

Pharmacy Quality Assurance Commission Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

## Supervising Pharmacist's Evaluation & Certification of Experience

This form must be submitted to the commission at the completion of the internship experience. If the internship experience exceeds twelve months, it is recommended that this form be filed annually.

| experience exceeds twelve months, it is recommended that this form  | n be filed annually                                       | ' <u>-</u>  |  |
|---|---|---|--|
| Name of Intern  |   |   |  |
| Credential Number   |   |   |  |
| Name of Supervising Pharmacist  | Credential Number   |   |  |
| Name of Internship Site   | License Number  | License Number                                      |  |
| Street Address  |   |   |  |
| City  | State   | Zip Code  |  |
| Supervising Pharmacist Evaluation of Intern   |   |   |  |
| Briefly describe the type of professional experience received under y communication skills, accuracy, professional attitude, dispensing skill and knowledge of pharmacy management. Also, pursuant to <a href="WAC 2">WAC 2</a> the intern's ability to practice pharmacy at this stage of his or her interyou need more space. | ls, ability to evalua<br>2 <mark>46-945-163</mark> , prov | ate and monitor therapy,<br>vide your assessment of |  |
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|   |   |   |  |
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|   |   |   |  |
|   |   |   |  |
| Signature of Supervising Pharmacist   | Date  |   |  |

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| For the Two-Week Period of                             |                             | For the Two-Week Period of |   |                             |       |  |
|--|-----------------------------|----------------------------|---|-----------------------------|-------|--|
| From (Sunday)<br>MM/DD/YYYY                            | To (Saturday)<br>MM/DD/YYYY | Hours                      | From (Sunday)<br>MM/DD/YYYY                 | To (Saturday)<br>MM/DD/YYYY | Hours |  |
|  |                             |                            |   |                             |       |  |
|  |                             |                            |   |                             |       |  |
|  |                             |                            |   |                             |       |  |
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|  |                             |                            |   |                             |       |  |
|  |                             |                            |   |                             |       |  |
|  |                             |                            | Total internship hours                      |                             |       |  |
| <u> </u>   | hours will not be acc       | <u> </u>                   |   |                             |       |  |
| Pharmacist   | t Certification             | of Experier                | ıce   |                             |       |  |
|  | e experience gaine          |                            | d here and the reco<br>s been related to th |                             |       |  |
| Supervising Pharmacist's signature Date License number |                             |                            |   |                             | r     |  |

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