, by another state, U.S. territory, or by one of this state's health licensing agencies? This includes the revocation, suspension, restriction, limitation, agreements for corrective action, or other disciplinary action against a license or registration you've held in another state or jurisdiction.

   ☐ Yes ☐ No

   If Yes, provide copies of all relevant documents, including but limited to final disciplinary orders or agreements for corrective action.

Acknowledgements

I, the undersigned, do hereby apply to the Minnesota Board of Pharmacy for registration as a preceptor, as provided in the rules of the Minnesota Board of Pharmacy. 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.

By signing below, I certify that all the information I have provided in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ **Date**: _____