



EVALUATION SHEET
FOR PHARMACY PRACTICE AFTER SECOND 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 to get acquainted with the tasks and the basic conditions of the function of the public pharmacy. Students should use their chemistry and general pharmaceutical knowledge in practice. They should gain experience of communication with the patients.

1. Getting acquainted with the places and functions of the pharmacy. Getting to know the devices and machines of the pharmacy.
2. Learning the proper communication in pharmacy.
3. Study the properties of drugs and plants according to the knowledge of materials and nomenclature.
4. Taking part in drug investigation.
5. Study the measurement and taking part in measuring and packaging of products not containing poison medicaments; basic substances and tea mixtures
6. Practising the use of technical books taking into consideration the Ph.Hg. VIII., FoNos, and Ph.Eur. VI.
Studying the Ph.Hg. VIII., chapter I. in detail:
 - General information and instructions
 - Mass measuring
 - Drug substances
7. Reading prescriptions and practising the Latin language used in the pharmacy.
8. Raising basic technical questions and questions regarding professional-public life, getting to know the official pharmaceutical organizations
9. 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.....,
2nd 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:.....