

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4288 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

PHARMACY EXAMINING BOARD

CERTIFICATE OF STUDENT NON-ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

APPLICANT: Complete this section and submit to supervising pharmacist for completion. Form must be returned directly from the supervising pharmacist to the Department. This form may be copied, and additional copies submitted if necessary.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Graduation: //

SUPERVISING PHARMACIST: Complete this section and return directly to DSPS. You may mail to the address above or fax or email with facility cover sheet or cover letter to (608) 251-3036 or DSPSCredPharmacy@wisconsin.gov.

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Name of Supervising Pharmacist

Supervising Pharmacist WI License Number

Internship Location:

(name, number, street, city, zip code)

I have directly supervised the applicant for a total of hours in an internship in the practice of pharmacy after the

applicant successfully completed his or her second year in and was enrolled at a professional Bachelor of Science degree in pharmacy or Doctor of Pharmacy degree granting institution located in this or another state. I have kept a written record of the hours and location worked by the applicant under my direct supervision.

The undersigned states the facts and statements herein contained are true and correct based upon personal knowledge of the undersigned.

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Signature of Supervising Pharmacist (Sign and Print Form)

Date