



## INTERNSHIP HOURS COMPLETION NOTICE INSTRUCTIONS

The following notice must be submitted to the Texas State Board of Pharmacy, 1801 Congress Avenue, Suite 13.100, Austin, Texas 78701 **after completion** of the final required internship hours.

- \* This internship experience must be gained in a pharmacy licensed with the Texas State Board of Pharmacy, under the continuous and direct supervision of a licensed pharmacist who is registered as a preceptor with the Board. **A pharmacist-intern may be credited no more than 50 hours per week.**
- \* None of the internship hours worked outside a college/school of pharmacy internship program will be substituted for any of the hours required in the Texas college/school of pharmacy internship program.
- \* A *student-intern* registration **expires** if the earlier of the following occurs:
  - (A) The student-intern voluntarily or involuntarily ceases enrollment in a college/school of pharmacy whose professional degree program has been accredited by ACPE and approved by the board;
  - (B) The student-intern does not take the NAPLEX or Texas Jurisprudence examinations within 6 calendar months after graduation; or
  - (C) The student-intern fails the NAPLEX or Texas Jurisprudence examinations.
- \* An *extended-intern* registration **expires** if the following occurs:
  - (A) The extended-intern does not take the NAPLEX and/or Texas Jurisprudence examinations in Texas within 6 calendar months after graduation or Foreign Pharmacy Graduate Equivalency Commission certification;
  - (B) The extended-intern fails the NAPLEX or Texas Jurisprudence examinations; or
  - (C) After passing the NAPLEX and Texas Jurisprudence examinations, the extended-intern does not complete the minimum number of hours (1740), as required by the Accreditation Council for Pharmacy Education (ACPE), internship requirement within 2 years of the examination date.

## Internship Hours Completion Notice

Name of Intern \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Preceptor \_\_\_\_\_  
First
Middle
Last
License No.

Name of Pharmacy \_\_\_\_\_  
License No.

Address of Pharmacy \_\_\_\_\_  
Street

\_\_\_\_\_  
City
State
Zip Code

Pharmacy Telephone \_\_\_\_\_  
Business Number
FAX Number

**\*\*On the following pages, enter the weekly breakdown of hours worked by the above-named intern. If working under more than one preceptor, use a separate form for each preceptor. After completion of hours mail to: Texas State Board of Pharmacy, 1801 Congress Avenue, Suite 13.100, Austin, Texas 78701.**

WEEK BEGINNING \_\_\_\_\_ WEEK  
 ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_ WEEK  
 ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_ WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_ WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_ WEEK  
ENDING \_\_\_\_\_

|                    | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE               |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |
| HOURS<br>COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL             |

WEEK BEGINNING \_\_\_\_\_ WEEK  
ENDING \_\_\_\_\_

|      | MON | TUE | WED | THU | FRI | SAT | SUN |  |                        |
|------|-----|-----|-----|-----|-----|-----|-----|--|------------------------|
| DATE |     |     |     |     |     |     |     |  | PRECEPTORS<br>INITIALS |

|                 |  |  |  |  |  |  |  |  |  |            |
|-----------------|--|--|--|--|--|--|--|--|--|------------|
| HOURS COMPLETED |  |  |  |  |  |  |  |  |  | WEEK TOTAL |
|-----------------|--|--|--|--|--|--|--|--|--|------------|

WEEK BEGINNING \_\_\_\_\_ WEEK  
 ENDING \_\_\_\_\_

|                 |     |     |     |     |     |     |     |  |                     |
|-----------------|-----|-----|-----|-----|-----|-----|-----|--|---------------------|
|                 | MON | TUE | WED | THU | FRI | SAT | SUN |  |                     |
| DATE            |     |     |     |     |     |     |     |  | PRECEPTORS INITIALS |
| HOURS COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL          |

WEEK BEGINNING \_\_\_\_\_ WEEK  
 ENDING \_\_\_\_\_

|                 |     |     |     |     |     |     |     |  |                     |
|-----------------|-----|-----|-----|-----|-----|-----|-----|--|---------------------|
|                 | MON | TUE | WED | THU | FRI | SAT | SUN |  |                     |
| DATE            |     |     |     |     |     |     |     |  | PRECEPTORS INITIALS |
| HOURS COMPLETED |     |     |     |     |     |     |     |  | WEEK TOTAL          |

Total Hours Reported \_\_\_\_\_  
# of hours                      Pharmacist-Intern's Signature

I, \_\_\_\_\_, certify that \_\_\_\_\_ of  
Preceptor's Name                      Pharmacist-Intern's Name

\_\_\_\_\_ has completed \_\_\_\_\_ hours  
Address                      City                      State                      Zip

under my supervision within the defined period.

