



CANNON BUILDING  
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STATE OF DELAWARE

**COMMISSION ON ADULT ENTERTAINMENT  
ESTABLISHMENTS**

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**COLLEGE PRACTICAL EXPERIENCE FORM**

**INSTRUCTIONS**

This form is for applicants for Delaware Pharmacist licensure who completed internship hours while in a school or college of Pharmacy.

- The applicant completes the APPLICANT INFORMATION section and sends this form to his or her school or college of pharmacy.
- An official of the college or school completes the information in the VERIFICATION section, signs and seals the form and sends it directly to the Board office at the address above.

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Application ID: \_\_\_\_\_

**VERIFICATION**

1. Name of School or College of Pharmacy: \_\_\_\_\_

2. Is/was the applicant named above a full-time student at this school or college of Pharmacy? Yes  No

3. Has the applicant successfully participated in the school's Practical Experience Program? Yes  No

4. Enter the number of hours of practical experience that the applicant obtained **during or after the first professional year** of the Pharmacy curriculum.

Total Hours: \_\_\_\_\_ From (month/day/year): \_\_\_\_\_ To (month/day/year): \_\_\_\_\_

5. Enter the minimum number of hours of experience that the **current** structure of the Practical Experience Program at this institution requires:

Community Pharmacy Practice: \_\_\_\_\_ hours

Hospital Pharmacy Practice: \_\_\_\_\_ hours

Clinical Pharmacy Services: \_\_\_\_\_ hours

"Clinical Pharmacy Services" include medical rounding, patient chart review, drug therapy assessment, patient interview and education.

**I certify that the above information is accurate.**

School Official's Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature Of School Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

AFFIX  
INSTITUTION  
SEAL

**Send this form *directly* to the Board of Pharmacy office at the address above.**