



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

Application for Certification as a Preceptor in Pharmacy

Preceptor Information

Name: _____
Last First Middle

License No: 28RI: _____ Date Issued: _____

1. Have you been engaged in the dispensing of pharmaceutical preparations and prescriptions in a registered pharmacy for at least 2 years? Yes No
2. Have you been convicted of a crime or offense relating adversely to the practice of pharmacy consistent with N.J.S.A. 45:1-21(f) or a crime of moral turpitude? Yes No
3. Have you been the subject of disciplinary action taken by a professional board resulting in the suspension, revocation or surrender of a license or the placement of significant limitations on such license? Yes No

Pharmacy Information (Pharmacy in which you are engaged in practice on a full-time basis.)

Name: _____ Permit No.: 28RS _____

Address: _____ Telephone number: () _____

City: _____ State: _____ ZIP Code: _____

Total number of prescription filled annually: _____

4. Are you currently supervising an intern at this pharmacy? Yes No

If "Yes," print Intern's name: _____

Print Intern's registration number: _____

Indicate when this intern will complete their internship: _____

I hereby certify that I am willing to assume the responsibility of supervising the activities of a Pharmacy Intern as outlined in N.J.A.C. 13:39-2.6 and N.J.A.C. 13:39-2.76 and will report to the Board as requested on the progress and aptitude of any Pharmacy Intern under my supervision.

Name of Preceptor: _____ Date: _____

Signature of Preceptor: _____ Preceptors Email: _____