\_\_\_\_\_  
(Preceptor's Signature)                      License No.                      Date

## CERTIFICATION OF INTERNSHIP COMPETENCY OBJECTIVES

This form must be completed by the preceptor when the intern has less than 500 approved internship hours on file with the Texas State Board of Pharmacy.

I certify that \_\_\_\_\_ has met the following internship competency objectives  
Pharmacist-Intern's Name  
as set forth in §283.4 of the Texas Pharmacy Rules of Procedure.

(A) Provides drug products. The pharmacist-intern shall demonstrate competence in determining the appropriateness of prescription drug orders and medication orders; evaluating and selecting products; and assuring the accuracy of the product/prescription dispensing process.

(B) Communicates with patients and/or patients' agents about prescription drugs. The pharmacist-intern shall demonstrate competence in interviewing and counseling patients, and/or the patients' agents, on drug usage, dosage, packaging, routes of administration, intended drug use, and storage; discussing drug cautions, adverse effects, and patient conditions; explaining policies on fees and services; relating to patients in a professional manner; and interacting to confirm patient understanding.

(C) Communicates with patients and/or patients' agents about nonprescription products, devices, dietary supplements, diet, nutrition, traditional non-drug therapies, complementary and alternative therapies, and diagnostic aids. The pharmacist-intern shall demonstrate competence in interviewing and counseling patients and/or patients' agents on conditions, intended drug use, and adverse effects; assisting in and recommending drug selection; triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care; providing information on medical/surgical devices and home diagnostic products; and providing poison control treatment information and referral.

(D) Communicates with healthcare professionals and patients and/or patients' agents. The pharmacist-intern shall demonstrate competence in obtaining and providing accurate and concise information in a professional manner and using appropriate oral, written, and nonverbal language.

(E) Practices as a member of the patient's interdisciplinary healthcare team. The pharmacist-intern shall demonstrate competence in collaborating with physicians, other healthcare professionals, patients, and/or patients' agents to formulate a therapeutic plan. The pharmacist-intern shall demonstrate competence in establishing and interpreting data-bases, identifying drug-related problems and recommending appropriate pharmacotherapy specific to patient needs, monitoring and evaluating patient outcomes, and devising follow-up plans.

(F) Maintains professional-ethical standards. The pharmacist-intern is required to comply with laws and regulations pertaining to pharmacy practice; to apply professional judgment; to exhibit reliability and credibility in dealing with others; to deal professionally and ethically with colleagues and patients; to demonstrate sensitivity and empathy for patients/care givers; and to maintain confidentiality.

(G) Compounds. The pharmacist-intern shall demonstrate competence in using acceptable professional procedures; selecting appropriate equipment and containers; appropriately preparing compounded non-sterile and sterile preparations; and documenting calculations and procedures. Pharmacist-interns engaged in compounding non-sterile preparations shall meet the training requirements for pharmacists specified in §291.131 of this title (relating to Pharmacies Compounding Non-sterile Preparations). Pharmacist-interns engaged in compounding sterile preparations shall meet the training requirements for pharmacists specified in §291.133 of this title (relating to Pharmacies Compounding Sterile Preparations).

(H) Retrieves and evaluates drug information. The pharmacist-intern shall demonstrate competence in retrieving, evaluating, managing, and using the best available clinical and scientific publications for answering a drug-related request in a timely fashion and assessing, evaluating, and applying evidence based information to promote optimal health care. The pharmacist-intern shall perform investigations on relevant topics in order to promote inquiry and problem-solving with dissemination of findings to the healthcare community and/or the public.

(I) Manages general pharmacy operations. The pharmacist-intern shall develop a general understanding of planning, personnel and fiscal management, leadership skills, and policy development. The pharmacist-intern shall have an understanding of drug security, storage and control procedures and the regulatory requirements associated with these procedures, and maintaining quality assurance and performance improvement. The pharmacist-intern shall observe and document discrepancies and irregularities, keep accurate records and document actions. The pharmacist-intern shall attend meetings requiring pharmacy representation.

(J) Participates in public health, community service or professional activities. The pharmacist-intern shall develop basic knowledge and skills needed to become an effective healthcare educator and a responsible participant in civic and professional organizations.

(K) Demonstrates scientific inquiry. The pharmacist-intern shall develop skills to expand and/or refine knowledge in the areas of pharmaceutical and medical sciences or pharmaceutical services. This may include data analysis of scientific, clinical, sociological, and/or economic impacts of pharmaceuticals (including investigational drugs), pharmaceutical care, and patient behaviors, with dissemination of findings to the scientific community and/or the public.

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Preceptor's Signature

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License No.

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Date

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Preceptor's Signature

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License No.

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Date

Mail completed forms to: Texas State Board of Pharmacy  
1801 Congress Avenue  
Suite 13.100  
Austin, TX 78701