



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 ☆ Austin, Texas 78701
512-305-8000 ☆ www.tsbp.state.tx.us

AGREEMENT FOR CERTIFICATION AS A PRECEPTOR

I, _____, R.Ph., License No.: _____
agree to serve as a preceptor as provided in the Texas Pharmacy Act and Rules.

I UNDERSTAND THAT my certification as a preceptor is contingent upon meeting requirements specified by §283.6 of the Texas Pharmacy Rules as follows:

- A. My Texas license must be current and not on **inactive status** with the board.
- B. As a preceptor, I am required to be approved and certified by the board. My preceptor certificate shall be publicly displayed with my license to practice pharmacy and the license renewal certificate.
- C. For certification as a preceptor (Note: #1, #2 and #3 are requirements for all Texas preceptors):
 - (1) I have at least: (**YOU MUST CHECK ONLY ONE BOX FOR #1**)
 - one year of experience as a pharmacist; or
 - six months of residency training in a program accredited by the American Society of Health-System Pharmacists.
 - (2) I have completed 3 hours of preceptor training provided by an ACPE approved provider within the previous two years or within my current license renewal period. The preceptor training must be developed by a Texas college of pharmacy or approved by a committee comprised of the Texas colleges of pharmacy, and provided by an ACPE approved provider. (Do NOT send CE certificates to the board).
 - (3) I may not serve as a preceptor if my license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period I am serving as preceptor or within the three-year period immediately preceding my application for approval as a preceptor, unless the board has granted my written petition to serve as a preceptor, pursuant to §283.6(c) of Texas Pharmacy Rules.
- D. My certification as a preceptor is for a period expiring on the date specified.
- E. As a preceptor, I am directly responsible for the activities and functions of the pharmacist-intern under my supervision in the Texas State Board of Pharmacy approved Internship program.
- F. I must properly supervise pharmacist-interns. Such supervision shall be:
 - (1) direct supervision for pharmacist-interns when they are engaged in functions associated with the preparation and delivery of prescription or medication drug orders; and
 - (2) general supervision for pharmacist-interns when they are NOT engaged in functions associated with the preparation and delivery of prescription or medication drug orders.
- G. I am responsible for the true and accurate reporting of internship hours worked by the pharmacist-intern, if required to do so by the board.

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act, and may subject me to disciplinary action by the board.

Signature of Preceptor Applicant

Date

**ONLY COMPLETE APPLICATIONS RECEIVED BY MAIL
WITH AN ORIGINAL SIGNATURE WILL BE ACCEPTED
FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED**