

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: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

PHARMACY EXAMINING BOARD

DISCLOSURE FOR FOREIGN GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

Notice - Any change of supervising pharmacist requires that a new form be submitted to the Pharmacy Examining Board **prior** to further performing duties constituting the practice of pharmacy as an intern. For requirements and definitions, see related [Wisconsin Statute and Administrative Code](#).

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. SUPERVISING PHARMACIST 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.

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 40
Name of Supervising Pharmacist	Supervising Pharmacist WI License Number

Internship Location: (name, number, street, city, zip code)

Daytime Telephone Number: - -

<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Supervising Pharmacist (Print and Sign Form)	Date