

FLORIDA A & M UNIVERSITY
COLLEGE OF PHARMACY AND PHARMACEUTICAL SCIENCES

AFFIDAVIT OF COMPLETED HOURS

_____ has completed
_____ 160 _____ hours of supervised internship
under my supervision as required by the Florida A & M
University, College of Pharmacy. The internship
began _____, 20_____ and ended on
_____ 20_____. During this time the intern
worked a minimum of 40 hours per week and a
maximum of 40 hours per week.

Intern's name (print or type)

Leonard Rappa, Pharm.D.

Preceptor's name (print or type)

Intern's License #

PS0030797

Preceptor's License #

Intern's Signature

/

Preceptor's Signature

Intern's S S Number

Memorial Regional Hospital

Name of Pharmacy

Address of Pharmacy

3501 Johnson Street

Hollywood, Florida 33021

Date of Affidavit