



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

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Boise, ID 83720-0067

Telephone 208/334-2356

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## EMPLOYER'S AFFIDAVIT

I hereby certify that this location is a registered training site for externs/interns in the State of Idaho, that I \_\_\_\_\_ am a licensed pharmacist and was employed by:

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Preceptor Site License # \_\_\_\_\_

at the time when (*Extern/Intern Name*) \_\_\_\_\_ was in our employ or training for \_\_\_\_\_ hours during the time period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (*not to exceed two months*), and, as outlined in the Rules of the Idaho State Board of Pharmacy (Chapter 1, Title 1, IDAPA 27, 010. -105,) "...the experience was predominantly in recognized and accepted pharmaceutical procedures normally encountered in a community pharmacy or accredited and licensed hospital pharmacy, both of which are required to be registered training sites."

\_\_\_\_\_  
Pharmacist's Signature (to be signed *after* the above hours are accrued)      Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

### To be completed by Extern/Intern (please read carefully and sign)

An Employer's Affidavit shall be submitted to the Board by the intern or extern at the termination of each training period or site location. This form will be supplied by the Board and will be certified by a pharmacist in any of the following situations: for interns/externs at the termination of any specific training period or training site; for interns as of the date the intern reaches the aggregated total of required experience hours.

- Experience time will **not** be accredited until these affidavits are submitted by the extern or intern. The affidavit must be submitted to the Board within thirty (30) days of the ending date of the training period.

**Please note:** To insure proper documentation and to avoid problems that may arise, please submit your affidavits at **least** once every two months when at one site for an extended period of time.

I, \_\_\_\_\_, acknowledge that I have read and understand the Certification of Experience requirements printed above.