

PHARMACY COUNCIL

Pharmacist Feedback on Internship Programme

Pharmacist's name	
Preceptor's name	
Institution	
Period of evaluation	

To help us improve the Internship Programme, please answer the following questions and provide comments.

1. The internship manual contained just the right level of information and depth?
 Yes
 No
2. Was the internship of sufficient length?
 Yes
 No
3. Do you feel the programme improved your competence and confidence?
 Yes
 No
4. How would you improve the Internship Programme?
5. How would you improve the Internship Manual?
6. Please provide any additional comments.

Pharmacist	
Signature	Date (day,mo.yr.)