

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206 ~ Reno, NV 89521
PHONE - 775/850-1440 ~ FAX - 775/850-1444

**PRECEPTOR REPORT FORM
INTERN PHARMACIST**

This form can only be used to report intern hours earned in Nevada.

INTERNSHIP PHARMACY INFORMATION

Pharmacy Name: _____

Pharmacy Address: _____

City: _____ State: NV Zip: _____

Managing Pharmacist: _____ License No. _____

INTERN INFORMATION

INTERN NAME: _____ License No. _____

This is to certify that the above named intern served a period of internship training from:

_____ to _____

and acquired a total of _____ hours of internship under my supervision.

Signature of Preceptor

License #

Date

Name of Preceptor