

PRECEPTOR LETTER

To: Arizona Board of Pharmacy
1700 W. Washington, Suite 250
Phoenix, AZ 85007
602-771-2727

This is to certify that _____ to the best of my
Type or Print Name of Applicant

knowledge is not addicted to the use of habit forming or narcotic drugs; is not a chronic or persistent inebriate; has not been convicted of any violation of federal or state laws pertaining to drugs or devices; is of good moral character and will, in my opinion, be a credit to the profession of pharmacy.

Applicant, while training under my supervision, has shown the ability to practice pharmacy in a manner that will serve the patient well and is consistent with professional and regulatory standards.

I have the following additional comments with reference to the applicant's moral character:

Signature	Name (Please Print)	Date	
Address	City	State	Zip
Pharmacist License #	Intern Training Site/Address		

PLEASE RETURN THIS FORM TO BOARD OFFICE IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.