

**PHARMACIST'S EVALUATION FOR STUDENT TRAINEESHIP PERFORMANCE**

**PHA 491 PHARMACY PRACTICE – IV**

<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>PHARMACIST'S EVALUATION</b>