



Washington State Department of
Health
Pharmacy Quality Assurance Commission
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Internship Site and Preceptor Notification

Note: This form must be submitted from each preceptor before you begin your internship experience.

Name of Intern _____

Street Address _____

City _____ State _____ Zip Code _____

Intern registration number _____

Date intern hours will start to accrue (mm/dd/yyyy) _____

Internship Site _____

Street address _____

City _____ State _____ Zip Code _____

Name of preceptor _____

Pharmacist license number _____

Signature of intern

Date (mm/dd/yyyy)