Professional Credential Services, Inc.

P.O. Box 198788
Nashville, Tennessee 37219
(877) 887-9727
www.pcshq.com

Massachusetts Board of Registration in Pharmacy

Pharmacy Internship Registration Application

In order to qualify for licensure as a Pharmacist by the Massachusetts Board of Registration in Pharmacy (Board), an applicant must acquire no less than fifteen hundred (1500) hours of practical experience as a Pharmacy Intern under the supervision of a Board-approved Pharmacist Preceptor (of which at least one-thousand {1000} hours must be completed in a Pharmacy or Pharmacy related setting, as set forth in 247 CMR, Section 8.01 seq.)

A Pharmacy Intern is an individual who has completed the two years of academic curriculum or who has standing as a student beyond the second-year class in the undergraduate academic sequence of an approved college/school of pharmacy, and who is registered by the Board to acquire, under the direction of a Board-approved registered Pharmacist Preceptor to whom he or she has been assigned, that practical experience which is a prerequisite to examination for personal registration as a Pharmacist.

A Pharmacist Preceptor is a registered Pharmacist in good standing, who has completed at least one year of the actual practice of Pharmacy; must also be approved by the Board to supervise and direct the training of Pharmacy Interns; and to assist in the training of other Pharmacy Interns. A Registered Pharmacist Preceptor cannot directly supervise more than two Pharmacy Interns at one time. Board regulations do not prohibit several Preceptors from sharing the responsibility of training a single Intern.

A Pharmacy Intern may engage in the full range of activities conducted by a Registered Pharmacist, provided that at all times he or she is under the direct supervision of a Registered Pharmacist Preceptor. A Pharmacy Intern acting under the direct supervision of an approved Registered Pharmacy Preceptor may supervise Pharmacy Technicians.

A Pharmacy Intern may receive credit for up to twelve (12) hours of Pharmacy Internship credit per day and hours may be acquired throughout a calendar year. A Pharmacy Intern shall wear a name tag, which indicates the Intern's name and the words "Pharmacy Intern."

Applications for registration as an Intern are available from Professional Credential Services (PCS). Completed forms must be submitted directly to PCS along with initial fee payment of $95.00 for each Intern. A Preceptor must fill out a new application form for each Intern. During the course of the Pharmacy Internship, Preceptors and Pharmacy Interns may (in a timely manner) submit such information as the Board may require regarding the Internship, including the hours the Intern has completed (FORM B). A Pharmacy Intern who has graduated from an approved college/school of Pharmacy may continue to act in the capacity of Pharmacy Intern until he/she becomes registered as a Pharmacist.

The Board may grant credit for out-of-state Pharmacy Internship experience when a letter of verification of approval is issued by the jurisdiction wherein the experience was acquired and presented to the Board indicating that such internship experience has been duly approved in that experience. However, if the out-of-state jurisdiction does not provide a verification of internship hours, the internship applicant may register such hours with the Massachusetts Board provided that he/she and the out-of-state Pharmacy Preceptor are registered with the Board by means of PCS.

APPLICATION FORMS TO BE SUBMITTED:

	Pharmacy Internship Registration Form
FORM A	**(Must include a 2" x 2" passport-sized photo of applicant)**
FORM B	**Preceptor's Affidavit of Internship Hours** **(Including evaluation of Internship period to be completed by Preceptor)**
FORM C	**Preceptor's Registration Form** **(To be completed only if candidate is not engaged in a Preceptor agreement at time of submitting FORM A to PCS or if the Intern changes Preceptor during Internship)**

You must include a money order payable to PCS in the amount of $95.00 or pay by Visa, MasterCard or Discover (including Debit Cards) by completing the Credit Card Authorization portion of the application.

Requirement for Social Security Number

The Massachusetts Board of Registration in Pharmacy Staff (Board) wishes to inform applicants that a social security number (SSN) is required in order to obtain any professional pharmacy license, including that of a pharmacy intern or pharmacist.

As mandated by Massachusetts law, the Board requires license applicants to submit a valid SSN as a condition of issuing or renewing the license. M.G.L. c. 30A, § 13A.

The Board recognizes an exception to this rule for issuing initial licenses to foreign applicants not physically present in the United States, and individuals whose visa for entry is related to employment involving a professional license. See 8 U.S.C. § 1621.
Once the license has been issued, license holders must obtain and submit a valid SSN as a condition of license renewal.

Please make a copy of each document that is submitted to PCS; interns are responsible for keeping track of all internship hours submitted to PCS. You may use this form to record completed hours.

Do not submit the form to PCS, it is for interns only.

Number of Intern Hours Completed	Dates of Internship	Place of Internship	Date Submitted to PCS

Other Comments:

Additional copies of FORM B and FORM C are available for download at www.pcshq.com. Contact PCS at pharmacyintern@pcshq.com or call toll-free (877) 887-9727.

