

Honored colleague;

We're writing to request your cooperation in fulfilling the internship requirements of Bahçeşehir University Faculty of Pharmacy students. Per Turkish Council of Higher Education guidelines, the PHARM4999: Internship II class requires each student to intern in an active pharmacy for a minimum of thirty working days. We would like to thank you for providing this opportunity for our students, as well as your support and assistance to our faculty.

We'd like to inform you that our students are insured during workdays (and workdays only) within their internship period, and that they are required to be physically present in the pharmacy during this time. We ask you to please plan the internship according to the guidelines provided below and, should you deem it adequate, stamp and sign the report prepared by the intern at the end of the internship period (note that each page must be stamped and signed). In addition, please complete the Internship Evaluation Form, seal it in a stamped and signed envelope, and return it to the intern for delivery to our department.

We thank you for your assistance to us and our students and wish you success in your work.

Addendum 1. Internship learning benchmarks.

Addendum 2. Internship Evaluation Report.

Bahçeşehir University
Faculty of Pharmacy
Internship Commission

Addendum 1. Internship learning benchmarks.

COMMUNITY PHARMACY INTERNSHIP

INTERNSHIP II PHAR4999

- Hygiene conditions and working environment in the pharmacy
- Medications that must be prescribed on special prescriptions (purple, orange, red, and green) and related procedures
- Dispensing and record-keeping procedures for prescriptions containing narcotic and psychotropic drugs
- Medications for which the prescription must be retained in the pharmacy
- Professional reference books required in the pharmacy (codex, pharmacopoeia, and formularies)
- Professional reference books, periodic scientific and/or professional publications, and electronic and online drug information sources available in the pharmacy
- Registers that must be kept in pharmacies
- Maintenance of business, inventory, manufacturing, prescription, narcotics, inspection, and personnel registers
- Accounting system of the pharmacy (selection of an accountant, invoicing procedures, expense reporting, tax returns, insurance premium payments) and the pharmacist-accountant relationship

Addendum 2



T.C. BAHÇEŞEHİR UNIVERSITY SCHOOL OF PHARMACY INTERNSHIP EVALUATION REPORT

I. Student and internship information

Student no:

Name:

Contact information for
interned pharmacy:

Phone/Address:

Internship start date:

Internship end date:

II. Internship evaluation

	20 points inadequate	40 points below average	60 points average	80 points above average	100 points excellent
Daily attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality regarding work times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obedience to work rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with patients/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate and work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for improving professional knowledge and skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Other observation and suggestions

IV. Overall evaluation of the intern

Success evaluation: () Successful () Unsuccessful

Date of evaluation:

Supervising pharmacist's

Name Stamp and signature

* To be delivered to the office of the dean in a sealed envelope after signing and stamping.