

Louisiana Board of Pharmacy

3388 Brentwood Drive Baton Rouge, Louisiana 70809-1700 Telephone (225) 925-6496 Facsimile (225) 925-6499 Web address: www.pharmacy.la.gov Email: info@pharmacy.la.gov

Pharmacist's Affidavit for Certifying Hours of Practical Experience Earned OUTSIDE Louisiana

Instructions for Documentation of Hours of Practical Experience:

- All hours of experience you earn in a pharmacy must be documented on a form provided by the Board. This form is called a Pharmacist's Affidavit. Please read it carefully before you begin completing it. If your Pharmacist's Affidavit is not completed properly, Board staff is obligated to void your document and request a replacement from you.
- The Pharmacist's Affidavit may only be executed by a pharmacist who had been licensed in the state where the hours were earned for at least 2 years on the first day the intern began to earn the hours under his supervision.
- It is strongly suggested that you record the hours you earn as you earn them.
- Upon completion of all hours, your Pharmacist's Affidavit should be signed and notarized by both you and the pharmacist. Please make a copy for your files before submitting the original document to the Louisiana Board of Pharmacy.
- Hours recorded in a pharmacy whose permit is on probation, or under the supervision of a pharmacist whose license is on probation, are not valid for licensure and will not be credited.
- Do not add or make any other corrections after the Pharmacist's Affidavit has been notarized. Hours recorded <u>after</u> the document has been notarized will be voided and denied.

Instructions for Completing the Pharmacist's Affidavit:

- 1) Read all statements on page one before you begin completing it.
- 2) Section 1 is to be completed and notarized by the pharmacist.
- 3) Section 2 is to be completed and notarized by the applicant.
- 4) Make sure all blanks have an entry.
- 5) Page 2 of the affidavit may be photocopied as needed.
- 6) A separate Pharmacist's Affidavit is required for each pharmacy where hours were earned.
- 7) Make sure your dates do not overlap from one week to the next.
- 8) Record partial hours as follows:

15 minutes = .25 30 minutes = .50 45 minutes = .75

Sample of a **Correct** Entry:

	,								
	WEEK BEGINNING: MM $ \underline{ 02} $ DD $ \underline{ 02} $	WEEK ENDING: MM 02 DD 08 YYYY 2003							
		SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned
	ENTER DATE HOURS WORKED HERE $ ightarrow$	2/2	2/3	2/4	2/5	2/6	2/7	2/8	This Week Only
-	ENTER NUMBER OF HOURS EARNED HERE $ o$		8	4.5	5	3		7.25	<u>27.75</u>

Sample of an **Incorrect** Entry:

WEEK BEGINNING: MM <u>O2</u> DD <u>O3</u> YYYY <u>2003</u>					WEEK ENDING: MM <u>02</u> DD <u>09</u> YYYY <u>2003</u>				
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned	
ENTER DATE HOURS WORKED HERE $ ightarrow$	2/3	2/4	2/5	2/6	2/7	2/8	2/9	This Week Only	
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$		8.05	4.20	5	3.15		7.25	<u>27.65</u>	

Reasons these entries not correct: February 3rd is not a Sunday, February 4th is not a Monday, etc. Partial hours not recorded properly

Form No. 22 07-04-2011



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Approved By:

Pharmacist's Affidavit for Certifying Hours of Practical Experience Earned OUTSIDE Louisiana Page 1 of 2

Last 4 Digits of Applicant's Social Security Number (SSN):			
ion 1 – To be completed by the Supervising Phar	macist (ALL blanks r	equire an entry)	
I,, holder of lic	ense number	hereby certify that I wa	is licensed as a pharmaci
at least 2 years in the state of on the first day the appli	cant began earning the	se hours of practical experience	e under my supervision at
Pharmacy Address			_
City/State/Zip		······	_
The applicant has earned a total of hours of p attached pages.	ractical experience at t	his facility as evidenced by the	entries recorded on the
I further certify that: 1) The above named applicant, while under my supervision, under state and federal laws; and 2) To the best of my knowledge the hours submitted herein a 3) To the best of my knowledge and belief, the above named	and the total number of	hours attested to are true and	correct; and
(Notarized Signature of Pharmacist)		(Notary Public Sigr	nature)
Sworn to and subscribed before me this	day of	, 20	 SEAL
Notary Public in and for:		Expiration Date:	
(Parish/County)	(State)		
on 2 – To be completed by the Applicant (ALL blank	ks require an entry)		
,, hereby certifunder the supervision of the pharmacist identified in Section 1. I for above and recorded on the attached pages are true and correct.			
(Notarized Signature of Applicant)		(Notary Public Sign	ature)
Sworn to and subscribed before me this	day of	, 20	 CEAL
			SEAL
Notary Public in and for:		Expiration Date:	_

Date Approved:

Hours credited to this Affidavit:

Pharmacist's Affidavit – Page 2 of 2

Full name of Applicant:								
Last 4 Digits of Applicant's Social Security Nur	mber (SSI	N):						
Name of Pharmacy Where Hours Earned:								
WEEK BEGINNING: MM DD	YYYY		$\overline{\top}$	WEEK F	ENDING: 1	√M		YYYY
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned
ENTER DATE HOURS WORKED HERE →	<u> </u>		L'	<u> </u>	<u> </u>			This Week Only
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$	 		 					
WEEK BEGINNING: MM DD	YYYY			WEEK F	ENDING: N	ИМ	_ DD	YYYY
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned
ENTER DATE HOURS WORKED HERE →	<u> </u>		<u> </u>		 '	ļ		This Week Only
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$			<u> </u>					
WEEK BEGINNING: MM DD	YYYY			WEEK F	ENDING: N	л М	DD	YYYY
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned This Week Only
ENTER DATE HOURS WORKED HERE →	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	IIIIS WEEK Ciny
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$			<u> </u>					
WEEK BEGINNING: MM DD	YYYY			WEEK E	ENDING: N	ЛМ	DD	YYYY
	SUN	MON	TUE	WED	THU	FRI	SAT	Total Hours Earned This Week Only
ENTER DATE HOURS WORKED HERE →	 		 	<u> </u>	 	<u> </u>	<u> </u>	11110 111011 1
ENTER NUMBER OF HOURS EARNED HERE $ ightarrow$	<u> </u>		<u> </u>	<u> </u>				
<u> </u>				$\overline{}$				
WEEK BEGINNING: MM DD	_ YYYY .			WEEK E	ENDING: N	1M	_ DD	YYYY
	SUN	MON	TUE	WEEK E	ENDING: M	MM	DD	Total Hours Earned This Week Only
WEEK BEGINNING: MM DD ENTER DATE HOURS WORKED HERE →			TUE					Total Hours Earned