

**Accreditation questionnaire for community pharmacies participating in the
community pharmacy practice of pharmacy students
University of Szeged Hungary**

Details of the applicant pharmacy:

Name:

Address:

Head of pharmacy:

Phone: Fax:

E-mail:

Person responsible for education:

Number of skilled workers: Pharmacists: Assistants/Technicians:

How many pharmacy students does the pharmacy undertake?

Details of the teaching pharmacist:

Name:

Place and date of university degree:

Professional experience: years

Date of academic degree:

Name and date of speciality degree:

Language skills:

Data on conditions of pharmacy work:

Number of patients: with prescription/month

Number of patients: without prescription/month

Laboratory equipment:

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In addition to the computer used for management / expedition, there is a possibility of computer access (at least 2 hours a day) allowing the student to access professional information databases?

yes / no

Whether there is a place in the pharmacy for study and professional discussion?

yes / no

What kind of professional journals or magazines are available in the pharmacy?

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What kind of professional books are available in the pharmacy?

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The pharmacy's quality assurance system (which one is used?):

ISO **yes / no**

GPP **yes / no**

Other:

Date: , day month year

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Signature of head of the pharmacy

Stamp