

WYOMING STATE BOARD OF PHARMACY

1712 Carey Avenue, Suite 200

Cheyenne, WY 82002

307.634.9636 (main telephone)

307.634.6335 (facsimile)

PRECEPTOR EVALUATION REPORT

To be completed by Pharmacy Intern:

Intern: \_\_\_\_\_ Intern License #: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy License #: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Name of Preceptor Pharmacist: \_\_\_\_\_

Dates involved: \_\_\_\_\_ to \_\_\_\_\_

For the dates involved in this report, indicate the approximate percentage of time spent (directly or indirectly) in each of the following categories:

- 1. Counseling patients on prescription drug products. \_\_\_\_\_ %
- 2. Counseling patients on over-the-counter products. \_\_\_\_\_ %
- 3. Conducting prospective drug use reviews and communicating with practitioners regarding drug therapy questions. \_\_\_\_\_ %
- 4. Receiving, data entry, and preparing prescription products for dispensing.
- 5. Compounding prescription drug products. \_\_\_\_\_ %
- 6. Compounding sterile prescription drug products. \_\_\_\_\_ %
- 7. Third-party payment issues. \_\_\_\_\_ %
- 8. Drug procurement issues. \_\_\_\_\_ %
- 9. Other (specify) \_\_\_\_\_ %  
 \_\_\_\_\_ %

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Pharmacy Intern

\_\_\_\_\_  
Date

To be completed upon completion of Pharmacy Intern training at this pharmacy and submitted to the Board office by the Pharmacy Intern.