Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

PHARMACY EXAMINING BOARD

DISCLOSURE FOR FOREIGN GRADUATE INTERNSHIP IN THE PRACTICE OF PHARMACY

Notice - Any change of supervising pharmacist requires that a new form be submitted to the Pharmacy Examining Board prior to further performing duties constituting the practice of pharmacy as an intern. For all requirements and definitions, see Wis. Admin. Code § Phar 17.

APPLICANT: Complete this section and submit to supervising pharmacist for completion. Form must be returned directly from the supervising pharmacist to the Department at the above address. This form may be copied and additional copies submitted if necessary.

Last Name **First Name** **MI** **Former / Maiden Name(s)**

Address: (number, street, city, zip code)

Date of Graduation: __ __ / __ __ / __ __ __ __

SUPERVISING PHARMACIST: Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredpharmacy@wisconsin.gov.

Name of Supervising Pharmacist

Supervising Pharmacist WI License Number - **40**

Internship Location:
(name, number, street, city, zip code)

Daytime Telephone Number: __ __ __ - __ __ __ - __ __ __ __

Signature of Supervising Pharmacist

Date __ __ / __ __ / __ __ __ __

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Committed to Equal Opportunity in Employment and Licensing