

#### ALTINBAŞ UNIVERSITY

#### FACULTY of PHARMACY

#### APPRENTICESHIP NOTEBOOK

**PHAR 574- COMMUNITY PHARMACY PRACTICES II**

ISTANBUL-2018

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| Photo |

#### ALTINBAŞ UNIVERSITY

#### SCHOOL of PHARMACY

#### APPRENTICESHIP NOTEBOOK

##### Student's;

**Name and Surname:** **.............................................................**

**No:** **.............................................................**

**Type of Apprenticeship: ..............................................................**

**Signature: .............................................................**

**APPRENTICESHIP INFORMATION**

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| **Pharmacy** | |
| **Name** |  |
| Telephone Number |  |
| **Address** |  |
| **Name and Surname of the Responsible Pharmacist** |  |
| **Apprenticeship Start Date** |  |
| **Apprenticeship End Date** |  |
| **Apprenticeship Period (Total Business Days)** |  |
| **Apprenticeship Attendance Status** | **Regularly attended to the apprenticeship ( )** |
| **Signature of the Responsible Pharmacist ; Stamp and Date** |  |

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| **Course Coordinator :** | Prof. Mehmet TANOL (Chief of the internship commission) |
| **Instructors :** | Prof. Mehmet TANOL  Asst. Prof. Yasemin Yücel YÜCEL  Asst. Prof. Genada SİNANİ |
| **Assistants :** | Res. Asst. Behiye Öztürk ŞEN  Res. Asst. Ural Ufuk DEMİREL |
| **Goals :** | The main objective of this internship is to develop the |
| knowledge and skills of the student’s in the community pharmacy. | |
| **Content :** | Five-week, full-time (40 hours per week) community pharmacy |
| practice; total of 200 (5 x 40) hours. | |

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| **LEARNING OUTCOMES**  **By the end of this apprenticeship students;** |
| * Adopt additional medical resources to solve medication-related problems. |
| * Demonstrate behaviour to independent and lifelong learning |
| * Show awareness of medications and products that may impact patient care. |
| * Perform calculations for compounding; labels and dispense medications. |
| * Identify any missing information upon receipt of a prescription |
| * Inspect the patient's drug history. |
| * Prioritize pharmaceutical care. |



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**Date:**

**Working Hours:**

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