

To be approved to serve as a **Preceptor Pharmacist**:

- Complete this form, attaching any required supporting documentation.
- Return the completed form and any required documentation to: Colorado State Board of Pharmacy, 1560 Broadway, Suite 1350, Denver, CO, 80202.

PART 1—APPLICANT INFORMATION

Colorado Pharmacist License Number:		Issue Date:	
Name: Last:	First:	Middle:	Suffix:
Daytime Telephone Number: ()		E-mail Address:	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—EXPERIENCE

Name of Pharmacy (current employment):				
Pharmacy Address:		Street:		
		City, State, Zip:		
Have you been licensed and practicing as a Pharmacist for two (2) or more years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
List each state, other than Colorado, in which you are or have been licensed (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.				
State	License Number	Date license issued	Disciplinary action against license?	Is this license current/active?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any disciplinary action taken against your license or pending against you in any state?				<input type="checkbox"/> YES <input type="checkbox"/> NO
➤ If YES , enclose a letter of explanation and copies of all available documents.				

ATTESTATION

<p>I certify that I will notify the Board if I become employed at any pharmacy other than the above-named.</p> <p>I affirm that I have read the intern manual, am familiar with its contents, and will ensure that the interns I supervise will be familiarized with the subjects required therein.</p> <p>I state under penalty of perjury in the second degree, as defined in Colorado Revised Statutes 18-8-503, that the information contained in this application is true and correct to the best of my knowledge.</p>	
<p>_____ Applicant Signature</p>	<p>_____ Date</p>