

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 251-3036  
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Ship To: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
Website: <http://dps.wi.gov>

## PHARMACY EXAMINING BOARD

### VERIFICATION OF PRACTICAL EXPERIENCE INTERNSHIP IN THE PRACTICE OF PHARMACY

**APPLICANT:** Complete this section and submit to the Certifying Board or Agency for completion. Form must be **returned directly from the Certifying Board or Agency** 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: / /

**CERTIFYING BOARD:** Complete this section and return directly to DSPS. The Certifying Board may mail to the address above or fax or email with Certifying Board cover sheet or cover letter to (608) 251-3036 or [DSPSCredPharmacy@wisconsin.gov](mailto:DSPSCredPharmacy@wisconsin.gov).

#### Practical Experience Verification:

This verifies that the applicant has been granted  hours of approved practical experience or internship credit by this Board or agency in this state in one or more of the following areas of pharmacy practice per Wis. Stat. § 450.01(16):

1. Interpreting prescription orders.
2. Compounding, packaging, labeling, dispensing, and the coincident distribution of drugs and devices.
3. Participating in drug utilization reviews.
4. Proper and safe storage of drugs and devices and maintaining proper records of the drugs and devices.
5. Providing information on drugs or devices, which may include, but is not limited to, advice relating to therapeutic values, potential hazards and uses.
6. Drug product substitution under applicable state and federal law.
7. Supervision of pharmacist supportive personnel.
8. Making therapeutic alternate drug selections, in accordance with written guidelines or procedures previously established by a pharmacy and therapeutics committee of a hospital and approved by the hospital's medical staff and use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the hospital by any of the following: The patient's physician; The patient's APNP, if the APNP has entered into a written agreement to collaborate with a physician; or The patient's physician assistant.
9. Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a quality assessment and assurance committee of a nursing facility under Wis. Stat. § 49.498(2)(a)(3) or by a committee established for a nursing home under Wis. Stat. § 50.045(2), if the use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the nursing facility or nursing home by any of the following: The patient's personal attending physician; or The patient's physician assistant, if the physician assistant is under the supervision of the patient's personal attending physician.
10. Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established in rules promulgated by the corrections system formulary board under Wis. Stat. § 301.103, if the use of the therapeutic alternate drug selection has been approved for a prisoner, as defined in Wis. Stat. § 301.01(2), during his or her period of confinement in a state correctional institution, as defined in Wis. Stat. § 301.01(4), by any of the following: A physician; an APNP; or A physician assistant.
11. Drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.
12. Performing any act necessary to manage a pharmacy.
13. Administering prescribed drug products and devices under Wis. Stat. § 450.035(1r) and vaccines.

State Board or Agency

/ / 

Date

Signature (Print and Sign Form)

/ / 

Date

Title