

PRECEPTOR EVALUATION OF INTERN

NAME OF INTERN: _____	LICENSE #: _____
NAME OF PRECEPTOR: _____	LICENSE #: _____
NAME OF PHARMACY: _____	PHONE #: _____
ADDRESS OF PHARMACY: _____	

Please print or type all information

This evaluation is to be completed annually or when you leave the employ of the above-named preceptor. ALL sections should be completed in full.

You should evaluate the preceptor/training according to the criteria listed below. All information submitted will be kept confidential.

	Exceptional	Average	Needs Improvement	
Ambition				
Appearance / Grooming				
Communication with preceptor				
Communication with Co-Workers				
General Personality				
Punctuality / Dependability				
Education Preparation				
Drug product knowledge				
Regard for ethics				
Organization of time				
Tolerance toward instruction / criticism				
Dedication				
Desire to plan				
Acceptance of responsibility				
Ability				

Personal Evaluation:

1. Do you feel the intern has benefited from this experience? _____
2. Are there any areas in which you feel this intern is deficient? _____ If yes where? _____

3. Are there any areas witch you feel this intern has excelled? _____ If yes where? _____

4. Please Comment on your estimation of this interns potential as a pharmacist ? _____

If you need additional space, please use a separate page.

This is to certify that I was supervised / instructed by the above name Intern
from ____/____/____ to ____/____/____, and that all statements made are true and correct.

Signature of Preceptor

Date