NEW MEXICO BOARD OF PHARMACY

EMPLOYER'S AFFIDAVIT FOR INTERNSHIP

(Please fill in all blank spaces.)

Intern N	Name:					
I the un	ndersigned	l, hereby c	ertify that I am a licen	sed pharmacist in the sta	te of New Mexico,	
*Registered pharmacist license #				; Preceptor's License #;		
and that			rece	received practical experience as follows:		
			PLEASE USE ONE L	INE PER WEEK/BIWEEK/N	MONTH*.	
* Depe	nding on h	ow hours	are tracked by employ	yer (Lump sums will no	ot be accepted.)	
From _		_ to	# of weeks	X Hours per week_	= Hours Earned	
_	Date					
From _		_ to	# of weeks	X Hours per week_	= Hours Earned	
From _	Date	to	# of weeks	X Hours per week	= Hours Earned	
	Date	_ 10		XTIOGIO POI WOOK_		
		_ to	# of weeks	X Hours per week_	= Hours Earned	
	Date		<i>"</i> • • •	VII		
	Date	_ to	# of weeks	X Hours per week_	= Hours Earned	
From _		to	# of weeks	X Hours per week	= Hours Earned	
	Date					
From _		_ to	# of weeks	X Hours per week_	= Hours Earned	
-	Date	4.0	# of wools	V Hauma manusadi	Haura Farnad	
From _	Date	_ to	# of weeks	X Hours per week_	= Hours Earned	
From		to	# of weeks	X Hours per week	= Hours Earned	
_	Date					
From _		_ to	# of weeks	X Hours per week_	= Hours Earned	
From	Date	40	# of wooks	V Hours nor wools	= Hours Earned	
FIOIII _	Date	_ 10	# OI WEEKS	A nours per week_	= Hours Earned	
From _		_ to	# of weeks	X Hours per week_	= Hours Earned	
	Date			·		
				Total Hours Report	ted on This Form	
The ab	ove inform	ation was	taken from payroll or	other records which are k	kept at:	
			. ,	amined upon reasonable	•	
Board o	of Pharma	cv or anv o	of their inspectors.	ariirica apori reaconable	notice by the Glate	
200.0		o, c. c, .				
Preceptor's Signature			Date	<u> </u>	Phone Number	
•	-					
Pharmacy			Stre	eet Address		
City			 Stat	<u> </u>	Zip	
Oity			Olai	. —	—·r	