

WYOMING STATE BOARD OF PHARMACY

1712 Carey Avenue, Suite 200

Cheyenne, WY 82002

307.634.9636 (main telephone)

307.634.6335 (facsimile)

INTERN EVALUATION REPORT

To be completed by Preceptor Pharmacist:

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

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

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

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

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

My evaluation of the above named Intern is:

circle appropriate letter

A=excellent; B=Good; C=Average; D=Poor)

Ability to communicate with the public.....	A	B	C	D
Ability to communicate with pharmacy staff.....	A	B	C	D
Ability to communicate with practitioners.....	A	B	C	D
Ability to work with pharmacy staff.....	A	B	C	D
Ability to counsel the public on prescription products.....	A	B	C	D
Ability to counsel the public on OTC products.....	A	B	C	D
Ability to apply pharmacy knowledge.....	A	B	C	D
Ability to be instructed.....	A	B	C	D
Attitude toward the public.....	A	B	C	D
Attitude toward pharmacy staff.....	A	B	C	D
Attitude toward practitioners.....	A	B	C	D
Attitude toward instruction.....	A	B	C	D
Attitude toward criticism.....	A	B	C	D
Knowledge of Wyoming pharmacy laws.....	A	B	C	D

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

\_\_\_\_\_  
Signature of Preceptor Pharmacist

\_\_\_\_\_  
Date

To be completed and submitted to the Board office with the  
Affidavit of Practical Experience.