

Attendance sheet

Name of the pharmacy: _____

Duration of practice: _____

Student's name: _____

Month	Day	From (hh:mm)	Until (hh:mm)	Signature	Additional notice
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

.....
Student

.....
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

.....
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.).