

Attendance sheet

Name of the pharmacy: _____

Duration of practice: _____

Student's name: _____

| Month | Day | From (hh:mm) | Until (hh:mm) | Signature | Additional notice |
|--------|-----|--------------|---------------|-----------|-------------------|
| July | 8. | | | | |
| July | 9. | | | | |
| July | 10. | | | | |
| July | 11. | | | | |
| July | 12. | | | | |
| July | 13. | | | | |
| July | 14. | | | | |
| July | 15. | | | | |
| July | 16. | | | | |
| July | 17. | | | | |
| July | 18. | | | | |
| July | 19. | | | | |
| July | 20. | | | | |
| July | 21. | | | | |
| July | 22. | | | | |
| July | 23. | | | | |
| July | 24. | | | | |
| July | 25. | | | | |
| July | 26. | | | | |
| July | 27. | | | | |
| July | 28. | | | | |
| July | 29. | | | | |
| July | 30. | | | | |
| July | 31. | | | | |
| August | 1. | | | | |
| August | 2. | | | | |
| August | 3. | | | | |

| | | | | | |
|-----------|-----|--|--|--|--|
| August | 4. | | | | |
| August | 5. | | | | |
| August | 6. | | | | |
| August | 7. | | | | |
| August | 8. | | | | |
| August | 9. | | | | |
| August | 10. | | | | |
| August | 11. | | | | |
| August | 12. | | | | |
| August | 13. | | | | |
| August | 14. | | | | |
| August | 15. | | | | |
| August | 16. | | | | |
| August | 17. | | | | |
| August | 18. | | | | |
| August | 19. | | | | |
| August | 20. | | | | |
| August | 21. | | | | |
| August | 22. | | | | |
| August | 23. | | | | |
| August | 24. | | | | |
| August | 25. | | | | |
| August | 26. | | | | |
| August | 27. | | | | |
| August | 28. | | | | |
| August | 29. | | | | |
| August | 30. | | | | |
| August | 31. | | | | |
| September | 1. | | | | |

Place and date: _____, _____/_____/_____

Stamp

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Student

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Instructor

QUALIFICATION SHEET
about the Pharmacy Practice I.
(20 hours, page 1)

Student: _____

Duration and place of practice: _____

Instructor: _____

Absences (with/without leave): _____

Classes made up from the absences:

Characterization of the student (based on the practice):

a.) general human, ethical behavior:

b.) relationship with the work, with the patients, with the order at the
workplace, orderliness

c.) professional and other perceptions regarding the student's practical work:

Pharmacological knowledge: _____

Clinical knowledge:_____

Knowledge regarding transportation:

Knowledge regarding pharmacy administration:

Knowledge regarding pharmaceutical technology_____

Suggestions of the instructor:_____

d.) General qualification of the student's work:(excellent, average, failed)

Stamp

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Student

.....
Instructor

The Qualification sheet and the Attendance sheet must be submitted in 5 working days after the practice at the Directorate of International Studies (1094 Budapest, Tűzoltó utca 37-47.).