Front cover

**Report**

**Practice before the board exam - Community pharmacy**

**( 2 months)**

1. **Student’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Neptun code**: \_\_\_\_\_\_\_\_\_

1. **Name of the pharmacy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Pharmacy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Name of Pharmacist in charge :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Duration of practice**:  **from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_**

**Practice report**

* **min. 1-2** **typed page** (A/4 format) (without front and back cover),
* Times New Roman -12 typeface,
* 1,5 line spacing

Back cover

**Date: 202\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Created by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Instructor’s assessment:**

unsatisfactory\* satisfactory\*  excellent\*

**\*underline as appropriate**

Place and date of the evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Pharmacist in charge : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp of the pharmacy: