



Arkansas State Board of Pharmacy
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Little Rock, AR 72201
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 www.pharmacyboard.arkansas.gov

AFFIDAVIT OF EXPERIENCE

Pharmacist in Charge Name: _____ AR License #: _____

Intern Name: _____ Intern License #: _____

This is to certify that the intern named on this affidavit has been immediately and personally supervised by a preceptor pharmacist at all times. My evaluation of this intern is provided in the following section.

PIC Signature: _____

Description	Adequate	Not Adequate	Not Applicable
1. Maintains patient information consistent with Regulation 09-00-0001(a)	[]	[]	[]
2. Monitors and evaluates therapy consistent with Regulation 09-00-0001 (b)	[]	[]	[]
3. Appropriately counsels patients about legend drugs consistent with Regulation 09-00-0001(c)	[]	[]	[]
4. Effectively counsels patients about legend drugs consistent with Regulation 09-00-0001(d)	[]	[]	[]
5. Maintains professional and ethical standards	[]	[]	[]
6. Communicates with health care professionals	[]	[]	[]
7. Communicates with patients on selection of OTC drugs and medical/surgical supplies	[]	[]	[]
8. Provides emergency pharmacy services	[]	[]	[]
9. Complies with drug product selection law and regulation	[]	[]	[]
10. Compounds prescriptions	[]	[]	[]
11. Dispenses prescriptions	[]	[]	[]
12. Manages pharmacy personnel	[]	[]	[]
13. Provides general public health and civic responsibilities	[]	[]	[]
14. Manages pharmacy operations	[]	[]	[]

