



**STUDENT TRAINEESHIP FORM FOR**

**PHA 590 PHARMACY PRACTICE – V**

STUDENT PHOTO
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<b>STUDENT'S</b>	
Name and Family Name	
Student Number	
Duration /Time Period of Traineeship	
Signature	

<b>PHARMACY and PHARMACIST'S</b>	
Name and Family Name	
Name of Pharmacy	
Phone and Fax Number	
Address of Pharmacy	
Stamp and Signature	

<b>IMPORTANT</b>
<ol style="list-style-type: none"><li>1. All the forms must be signed and stamped by pharmacist.</li><li>2. At the end of traineeship period, student must fill the the <b>PHA 590 Pharmacy Practice Manual</b> or <b>Pharmaceutical Industry Daily Report</b> by own handwriting and get approval (sign and stamp) from pharmacist.</li><li>3. At the end of traineeship period, all the documents (including Student Attendance Sheet, Practice Manual, Pharmaceutical Industry Daily Report, Pharmacist's Evaluation Rapport about student) must be given back to traineeship coordinator.</li></ol>