



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101

(973) 504-6450

**Practical Experience Affidavit**

I, \_\_\_\_\_, hereby certify that I am a Registered Pharmacist in good  
Name of preceptor

standing holding License Number \_\_\_\_\_ dated \_\_\_\_\_  
Month/Day/Year

Issued by \_\_\_\_\_ Board of Pharmacy. I am engaged in the practice of

Pharmacy at \_\_\_\_\_ 28RS \_\_\_\_\_  
Name of Pharmacy Address Pharmacy Permit Number

\_\_\_\_\_, and I have personally supervised the practical  
City State Zip Code

pharmacy experience obtained by \_\_\_\_\_ at \_\_\_\_\_  
Name of Intern Name of pharmacy

For at least \_\_\_\_\_ hours per week from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**Total Number of Intern Hours Completed:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Preceptor making this affidavit

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

} ss.

Sworn to and subscribed before me this here \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Affix  
Seal  
Here

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Important notice to persons who have affidavits executed outside of New Jersey.**

Each affidavit submitted to this State must be accompanied by a certificate under the hand and seal of a competent court or official, showing that the person who administered the oath is, in fact, a person authorized by the laws of such foreign state to administer an oath.

**Note**

Pursuant to N.J.S.A. 45:1-21(b), the Board may refuse an application for examination, or may suspend or revoke the license of a Registered Pharmacist when the licensee obtained the license through fraud, deception, or misrepresentation.



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**Pharmacy Preceptor Evaluation**

**Intern**

**Pharmacist Preceptor**

Name	Name
Address	Address
Telephone Number	New Jersey License Number
Internship Start Date	Pharmacy Telephone Number

**Name and location of pharmacy where internship hours were completed:**

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Each certified pharmacist preceptor who has assumed the responsibility of supervising & tutoring, pharmacy interns must complete the following report at the end of the internship. This report will help the Board determine if the intern should be allowed to continue seeking licensure as a pharmacist in the State of New Jersey.

**Instructions**

Use the rating scale below to rate the intern's overall knowledge and or performance in each of the following categories listed in categories A through C.

**Rating Scale:**

**O - Outstanding, far exceeds expectations**

**A - Above average, exceeds expectations**

**S - Satisfactory meets expectations**

**I - Needs Improvement**

**N - Not Able to Evaluate**

**U - Unacceptable**

**A. SERVICE RESPONSIBILITIES**

In meeting the service responsibilities associated with the internship requirements, the intern:

- \_\_\_\_\_ 1. Works efficiently.
- \_\_\_\_\_ 2. Is able to plan ahead to accomplish a series of tasks in a reasonable period of time.
- \_\_\_\_\_ 3. Maintains composure and use logical thought in stressful situations.
- \_\_\_\_\_ 4. Is willing to perform duties required in the pharmacy.
- \_\_\_\_\_ 5. Always works to full capacity.
- \_\_\_\_\_ 6. Does not get discouraged easily.
- \_\_\_\_\_ 7. Does not give up when confronted with a difficult situation.
- \_\_\_\_\_ 8. Offers positive suggestions where he/she feels services can be improved.
- \_\_\_\_\_ 9. Is willing to accept responsibilities.
- \_\_\_\_\_ 10. Attends regularly.

Comments:

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**B. COMMUNICATION AND PROFESSIONAL INTERACTIONS**

In demonstrating the communication skills needed to meet the internship requirements, the intern:

- \_\_\_\_\_ 1. Is able to present concepts concisely and accurately.
- \_\_\_\_\_ 2. Is able to challenge other professionals when appropriate.
- \_\_\_\_\_ 3. Challenges with substantiating evidence or scientific information.
- \_\_\_\_\_ 4. Knows when they do not fully understand a point.
- \_\_\_\_\_ 5. Is willing to admit when they are wrong.
- \_\_\_\_\_ 6. Is unafraid to seek information/advice from associates.
- \_\_\_\_\_ 7. Shares ideas and knowledge readily.
- \_\_\_\_\_ 8. Establishes good rapport with peers and other professionals.
- \_\_\_\_\_ 9. Establishes good rapport with patients and caregivers.
- \_\_\_\_\_ 10. Written: Projects, newsletter, patient education materials, etc.
- \_\_\_\_\_ 11. Follows a local workflow protocol with appropriate checks.
- \_\_\_\_\_ 12. Patient counseling skills.

Comments:

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**C. IDENTIFYING AND SOLVING DRUG RELATED PROBLEMS**

In demonstrating the problem solving skills needed to meet the internship requirements, the intern:

- \_\_\_\_\_ 1. Approaches a potential drug related problem in a logical manner.
- \_\_\_\_\_ 2. Collects and appropriately evaluates necessary information.
- \_\_\_\_\_ 3. Uses background knowledge.
- \_\_\_\_\_ 4. Uses available resources effectively and efficiently.
- \_\_\_\_\_ 5. Presents the complete problem and potential solutions when consulting with the Preceptor and other professionals.
- \_\_\_\_\_ 6. Knows state and federal laws and regulations applicable to the practice of Pharmacy.
- \_\_\_\_\_ 7. Applies patient-specific data to treatment decisions (laboratory values, pharmacokinetic/therapeutic drug monitoring, allergies, contraindications, PMH, etc.)
- \_\_\_\_\_ 8. Appropriately monitors follow-up with patients (re-assessment, outcome assessment, etc.)
- \_\_\_\_\_ 9. Is able to recommend treatment options or modify existing therapy to optimize patient outcome.
- \_\_\_\_\_ 10. Effectively retrieve and disseminate drug information to patients.
- \_\_\_\_\_ 11. Uses problem solving skills (identifies potential or real problems draws appropriate conclusions, and can recommend feasible solutions).
- \_\_\_\_\_ 12. Is able to make appropriate OTC recommendations.

Comments:

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**D. If you had an appropriate position available, would you hire this person?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**SCHEDULE GUIDELINES**

The intern’s schedule should generally follow a 40 hr. week, Monday-Friday, day program, it is reasonable (even desirable) to expect some time scheduled on weekends and/or evenings by having the intern follow the same schedule as the assigned preceptor. This, however, should be minimal (e.g., 1-2 weekends, several evenings) during these “other” periods of the normal workweek. All excused absences (illnesses, job interviews) must be made up.

Intern’s Name: \_\_\_\_\_

(Please Print)

This intern has completed an internship under my direction and supervision.

I would rate the intern's overall performance as:

**Poor**

**Average**

**Excellent**

**1**

**2**

**3**

**4**

**5**

Evaluation of intern's overall ability to practice pharmacy:

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Date

Preceptor's Signature

Preceptor's Name (printed)

Preceptor's Email Address (printed)

Intern's Signature

Intern's Name (printed)

**28RH**

Intern Registration Number