

PHARMACIST'S EVALUATION FOR STUDENT TRAINEESHIP PERFORMANCE

PHA 590 PHARMACY PRACTICE – V

STUDENT'S	
Name and Family Name	
Student Number	
Duration /Time Period of Traineeship	
Signature	

PHARMACY and PHARMACIST'S	
Name and Family Name	
Name of Pharmacy	
Phone and Fax Number	
Address of Pharmacy	
Stamp and Signature	

PHARMACIST'S EVALUATION