

Attendance sheet

Name of the student:

John Doe

Name and address of the pharmacy:

Pharmacy of Dr. Jane Smith - 0000, Anytown, Main street 1.

Name of the pharmacist:

Dr. Jane Smith

Period of practice: *2022. 07. 11. - 2022. 07. 31.*

Month: <i>2022 July</i>	Arrival (hour, minute)	Departure (hour, minute)	Signature of the student	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
12.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
13.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
14.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
15.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
16.				
17.				
18.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
19.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
20.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
21.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
22.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
23.				
24.				
25.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
26.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
27.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
28.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
29.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
30.				
31.				

John Doe

Signature of the student

STAMP

Stamp of the pharmacy

Dr. Jane Smith

Signature of the pharmacist

Attendance sheet

Name of the student:

John Doe

Name and address of the pharmacy:

Pharmacy of Dr. Jane Smith - 0000, Anytown, Main street 1.

Name of the pharmacist:

Dr. Jane Smith

Period of practice: *2022. 08. 01. - 2022. 08. 31.*

Month: <i>2022</i> <i>August</i>	Arrival (hour, minute)	Departure (hour, minute)	Signature of the student	Remarks
1.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
2.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
3.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
4.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
5.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
6.				
7.				
8.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
9.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
10.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
11.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
12.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
13.				
14.				
15.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
16.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
17.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
18.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
19.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
20.				
21.				
22.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
23.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
24.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
25.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
26.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
27.				
28.				
29.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
30.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
31.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	

John Doe

Signature of the student

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Stamp of the pharmacy

Dr. Jane Smith

Signature of the pharmacist

Attendance sheet

Name of the student:

John Doe

Name and address of the pharmacy:

Pharmacy of Dr. Jane Smith - 0000, Anytown, Main street 1.

Name of the pharmacist:

Dr. Jane Smith

Period of practice: *2022. 09. 01. - 2022. 09. 11.*

Month: <i>2022 September</i>	Arrival (hour, minute)	Departure (hour, minute)	Signature of the student	Remarks
1.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
2.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
3.				
4.				
5.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
6.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
7.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
8.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
9.	<i>08:00</i>	<i>16:00</i>	<i>John Doe</i>	
10.				
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John Doe

Signature of the student

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Dr. Jane Smith

Signature of the pharmacist