

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)

Email: dsps@wisconsin.gov

Website: <http://dsps.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.

Last Name	First Name	MI	Former / Maiden Name(s)	
Address (number/street)		(city)	(state)	(zip code)
Date of Graduation (mm/dd/yyyy)		Application Number		
____ / ____ / ____				
<p>ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.</p>				
Applicant Signature (If unable to provide a digital signature, print and sign form.)			Date (mm/dd/yyyy)	
			____ / ____ / ____	

SUPERVISING PHARMACIST: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

Printed Name of Supervising Pharmacist		Supervising Pharmacist WI Lic Number		
		_____ - 40		
Internship Location (number/street)		(city)	(state)	(zip code)
<p>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.</p>				

Continued on next page.

Wisconsin Department of Safety and Professional Services

Supervising Pharmacist completion, continued.

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

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature of Supervising Pharmacist

(If unable to provide a digital signature, please print and sign form.)

Date (mm/dd/yyyy)

____ / ____ / _____

Supervising Pharmacist Title

Phone