



**Secretary of State
Office of Professional Regulation**

**PHARMACY
Request for Change in Preceptor and/or Employment Form**

Please Note: This form is for Interns who currently are, and those that wish to begin earning internship hours towards the Board's requirement of at least 500 hours of internship experience outside the classroom. The Intern must be under the direct supervision of a Board-Approved Preceptor and that Preceptor may supervise no more than two interns at one time. **Interns must verify that their Preceptor is registered for internship experience to count toward the hourly requirement.** You may verify whether your Preceptor is registered via our Web site from the Look up a Licensee quick link.

The Board must be notified immediately of any changes in Preceptor and/or Employment. Such changes are subject to review and approval by the Board. Hours earned prior to the Board's receipt of a notification of change in Preceptor and/or Employment will not be accepted as part of the intern's non-school internship hours.

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| Name of Intern: | | |
| Intern's Registration Number: | | |
| Mailing Address: | P.O. Box: | |
| | Street Address: | |
| | Suite/Apt./Unit #: | |
| | City/State/Zip: | |

Please list below the name(s) of your current Preceptor(s) as well the specific location where the internship will occur. Attach additional sheets if necessary.

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| Name of Preceptor: | | |
| Preceptor's VT Registration Number: | | |
| Preceptor's Phone Number: | | |
| Practice Site for Internship | Street Address: | |
| | Suite/Apt./Unit #: | |
| | City/State/Zip: | |

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| Name of Preceptor: | | |
| Preceptor's VT Registration Number: | | |
| Preceptor's Phone Number: | | |
| Practice Site for Internship | Street Address: | |
| | Suite/Apt./Unit #: | |
| | City/State/Zip: | |

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|---------------------|--|------|--|
| Signature of Intern | | Date | |
|---------------------|--|------|--|