



SUMMARY OF STANDARDS FOR EVALUATING PRACTICAL PHARMACY EXPERIENCE

1. Quantitative Standard

- a. The filing of forms in a timely manner is essential. A copy will be returned to the student as receipt of the hours.
 1. Pharmacy school students - The practical pharmacy experience affidavit must be filed within 30 days of your graduation date from pharmacy school.
 2. Foreign graduates - Prior to internship graduates of foreign colleges of pharmacy must first obtain the Foreign Pharmacy Graduates Equivalency Committee (FPGEC) certification from the National Association of Boards of Pharmacy (NABP). This certificate shall be submitted to the Board of Pharmacy before beginning internship. Foreign graduates should submit the pharmacy experience affidavit within 30 days of completion of the internship hours along with a copy of the FPGEC certification.
- b. An applicant for license must show that he has received (acquired) 1500 hours of practical pharmacy experience under the supervision of a licensed pharmacist, said 1500 hours to be acquired after the satisfactory completion of two years of college work. Foreign graduates must obtain their experience in the United States. As noted above all foreign graduates must have FPGEC Certification to obtain internship hours in North Carolina.
- c. At least 1000 of the required 1500 hours of experience shall be acquired in a community or hospital pharmacy.
- d. Experience in non-traditional locations, such as industry, under the preceptorship of a licensed pharmacist is acceptable up to 500 hours.
- e. All practical pharmacy experience to be acceptable must be acquired under the general conditions as approved by the Tripartite Committee and the Board.

2. Qualitative Standard

The practical experience in pharmacy required by these standards shall be predominately related to the performance of pharmaceutical services, including the acquisition, custody, storage, dispensing or administering of drugs, medicines, and medical supplies and the keeping of records and making of reports required under the State and Federal statutes or as necessary to maintain standards of acceptable practice.

3. Validation of Experience

- a. All practical pharmacy experience must be validated through registration with the Board of Pharmacy.
- b. The Board of Pharmacy will not allow credit for claims of practical experience required under the pharmacy laws, unless such claims can be corroborated by records on file in the Board's office showing the beginning and ending of the practical experience claimed as supplied by the applicant during this training.

4. Eligibility for Practical Pharmacy Experience Credit

Persons eligible for registration under the Internship Program must have:

- a. Successfully completed two years of college work; and
- b. Been admitted (or accepted for admission) to an accredited school or college of pharmacy or eligible to return to such college or school.
- c. Graduates of foreign colleges of pharmacy must have FPGEC certification.

5. Miscellaneous

- a. The term "supervision" as used in connection with the practical experience requirements means that in the pharmacy or other facility where practical experience is being obtained a registered pharmacist supervising practical experience shall be in personal contact with and actually giving instruction to the person obtaining practical experience during the entire period of such experience.
- b. Where practical experience is obtained in a pharmacy, the pharmacy shall conform to the best traditions of pharmacy in the State. It shall have available all necessary equipment for professional service, necessary reference works, in addition to the official standards and current professional journals, and shall meet the following standards:

1. It must be a pharmacy operating under a permit from the Board of Pharmacy. In states where there is no permit law, the pharmacy must be operated at all times under the supervision of a registered pharmacist and must have signified its willingness to train and to employ persons desiring to obtain practical experience in accordance with the State Pharmacy Laws and the Rules and Regulations of the Board of Pharmacy.
2. A pharmacy acceptable to the Board for practical experience must have a clear record with respect to the observance of Federal, State and municipal laws, and ordinances governing any phase of activity in which it is engaged.
3. The pharmacist preceptor and intern shall at all times comply with the laws governing the practice of pharmacy and the distribution of drugs. For failure to do so:

Pharmacist preceptor - The causing or permitting of the violation of the laws governing the practice of pharmacy and the distribution of drugs or the Rules and Regulations of the Board of Pharmacy by any pharmacist supervising the practical experience of any individual registered under the Internship Program of the Board shall forfeit the rights of that pharmacist to supervise such experience for a period of at least one year.

Intern - The violation of the laws governing the practice of pharmacy and the distribution of drugs or the Rules and Regulations of the Board of Pharmacy by any person acquiring practical experience shall subject the period of experience to be disqualified and shall cause the rights of the individual so violating to be postponed in taking the final portion of the Board of Pharmacy examinations for licensure.

- c. The Board may accept training in pharmacy gained in another state pursuant to internship registration in this or another state if it is satisfied that such training is of the same quality and quantity as required in this state.

NORTH CAROLINA PRACTICAL PHARMACY EXPERIENCE AFFIDAVIT

(TO BE FILED WITHIN 30 DAYS OF THE COMPLETION OF PHARMACY SCHOOL)

North Carolina Board of Pharmacy ~ 6015 Farrington Road, Suite 201 ~ Chapel Hill, North Carolina 27517

Student's Name _____

Address _____

City _____ State _____ Zip _____

I was accepted for admission to _____ on _____
School or College of Pharmacy Date

Email: _____

I am a foreign graduate who received a FPGEC Certificate on _____
Date

FOR OFFICE USE ONLY
Date received: _____
Hours calculated: _____

Affidavit to be filled out by Pharmacist-Preceptor, giving exact dates.

AFFIDAVIT OF LICENSED PHARMACIST UNDER WHOSE SUPERVISION APPLICANT ACTED:

State of _____ County of _____ On this _____ day of _____
20____, _____, a resident of _____, State of _____
(Name of Pharmacist)

personally appeared before me and being duly sworn deposes and says that he/she is a licensed pharmacist holding Certificate Number _____
in the State of _____, said Certificate being active and in good standing, and that _____
(Name of Applicant)

received practical pharmacy experience under his/her supervision in the compounding and dispensing of prescriptions as well as the maintenance of appropriate
records thereof, said experience being acquired from _____ 20____ to _____ 20____
for a total of _____ hours at _____
(Name of Location) (Street Address)

(City) (State) (Zip)

TO BE CERTIFIED BY THE PHARMACIST WHO WILL SUPERVISE THE ABOVE NAMED APPLICANT

I understand the above named applicant will have my immediate and personal supervision and can render no pharmaceutical services except when under my immediate and personal supervision and that I must have an active license. I certify that the Pharmacy, Site, or Program named herein has a clear record with respect to observance of Federal, State and municipal laws and ordinances governing any phase of activity in which it is engaged. I further certify that the applicant will be given an opportunity to acquire practical experience which will predominately relate to the compounding, purchase, storage, dispensing and sale of drugs, medicine, and records which are required.

Have you ever been charged with any violation by your state board or are any charges pending? Yes No

If "yes", give particulars (please provide additional pages if needed):

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Signed: _____
(Preceptor-Pharmacist)

Under oath I submit that all statements given herein are true and correct.

Subscribed to and sworn to before me this, _____ day of _____, 20____.

(Notary Public) My Commission expires: _____