

PHARMACY TECHNICIAN EXTERNSHIP WEEKLY EVALUATION FORM

Name of Intern (print first and last name)	Start Date – End Date

DAILY ATTENDANCE (Example: Monday 9:00 am – 5:00 pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total Hours this period			Hours earned to date			

Note: This evaluation form must be submitted on Friday of each week to the Externship Coordinator at ACT. Fax this form weekly and the original must be mailed within 3 days of transmittal. Deviations from the above criteria will result in rejection of the evaluation period and the period must be repeated.

NOTE TO THE SUPERVISOR: Please review with student prior to submitting to ACT Externship Office.

A TOTAL OF 160 HOURS OF UNCOMPENSATED EXTERNSHIP PRACTICE IS REQUIRED FOR GRADUATION.

RATINGS: **NA** = Not Observed **EX** = Excellent **G** = Good **S** = Satisfactory **U** = Unsatisfactory

OVERALL PROFESSIONAL DEVELOPMENT

Appearance		Patient Relations		Subject Knowledge	
Work Habits		Staff Relations			

KNOWLEDGE/SKILLS

Hand washing	
Dispensing medicines	
Controlled substances	
Abbreviations	
Conversion equivalents	
Aseptic technique	

IV admixture preparation	
Parenteral Nutrition preparation	
Medication areas inspections	
Patient rights	
Technician skills	

EQUIPMENT SKILLS

Calculator	
Fax Machine	
Telephone	
Pharmacy Computer	

Laminar Flow Hood	
Prepackaging Equipment	
Measuring/compounding equipment	
Automated dispensing equipment	

OVERALL COMMENTS:

Required Signatures:

Supervisor: _____ Date: _____

Extern: _____ Date: _____