

PROPER COMPLETION OF THE WORK RECORD AND APPENDICES

Remember, these are legal documents. It is important therefore that they be completed properly and, if necessary, corrections be made according to the specific instructions by the Board. If you have any questions, ask your student/board liaison or call this office at the above number between 8:00 a.m. and 4:00 p.m.

Each preceptor/intern relationship must be evaluated through the use of Appendices A and/or B, C, D, and E. If the relationship comes to an end, completed/signed evaluations are required to terminate the relationship; the evaluations may be presented prior to that time if there has been sufficient training to make the evaluations valid. Each preceptor/intern relationship only has to be evaluated ONCE. Otherwise, work records will suffice.

ON ALL FORMS, **CHECK CAREFULLY THAT ALL SIGNATURE LINES ARE SIGNED.**

INTERN WORK RECORD:

- 1) Be sure your starting date is approvable. Common errors in starting dates are:
 - a. **Late notification:** This office can count back only 10 days from the date we receive your **written** notification of employment for an approved starting date.
 - b. **Starting date before licensed as an intern:** In Colorado, it is illegal to practice pharmacy as an intern without a valid Intern License. To practice without a license could subject you to civil action and affect your ultimate licensing.
 - c. **Intern License lapses:** If you fail to renew your license, until that license *is* renewed it is illegal for you to work as an intern. Again, to practice without a license could subject you to civil action and affect your ultimate licensing.
- 2) You **MAY** use one date line to show when you started and when the intern/preceptor relationship ended. If you prefer, you may list the time periods by any schedule you feel useful to you. Note: some state boards will not give credit for intern hours worked concurrently with pharmacy classes. If you are planning to license in another state, check with that Board as to their internship requirements.
- 3) The Work Record should not be signed until at least the last day of the time period being reported. If it is signed before that date, you and the preceptor are certifying non-worked hours as worked. **A signature date before the time period is completed is NOT acceptable and will be returned for correction, causing a delay in processing.**
- 4) The weekly log on the back must be completed and signed.

APPENDICES A AND B:

- 1) Date and initial the activities accomplished. **BOTH** you **AND** your preceptor must initial the activities. Not all experiences accomplish all the activities on the list; only date and initial where appropriate.
- 2) Don't forget INTERN SIGNATURES on pp. 2 and 3.
- 3) Most intern experiences fit either Appendix A or Appendix B; occasionally there is cross-over. If you have a question, call.

APPENDICES C AND E:

Short written comments are **required** on **each** item on **both** Appendices. The Board requests honest ratings and constructive comments. **Appendix E is the only part of the package that does not have to be signed by the preceptor. The intern is to complete the form and mail it directly to the Board.**

APPENDIX D

This form should be signed on the last day of the time period or after the experience is completed. A date before that is **NOT** acceptable.

Intern Work Record

To be submitted to the Board office:

1. DURING DECEMBER, NO LATER THAN THE 31ST, A COMPLETED WORK RECORD (ONLY) FOR EACH INTERNSHIP POSITION HELD BY AN INTERN DURING THE CURRENT YEAR.	2. WITH CHANGE OF PRECEPTOR, CHANGE OF SITE, OR TERMINATION OF EMPLOYMENT, THE COMPLETED WORK RECORD WITH ALL APPROPRIATE EVALUATIONS COMPLETED.	3. AT ANY TIME YOU WOULD LIKE YOUR HOURS PLACED ON FILE, A WORK RECORD ONLY. HOWEVER, UNTIL FINAL EVALUATIONS ARE RECEIVED FOR EACH INTERNSHIP, YOUR LICENSURE FILE WILL NOT BE CONSIDERED COMPLETE.
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Name and Address of Intern:	Name and Address of Pharmacy:
Phone:	Phone:
Social Security No:	Preceptor's Name:

This Work Record is being submitted [at this time due to](#): (check one)
 Change of preceptor Change of Site Interim Report Termination of Employment

Note: Based on Regulation 4.00.11 any Work Record submitted more than 21 days after the last work day shown below will be considered late and the hours submitted will be subject to penalty.

This is to certify that: (1) the above-named intern has worked _____ hours for the period(s) of time listed below; (2) the hours were gained under a valid Colorado Intern License No. _____; and (3) no time in excess of 40 hours per week was used in calculating the indicated hours.

Month	Day	Year	through	Month	Day	Year
Month	Day	Year	through	Month	Day	Year
Month	Day	Year	through	Month	Day	Year
Month	Day	Year	through	Month	Day	Year
Month	Day	Year	through	Month	Day	Year

If requested, the validity of these hours can be established by the undersigned. Further, the intern's principal duties were those defined in the Colorado statutes as the "practice of pharmacy."

 Intern's Signature Date (must be on or after last day of work shown)

 Preceptor's Signature Date (must be on or after last day of work shown)

Preceptor's Pharmacist License No. _____ and the original Date of Issue _____

Be sure to complete both sides of this Work Record

RECORD ON THE CHART BELOW THE NUMBER OF HOURS YOU WORKED WEEKLY. IF YOU NEED MORE SPACE, YOU MAY COPY THIS FORM. **DO RETAIN YOUR PROOF/VERIFICATION , SUCH AS PAY STUBS, UNTIL THE HOURS HAVE BEEN APPROVED AND RECORDED IN YOUR FILE.** THIS FORM DOES NOT SUBSTITUTE FOR PROOF OF HOURS WORKED IN THE EVENT THE BOARD ASKS FOR SUCH.

Work Week End Date	Number of Hours Worked
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

Total of Column _____

Work Week End Date	Number of Hours Worked
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	

Total of Column _____

Work Week End Date	Number of Hours Worked
37.	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	
51.	
52.	
53.	
54.	

Total of Column _____

To the best of my knowledge, the above information is correct and can be verified as accurate.

_____ Intern's Signature

_____ Date

Be sure to complete both sides of this Work Record

If the intern and/or the preceptor would like to add written comments, please feel free to do so. You may add extra sheets if you like. **Please sign your comments.**