

Kentucky Board of Pharmacy
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY 40601
Phone 502-564-7910
Fax 502-696-3806

APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN

Name: (Last) (First) (Middle) (Social Security Number)
Address: (Street) (Phone)
(City) (State) (Zip) (Date of Birth)
(E-mail Address)

A recent head and shoulders Passport Photograph must be attached.
(No proof copies, plastic ID, or digital computer images are acceptable).

- I have been accepted to enter the (Name of School or College of Pharmacy) and shall enroll for the term beginning (Date) with an anticipated date of graduation of (Date).
I have attached a copy of my letter of acceptance.
I have attached a copy of my FPGEC certificate. (Foreign graduates only)
If you are currently registered as a pharmacy technician, please provide your registration number.
Foreign graduates: If you have an international address, please provide a mailing address located within the United States or provide a pre-addressed, postage paid envelope for mailing to an international address.
I understand that I cannot compound or dispense drugs or medicines except when performed under the immediate personal supervision of a pharmacist, and that I cannot be left in charge of a pharmacy at any time. I am aware that this registration is valid for six (6) years from the date of issue unless I am no longer enrolled in a School or College of Pharmacy.
I have not: (1) been convicted of a felony; (2) been convicted of violation (s) of any drug laws; (3) abused a prescription drug; (4) misappropriated or illegally used prescription drugs or other pharmacologically active agents; (5) chronically or persistently abused alcohol.
I understand that in the event I am charged with or treated for any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration.

(Date) (Signature)

(FOR BOARD USE ONLY - LEAVE BLANK)
Registration Number: Date Issued:
Fee Received: \$