

**MEMO**

**To:** Pharmacist Intern Students  
**From:** Office of Medical and Specialized Health, Licensure Unit  
**Subject:** Verification of Pharmacist Intern Hour Request

If you will be seeking licensure in another state and wish to have your intern hours verified to a state board, you are required to complete the bottom section of this form. As of July 1, 2004, intern students are charged a **\$25.00** fee **per state** when requesting verification (i.e. two states = \$50.00). Make your check payable to DHHS Licensure Unit. In order to expedite the processing of your request, please fill the form out **completely** and send the **appropriate fee**.

**This verification will be completed using the name we have on file, not the name you place on this form.** If you have had a name change and have not informed the Department, you will need to do so. The name change form can be found on-line at: <http://dhhs.ne.gov/publichealth/Documents/nameform.pdf>. You will need to complete this form, have it notarized and send a copy of the legal document showing the change of name. There is no charge for this change of name, unless you request registration documents to be re-issued.

We do not obtain clinical hours from your school until early May. If you wish to have hours other than your clinical hours verified separately, before we receive the clinical hours, you may stipulate that in your request. However, you will need to send another request, with appropriate fee, for the clinical hours. **Confirmation of completion of the verification will be mailed to you at the address you list on the bottom portion of this memo.**

We have the addresses for all state boards on file in our office; so, you do not need to include this in your request, unless it needs to go to a specific person. You may mail this request, with a check, to the following address:

DHHS  
Division of Public Health  
Licensure Unit Attn: Pharmacy  
PO Box 94986  
Lincoln, NE 68509-4986

If you have questions, please e-mail [dhhs.medicaloffice@nebraska.gov](mailto:dhhs.medicaloffice@nebraska.gov)

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**REQUEST FOR VERIFICATION OF INTERN HOURS**

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

(Street Address) \_\_\_\_\_ (City, State & Zip) \_\_\_\_\_

Phone #: \_\_\_\_\_ S. S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Intern #: \_\_\_\_\_

College:  Creighton  UNMC  Other - \_\_\_\_\_ Amount: \$ \_\_\_\_\_ .00

- I request that the State of Nebraska, Licensure Unit: **(CHECK ONLY ONE BOX BELOW)**
- Wait to complete my certification of intern hours until my school has reported my clinical hours.
  - Move forward with the certification of intern hours that I currently have on file with the Department. I understand if I wish to have my clinical hours, or additional unreported hours, certified in the future, I will be required to submit another request and pay an additional \$25 certification fee per request.

I request that the State of Nebraska, Licensure Unit, send verification to the listed State(s) below:  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date