

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.