



EVALUATION SHEET
FOR PHARMACY PRACTICE AFTER THIRD YEAR
(4 weeks)

Name of the student.....
Name of the supervisor/pharmacist:.....
Name of the pharmacy:.....
Address of the pharmacy:.....
Accreditations of the pharmacy:.....
Period of practice: from..... to.....

The aim of the practice is for students to use their theoretical knowledge acquired at the lectures and practices especially in the subjects of Chemistry, Pharmacognosy and Pharmaceutical Technology in practice during the basic operations and the preparation of solutions, emulsions and suspensions.

1. Taking part in the preparation of solutions both during the preparation of prescribed drugs and the laboratory work.
Learning how to keep a laboratory diary
Preparing aseptic dosage forms
2. Checking the dose and dilution
3. Taking part in examination of drug substances and learning how to keep an investigation diary
Learning the guiding principles of the National Institute of Pharmacy (raw material, galenicals, FoNo preparations)
4. Learning the computer pricing and expeditation of magistral preparations
5. Taking part in expediting of drugs that are available without prescriptions.
Learning the proper communication with patients
Discussing the legal regulations of patient orientation
6. Getting to know the registered microbiological and serobacteriological preparations: ingredients, effects, the conditions of storage.
Studying the following chapters of Ph.Hg. VIII and Ph.Eur. VI:
Microbiological examinations
Immunobiological preparations
7. Reading technical books and periodicals
Discussion of the Code of Ethics
8. Elective topic chosen by the instructing pharmacist

Opinion of the instructing pharmacist about the student (application of knowledge, diligence, practical skill, attitude of the student):

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Evaluation of the work of the student:

highly met requirements met requirements did not meet requirements

Evaluation of the essays:

highly met requirements met requirements did not meet requirements
highly met requirements met requirements did not meet requirements

This is to certify that Ms./Mr.....,
3rd year pharmacy student has/has not completed the compulsory summer practice (4 weeks, 40 hours/week)
at our pharmacy. (Please circle or underline.)

Date:.....

Signature and stamp.....

Signature of the student:.....