

Please Print or Type

Name (Last) (First) (Middle)

Permanent Address

Contact Information (Mobile) (Home) (Email)

PA State Board of Pharmacist Licensure Requirements

Verification of completion of 1,500 internship hours is required by requesting an official report of hours be sent to the PA Board **directly from the other state board(s) and/or school(s)**. Please note that a **maximum of 1,000 intern hours will be accepted from a school of pharmacy's controlled internship program**. 500 additional internship hours must be gained outside of the curriculum to be eligible for PA Pharmacist licensure. Please note that the PA Board requires that documentation be sent directly from your state board and **will not** accept hours documentation from applicants/employers.

Applicants must be eligible for Pharmacist Licensure in PA. Residents will not be permitted to gain PA internship hours as part of the residency. Ineligibility for PA licensure may result in dismissal from the program. Contact the Residency Program Director with questions or if your situation is other than described below.

Pharmacists and Pharmacy Interns licensed in PA (One Required for Application)

- I have registered as a Pharmacy intern with the PA Board of Pharmacy and anticipate meeting the PA extra-curricular intern hour requirement for licensure eligibility by the time of graduation from pharmacy school.
- I am currently a licensed Pharmacist in PA.

Pharmacy Interns from Other States Indicate State(s)

- I have registered as an intern with my state board of pharmacy. I have verified that my state board of pharmacy can provide documentation of 500 internship hours outside of my school's internship program to the PA State Board of Pharmacy. I have or will have met all reporting deadlines specific to my state. **(Required for Application)**
- I have contacted the PA State Board of Pharmacy and anticipate being eligible for PA Pharmacist licensure by the time of my graduation from Pharmacy School. **(Required for Application)**

It is the responsibility applicant to verify with **both** their state and the PA state Board of Pharmacy that they will meet the PA Board's requirements.

Licensed Pharmacists from Other States Indicate State(s)

- I have contacted the PA State Board of Pharmacy and anticipate being eligible for PA Pharmacist licensure by October 1st. **(Required for Application)**

My Pharmacist License became active on _____(mo)/_____(day)/_____(yr).

If you are unable to demonstrate that you have earned at least 500 intern hours outside of your school's academic program, the Board may be able to accept the full-time practice of pharmacy for one year in another U.S. state in lieu of the required intern hours.

Signature _____ Date _____

PENNSYLVANIA STATE BOARD OF PHARMACY CONTACT INFORMATION

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