

Application Instructions for an Arizona Intern License

To apply for an Arizona intern license you must have the following qualifications: **You must be enrolled and seating in class** in an accredited pharmacist degree program or be a graduate of an accredited program. If you are a graduate of a foreign university, you must have an FPGEC certificate. You must also be a US citizen or a legal resident and authorized to work in the US. F-1 students should contact the Board before applying for licensure.

Do not apply for a graduate intern license if you have an existing Arizona intern license. If you are waiting for exams and wish to work in Arizona you should apply for a student intern license following the guidelines below. If you are a Foreign Grad then apply for a graduate intern license following the instructions below.

Complete the application.

To **APPLY ONLINE:** From the Board's home page click the word **RESOURCES**. Then from the pull down menu click **LICENSE, REGISTRATIONS AND PERMITS**. This will bring you to the Pharmacist page. At the top of this page you will see several tabs. Click on the **INTERN** tab. Once you are on the Intern page, please take a few moments to read through the information posted there. From there please go to **QUICK LINKS** located on the right side of the intern page. Select **APPLY FOR LICENSE/PERMIT ONLINE**. Read through the FINGERPRINT INFORMATION. Then at the bottom of the fingerprint page select **CONTINUE TO APPLY ONLINE**. From the application page select **BEGIN A NEW APPLICATION OR RENEWAL** and continue. On the next page select **BEGIN A NEW APPLICATION**. From the pulldown type menu, select **INTERN**. On the next page select **NO LICENSE**. Please be sure to check **AGREE** at the bottom of the **TERMS AND CONDITIONS** page. The remainder of the application is self-explanatory.

You must pay the **\$60 application fee by credit card online** and submit the required documents. **Please be sure to read carefully when making your selections online.** **The Board cannot issue refunds!** If you have applied online and feel that there may have been a processing error, please contact the Board first before trying to re-apply online. **Once your application has been downloaded by the Board you will be sent a fingerprint packet to complete.**

REQUIRED DOCUMENTS:

You must also submit an **official copy of your transcript** or an **official letter from the school** showing your enrollment status in good standing and the anticipated year of graduation. **This document cannot be faxed or e-mailed.** It must be the original document sent from your school.

** If you are a foreign graduate, **a photocopy of your FPGE C certificate** will take the place of an official transcript. **FOREIGN GRADS MUST HAVE AN FPGE C CERTIFICATE TO APPLY!**

You will also need to send a **photocopy of your US birth certificate, US passport, or permanent resident card.** We also require a copy of a photo ID issued by a State or Federal agency. If you are a foreign grad on a work visa or a foreign student here on a student visa, please contact the board office before applying.

You may scan your **US birth certificate, US passport or green card** and email them as a **PDF file** to Valerie Suwinski at **vsuwinski@azpharmacy.gov**. You may also send them via US Mail.

DO NOT SEND ORIGINAL DOCUMENTS! THEY WILL NOT BE RETURNED TO YOU!

You will be required to complete a background investigation. A fingerprint packet will be mailed to you when you apply. You must follow all instructions and return the packet to the Board as instructed. This investigation usually **takes 8 to 10 weeks to complete** so plan accordingly.

REPORTING NON- ROTATION INTERN HOURS

You may also submit non-rotation hours earned in Arizona intern on an annual basis in order for them to be certified by the Board. You should report only **NON-ROTATION hours** earned in Arizona. All **rotation hours** should be reported to your school! **Please be sure to include your full name and your license number. Check your math!** **Your reported hours should be totaled on the page. Your report form will be returned to you if it is not complete.** . This form can also be found on our website at **www.azpharmacy.gov** under the forms section under **other forms and is also found in the intern section of the home page.** Your preceptor must be ASBP licensed as a preceptor. It is your responsibility to check with the preceptor to verify if he or she is licensed as a preceptor! You may fax, e-mail or mail your reports in to the Board. Remember to keep a copy for your records and track the hours you have submitted! For questions regarding intern hours please contact Valerie Suwinski at the email address below. Intern hour reports must be submitted by January 31st of the following year for the previous year. Late reports will be destroyed!

Requests for totals of hours submitted must be by email only!

Valerie Suwinski
Licensing and Exams Coordinator
vsuwinski@azpharmacy.gov



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 www.azpharmacy.gov

ANNUAL REPORT OF INTERN TRAINING

INTERN INFORMATION

Name: _____ License #: _____

Address: _____
 Street and Number City State Zip

Training Site: _____

Address: _____
 Street and Number City State Zip

Training Report for Year Ending December 31st of _____

Month	Year	* Hours Reported	** Signature of Preceptor	License Number	DO NOT WRITE IN THIS SECTION FOR BOARD USE ONLY!
January					Report Number: _____ Total Hours Reported: _____ Total Hours Credited: _____ Validated by: _____ Date: _____
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Total Hours Reported _____

*** The following is to be completed by and ASBP, UofA, or Midwestern University Pharmacy Intern Preceptor:**

I hereby attest that I am a pharmacist who had been actively engaged in the practice of pharmacy in Arizona for at least one year and that I have supervised the intern training of the Pharmacy Intern listed at the top of this document. Experiential training records may be examined upon request by the State Board of Pharmacy or their compliance officers.

Preceptor Signature _____

Date: _____