



Log of Intern Hours for (Year): \_\_\_\_\_

Intern Name: \_\_\_\_\_

Day	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1												
2												
3												
4												
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26												
27												
28												
29												
30												
31												
<b>Total:</b>												
<b>Grand Total</b>												

**AFFIDAVIT OF INTERN'S SUPERVISING LICENSED PHARMACIST**

This is to certify that I am \_\_\_\_\_, a licensed pharmacist in the  
(Name of Supervising Pharmacist)  
State of South Carolina with license number \_\_\_\_\_, and that  
\_\_\_\_\_, with Intern Certificate Number \_\_\_\_\_,  
(Name of Intern)  
was under my supervision, direction, and instruction from \_\_\_\_\_ through \_\_\_\_\_  
(Start Date) (End Date)  
at the \_\_\_\_\_  
(Pharmacy Name and Street Address, City, State, Zip Code)  
with permit number \_\_\_\_\_.

During the period of practical experience, the Intern named herein was engaged in the practice of pharmacy under my supervision. The experience gained by the intern was in accordance with the SC Pharmacy Practice Act. I certify that all statements given herein are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_  
(Supervising Pharmacist)

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I certify that all of the information contained herein is true and correct.

\_\_\_\_\_  
Signature of Intern

Date: \_\_\_\_\_