

PHARMACIST'S EVALUATION FOR STUDENT TRAINEESHIP PERFORMANCE

PHA 390 PHARMACY PRACTICE - II

| STUDENT'S | |
|--------------------------|--|
| STUDENT 3 | |
| Name and Family Name | |
| Student Number | |
| Duration /Time Period of | |
| Traineeship | |
| Signature | |
| | |

| PHARMACY and PHARMACI | ST'S |
|-----------------------|------|
| Name and Family Name | |
| Name of Pharmacy | |
| Phone and Fax Number | |
| Address of Pharmacy | |
| Stamp and Signature | |

| PHARMACIST'S EVALUATION | |
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