



Affidavit of Experience
Purdue University School of Pharmacy
And Pharmacal Sciences



State In Which Experience Was Completed: **Indiana** Date of Affidavit: **07/06/01**

Student Information

Name of Clerkship Student: First, Middle, Last: **Gretchen Marie Williamson**
 Address of Clerkship Student: Number & Street: **224 Maple Street**
 Apartment or other: **Apt B-4**
 City, State, Zip: **West Martin Indiana 47854**
 Intern/Extern Registration Number(s): **Indiana: 45011886 Other:**

Preceptor and Site Information:

Name of Preceptor: First, Middle, Last: **Mary Kay Fishers**
 Is the Preceptor a Pharmacist? " YES " NO If YES: State: **IN** License Number **26013433**
 Name and Address of Pharmacy or other Site: Name: **C & S Pharmacies, Inc. #433**
 Street and Number: **2335 West Barlow Street**
 City, State, Zip: **Indianapolis IN 46452**

Course (Rotation) Information

- " Pharmaceutical Care Clerkship 8-Week
- " Advanced Clerkship " 4-Week " 8-Week

Dates of Participation and hours served

Week	Week Ending	Hours Served
1	05/11/01	40
2	05/18/01	39
3	05/25/01	38
4	06/01/01	41
5	06/08/01	42
6	06/15/01	45
7	06/22/01	35
8	06/29/01	40
Total Hours :		320

Instructions: At the end of each clerkship period ("Rotation"), the student shall execute, and have signed, one of these affidavit forms and return it to the School of Pharmacy for recording and forwarding to the Indiana Board of Pharmacy.
 Note: If the state where the experience is served does not require the student to be licensed or registered as an Intern or Extern, it is the student's responsibility to submit such information to the Board. Rules for Practical Experience in Indiana are found at 856 IAC 1-3.1 and IC 25-26-13-10. Acceptable hours are from four (4) to sixty (60) hours per week, each inclusive.

AFFIDAVIT: I swear or affirm that I am the Clerkship Preceptor assigned by Purdue University School of Pharmacy and Pharmacal Sciences, that the above-named student was in my instruction for the periods and times listed herein, that the student successfully completed the course objectives as required, and that the statements, and each of them, contained herein are true and accurate to the best of my knowledge on this date.

Signed (Preceptor) _____ Date _____

For the School of Pharmacy and Pharmacal Sciences _____ Date _____



Affidavit of Experience
Purdue University School of Pharmacy
And Pharmacal Sciences



State In Which Experience Was Completed _____

Date of Affidavit: _____

Student Information

Name of Clerkship Student _____ First, Middle, Last

Address of Clerkship Student: _____
 Number & Street
 Apartment or other
 City, State, Zip

Intern/Extern Registration Number(s) _____

Indiana: _____

Other: _____

Preceptor and Site Information:

Name of Preceptor _____ First, Middle, Last

Is the Preceptor a Pharmacist? " YES " NO If YES

State: _____

License Number _____

Name and Address of Pharmacy or other Site _____ Name:
 Street and Number
 City, State, Zip

Course (Rotation) Information

" **Pharmaceutical Care Clerkship 8-Week**

" **Advanced Clerkship " 4-Week " 8-Week**

Dates of Participation and hours served

Week	Week Ending	Hours Served
1		
2		
3		
4		
5		
6		
7		
8		

Total Hours : _____

Instructions: At the end of each clerkship period ("Rotation"), the student shall execute, and have signed, one of these affidavit forms and return it to the School of Pharmacy for recording and forwarding to the Indiana Board of Pharmacy.

Note: If the state where the experience is served does not require the student to be licensed or registered as an Intern or Extern, it is the student's responsibility submit such information to the Board. Rules for Practical Experience in Indiana are found at 856 IAC 1-3.1 and IC 25-26-13-10. Acceptable hours are from four (4) to sixty (60) hours per week, each inclusive.

AFFIDAVIT: I swear or affirm that I am the Clerkship Preceptor assigned by Purdue University School of Pharmacy and Pharmacal Sciences, that the above-named student was in my instruction for the periods and times listed herein, that the student successfully completed the course objectives as required, and that the statements, and each of them, contained herein are true and accurate to the best of my knowledge on this date.

Signed (Preceptor) _____ Date _____

For the School of Pharmacy and Pharmacal Sciences _____ Date _____