# Verifying Practical Experience 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 at the above address. This form may be copied and additional copies submitted if necessary.

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<th>Last Name</th>
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<th>Former / Maiden Name(s)</th>
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Address: (number, street, city, zip code)

Date of Graduation: __/__/____

**Certifying Board:** Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to:

(608) 251-3036 or 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:

1. Interpreting prescription orders
2. Compounding, packaging, labeling, dispensing, and the coincident distribution of drugs and devices, participating in drug utilization reviews.
3. Proper and safe storage of drugs and devices, and maintaining proper records of the drugs and devices.
4. Providing information on drugs or devices, which may include, but is not limited to, advice relating to therapeutic values, potential hazards and uses.
5. Drug product substitution under applicable state and federal law.
6. Supervision of pharmacist supportive personnel
7. 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 an individual physician for his or her patients for the period of each patient’s stay within the hospital.
8. 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.
9. Performing any act necessary to manage a pharmacy
10. Administering prescribed drug products and devices and, pursuant to vaccination protocols, vaccines.

State Board or Agency: ________________________  Date: __/__/____

Signature: ________________________  Date: __/__/____

Title: ________________________

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#2537 (Rev. 8/16)

Ch. 450, Stats.

Committed to Equal Opportunity in Employment and Licensing