

# Idaho State UNIVERSITY

## College of Pharmacy

### Employer's Certification of Pharmacy Training Hours (For Non-IPPE/APPE Hours)

*Please print legibly to ensure proper credit*

I hereby certify that I \_\_\_\_\_ am a licensed pharmacist and was employed by:

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Pharmacy Phone Number \_\_\_\_\_

At the time when \_\_\_\_\_ was in our employ or training for  
Student Pharmacist Name

\_\_\_\_\_ hours during the time period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (not to exceed six months).

\_\_\_\_\_  
Pharmacist's Signature (signed **AFTER** hours accrued)

\_\_\_\_\_  
Date

This Employer's Certification of Pharmacy Training Hours shall be submitted to the Assistant Dean for Experiential Education's secretary by the student pharmacist at the termination of each training period or site location.

Experience time will not be officially entered until this form is submitted by the student pharmacist. The form must be submitted within thirty (30) days of the ending date of the training period.

**Please note:** To ensure proper documentation and to avoid problems that may arise, please submit your form at least once every six months when training or working at a single site for an extended period of time.

**Submit form via mail or fax to:**  
**Office of the Assistant Dean for Experiential Education**  
Campus Stop 8333  
Pocatello ID 83209-8333  
Fax 208.282.4305