

NO FEE

For Office Use Only
Registration # _____
Date _____

**KANSAS BOARD OF PHARMACY
APPLICATION FOR REGISTRATION OF INTERN**

I, _____ certify that I have been accepted
in _____ School of Pharmacy on
(date) _____. I hereby make application for registration governing Pharmacy
Interns and Preceptors.

Applicant's Signature: _____

Present/Mailing Address, City, State, Zip:

Present Telephone No. _____

Permanent Address, City, State Zip:

Permanent Telephone No. _____

Social Security No. _____

Date of Birth: _____

Birthplace: _____

Sex: Female _____ Male _____

Signature of Pharmacy Dean:

Preceptor: _____

Signature of Preceptor:

Pharmacy Name & Address:

Pharmacy Telephone No: _____

RETURN COMPLETED APPLICATION TO:

**Kansas Board of Pharmacy
Landon State Office Building
900 SW Jackson, Room 560
Topeka, KS 66612-1231**

Call the Board office (785-296-4056) if you have any questions.