

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health



Health Professional Licensing Administration  
717 14<sup>th</sup> Street, NW, 6<sup>th</sup> Floor  
Washington, DC 20005  
(202) 724-4900

DISTRICT OF COLUMBIA BOARD OF PHARMACY  
SUPERVISED PRACTICE LETTER  
FOR PHARMACEUTICAL DETAILERS PENDING LICENSURE IN THE  
DISTRICT

**TO THE SUPERVISOR:** This form must be completed if you are supervising an applicant for a Pharmaceutical Detailers license. The supervisor shall be fully responsible for the practice of an applicant during the period of supervision and shall be subject to disciplinary action by the Board for any violation of the Act by the applicant. The applicant can only work under supervised practice for Sixty (60) days from the date of this form. **Applicants must have an application on file to work under supervised practice.**

Supervisor's Name (Please Print): \_\_\_\_\_  
First Name Last Name Middle Initial

Supervisor's DC License No.: \_\_\_\_\_  
License No. Expiration Date

Applicant's Name (Please Print): \_\_\_\_\_  
First Name Last Name Middle Initial

**\*\*Date Applicant Submitted Pharmaceutical Detailers application to the D.C. Board of Pharmacy**  
\_\_\_\_\_

Location:

\_\_\_\_\_  
Company Name Address Company Phone Number

\_\_\_\_\_  
Signature of Supervisor Direct Dial Number Date

**FOR OFFICE USE ONLY**

Supervised Practice Form Expiration Date: \_\_\_\_\_ (60 days only)

Date Application Submitted: \_\_\_\_\_

OFFICIAL DC SEAL

Board Action: \_\_\_\_\_