

EMPLOYER'S AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF _____

I _____ HEREBY CERTIFY that I am a pharmacist in good standing in the State of Mississippi, that I hold license number _____ and that _____ was under my direct and immediate supervision compounding drugs and filling prescriptions of medical practitioners from _____ to _____ in an establishment known as _____, located at _____.

I FURTHER CERTIFY that _____ is duly registered with the Mississippi State Board of Pharmacy as an Intern/Extern and holds registration number IE _____.

I FURTHER CERTIFY that in my opinion _____ made satisfactory progress toward proficiency as a pharmacist.

I FURTHER CERTIFY that I understand that no more than 40 hours per week of practical experience shall be accredited during any work period and that _____ worked a total of _____ hours for the period indicated above.

Employer's Signature

Subscribed and sworn to before me on this _____ day of _____ A.D., 202_____.

SEAL

NOTARY

My Commission Expires

NOTE: A Separate Affidavit is required for each work period.