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FORM A

PCS must be notified in writing as soon as possible of any name and/or address change.

☐ Check this box if this is the first time you have ever registered as an intern with the Board or PCS.

A. Biographical Information.
Provide all information as requested. Applications are not considered complete until all requested information is provided.

*Social security number is **mandatory**, pursuant to MGL c. 62C, s. 47A. The Dept of Revenue will use your social security number to determine if you are in compliance with Commonwealth child support laws. If you are not entitled to a U.S. social security number, you must provide an Affidavit in Support of Registration. Thereafter, should you be issued a social security number, you must provide such number to the Board.

B. Affidavit.
By answering these questions and signing this application, the applicant attests that the following has been read and understood.

The application must be signed by the applicant and in the presence of a Notary Public in order to be processed.

SOCIAL SECURITY NUMBER (SSN) |___|___|___| - |___|___| - |___|___|___|___|

First Name Middle Name Last Name Suffix/Other/Maiden

MOTHER'S MAIDEN NAME _____ ☐ FEMALE ☐ MALE

DATE OF BIRTH |__|__|__|__|__|__|__| CITY/STATE/COUNTRY OF BIRTH _____

HEIGHT _____ (FT) _____ (IN) WEIGHT _____ (LBS) EYE COLOR _____

Home Address

Street Address or P.O. Box

City State ZIP Code

Telephone Number Fax Number Email Address

☐ Yes ☐ No 1) Do you agree to comply with Federal and State laws and the Rules and Regulations of the Board of Pharmacy and submit such reports as requested by the Board?

☐ Yes ☐ No 2) Has disciplinary or legal action ever been taken against you by any licensing or certification board in the U.S. or any foreign jurisdiction? *If yes, you must attach additional information regarding the legal action that was taken.*

☐ Yes ☐ No 3) Have you been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any investigation or any court proceeding in relation to any felony or misdemeanor charge? If YES, please attach a typewritten 8 ½" by 11" sheet (s) of paper which provides dates and details describing the circumstances related to the maters on the matter (s); provide certified copies of court documents of any convictions (defined as any plea that is accepted by a court); and complete a Criminal Offender Record Information Request (CORI) Form (available from PCS). (Note: Conviction of a crime does not necessarily bar registration; however, failure to disclose may result in denial of application or other disciplinary action by the Board.)

☐ Yes ☐ No 4) Are you the subject of any pending disciplinary action by any licensing or certification Board located in the United States or any other country or foreign jurisdiction?

Attach
2x2
Photo of Candidate

By my signature below I certify, under the pains and penalties of perjury, that all information presented on this application is true and accurate. I understand that the Massachusetts Board of Registration in Pharmacy has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial registration, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

_____
Signature of Applicant *(in the presence of a Notary Public)* **Date**

_____
Signature of Notary Public

_____
Print Name of Notary Public

Affix Notary Seal

My commission expires on _____
Month/Day/Year

Revised 072614

FORM A

C. To be completed by school or college of Pharmacy in the U.S. or U.S. Jurisdictions.

Name of Candidate

Name of School or College of Pharmacy

Contact Name for Pharmacy Program Telephone Number

Street Address

City State ZIP Code

Anticipated Date of Graduation: _____

D. Official Signature of School Representative. A College official (dean, registrar, or program director) must sign this form and affix official school seal.

By my signature below, I hereby certify that the information contained in Section C of this registration form is true and accurate.

Signature of School or College Official

School Seal

Print Name of School Official

Date

E. Graduates of Non-Approved Colleges/ Schools of Pharmacy:

Before the commencement of a pharmacy internship in Massachusetts, a graduate of a non-approved college/school of pharmacy must provide PCS with a current authorization from NABP to sit for the FPGEE (issued within the preceding year).

F. Preceptor Information.
NOTE: This section to be completed by the preceptor initially assigned to the intern. If the intern has not yet been assigned to work with a preceptor, complete FORM C once the internship has begun.

Is the applicant named on this registration form currently working under your supervision? ☐ Yes ☐ No

If not, when is the intern expected to being work? _____

Preceptor's Name State License No. License Expiration Date

Name of Pharmacy in which you practice on a full-time basis

Pharmacy Location: Street Address

City State ZIP Code Telephone Number

Are you the owner of the pharmacy? ☐ Yes ☐ No

By my signature below, I agree to supervise the aforementioned pharmacy intern at the location indicated above.

Signature of Preceptor *Date*

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Payment Form

Pharmacy Intern Applicant Fee - $95

Please check form of payment below:

❑ Money Order

Please make it payable to "PCS" for the total amount of the application fee. Do Not staple your payment to this form.

Or

❑ Credit Card

Authorized payment amount: $ _____ Please check one: □Visa □MasterCard □Discover

Card Number: _____-_____-_____-_____ Exp: ____ / ____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form.

NOTE: this document will be shredded after it has been processed.