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**ALTINBAŞ UNIVERSITY SCHOOL of PHARMACY**

**COMMUNITY PHARMACY APPRENTICESHIP FORM**

**ECZF F 19.2**

According to Act No. 5510 of Social Security and General Health Insurance Law, the insurance premiums of students who make required apprenticeship will be paid by the University.

For the conduct of Social security procedures, required apprenticeship forms must be filled out by students and must be approved by the corporation or the institution where the apprenticeships will take place.

Apprenticeships must take place on the specified dates, stated in the form.

**DEAN of AU SCHOOL of PHARMACY**

|  |  |  |
| --- | --- | --- |
| Student Name and Surname |  | |
| Student Number |  | |
| Address |  | GSM: |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Country of Passport |  |
| Passport Number |  |
| Nationality |  |
| Date of Birth |  |
| Place of Birth |  |
| Gender |  |
| Passport Issued On |  |
| Passport Expired On |  |
| If the Student has Social Security □ Yes □ No |  |

**INFORMATION ABOUT APPRENTICESHIP SETTING**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Service Field |  | | |
| Telephone No |  | Fax No. |  |
| e-mail |  | Web Address |  |
| **Apprenticeship Term (**Please choose yours**)** | | | |
| |  |  |  | | --- | --- | --- | | * PHAR 290 | Apprenticeship-I | 160 Hours (20 Working days) | | * PHAR 490 | Apprenticeship-III | 160 Hours (20 Working days) | | * PHAR 581 | Advanced Community Pharmacy Practices | 160 Hours (20 Working days) | | * PHAR 584 | Community Pharmacy Practices I | 280 Hours (35 Working days) | | * PHAR 574 | Community Pharmacy Practices II | 200 Hours (25 Working days) | | Apprenticeship Start Date: | | Apprenticeship End Date: |   Does the apprenticeship pharmacy work on saturdays? □ Yes □ No | | | |

**INFORMATION ABOUT the EMPLOYER**

|  |  |  |
| --- | --- | --- |
| **Name and Surname** |  | It is appropriate to do the apprenticeship  **Signature, Stamp, Date** |
| **Position and Title** |  |
| **e-mail** |  |

**To the DEAN of SCHOOL of PHARMACY**

|  |  |  |
| --- | --- | --- |
| I declare that the information on this form is accurate. I will do my appernticeship at the dates indicated, for whatever reason if I’ll not do my apprenticeship, I declare that I will take all responsibilities.  I kindly ask you to give the documents for my apprenticeship.  Kind regards  Name and Surname :  Student Number :  Date :  Signature : | Approval of the Apprentıceshıp Comıtee,  Date | Approval of Dean,  Date |

**PS:** Students have to fill in this form **(2 forms)** and bring them to the **Faculty Secretary** with 2 copies of their passports and 2 photos until the deadline.