



Virginia Department of
Health Professions
Board of Pharmacy

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Continuing Education (CE) Credit Form for Preceptors

Complete and maintain this form with your personal CE records for three years. Do not submit this form to the board unless otherwise instructed during a CE audit.

Pharmacists: Pursuant to 18VAC110-21-120(C)(2), of the 15 contact hours required for annual renewal, at least three hours shall be obtained in courses or programs that are live or real-time interactive. Included in the three hours, the following may be credited: a maximum of one hour for serving as a preceptor for a pharmacy student or resident in an accredited school or program or for a foreign-trained student obtaining hours of practical experience. Record below required information to be credited for a maximum one hour of live or real-time interactive CE during this calendar year.

| | | | |
|--------------------|-------|------------------|--|
| Name of Pharmacist | | License Number | |
| Street Address | | Telephone Number | |
| City | State | Zip Code | |
| Email address | | | |

| | | | |
|--|-------|------------------------|--|
| Name of Pharmacy where Served as Preceptor | | Pharmacy Permit Number | |
| Street address | | Telephone number | |
| City | State | Zip code | |

| | |
|--|---|
| Beginning Date of Service | Ending Date of Service |
| Name of Student | Pharmacy Intern Registration Number/ Pharmacist license number |
| Student is: <input type="checkbox"/> Enrolled in School of Pharmacy <input type="checkbox"/> Resident <input type="checkbox"/> Foreign Graduate <input type="checkbox"/> Other | Name of Affiliated School of Pharmacy or Residency Program, or Explanation of Other |

I do solemnly swear or affirm that the information provided and the statements made on this application are true and correct to the best of my knowledge:

Signature: _____ **Date:** _____