



**The Ohio State University College of Pharmacy
Academic Experience Affidavit
APPE for Academic Year 2021-2022**

Student Printed Name: AARON BRIDGES	Ohio Intern License Number 060000308
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Completion of this document in full is required for graduation from The OSU College of Pharmacy PharmD program. Use additional sheets of this form if necessary. This document with signatures is due to the Carmen assignment by **April 29, 2022** by 5pm (or **April 15, 2022** if no rotation in April).

Month	Site Name (print)	Preceptor Name (print)	R.Ph. (or other) License #	PRECEPTOR'S SIGNATURE (**see statement below)	Start Date mm/dd/yy	End Date mm/dd/yy	Total # of Hours Completed
May 2021							
June 2021	Ohio State College of Pharmacy	Zachary Woods	03236838	<i>Zachary Woods</i>	06/01/21	06/30/21	189.5
July 2021	Charitable Pharmacy of Central Ohio	Ronni Ehlers	03438924	<i>Ronni Ehlers</i>	7/1/2021	7/30/2021	169
Aug 2021							
Sept 2021							
Oct 2021							
Nov 2021							
Dec 2021							
Jan 2022							
Feb 2022							
March 2022							
April 2022							
Longitudinal							
Cumulative Hours for the Academic Year (Minimum of 1440 hours required)							

** As a preceptor for this intern, I confirm that I am a registered pharmacist (or other health professional) holding a current and active license in good standing, or I am the person supervising the experience pursuant to Rule 4729-2 of the Ohio Administrative Code. I understand that as this intern's preceptor, I am verifying that he/she was properly supervised while practicing pharmacy at my site, worked the hours reported, and practiced in accordance with the requirements of the Ohio Pharmacy Practice Act and internship program. I hereby certify the statements associated with my name and signatures are true and correct.

ONLY TO BE COMPLETED BY THE INTERN'S ACADEMIC EXPERIENCE COLLEGE COORDINATOR:

I certify that, during the listed experience dates, each practice site and preceptor above held a current license in good standing with the appropriate professional licensing board, and that the intern named above achieved a passing grade for the structured academic course.

SIGNATURE OF ACADEMIC EXPERIENCE COLLEGE COORDINATOR	Date	The Ohio State University College of Pharmacy
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Student Signature (required): _____

Date submitted: _____