



OKLAHOMA STATE BOARD OF PHARMACY

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**PRECEPTOR'S
INTERN PROGRESS REPORT**

Intern Name _____ Intern No. _____

Training Area _____ # _____ - _____
(pharmacy license no.)

TA Address _____

Report period: ____/____/____ to ____/____/____ for ____ Non-college practice hours
(date) (date) (total)

Is this intern currently pursuing a Pharm.D. degree? Yes No

This report ends employment at this training area Yes No

My evaluation of this intern is **A=Excellent, B=Above Average, C=Average, D=Below Average (circle one)**:

- | | | | |
|--------------------------------------|---------|------------------------------------|---------|
| 1. Ability to meet people | A B C D | 11. Character | A B C D |
| 2. Ability to cooperate | A B C D | 12. Ability to comprehend | A B C D |
| 3. Ability to work with others | A B C D | 13. Ability to be instructed | A B C D |
| 4. Attitude toward fellow employees | A B C D | 14. Interest in profession | A B C D |
| 5. Attitude toward patients | A B C D | 15. Interest in allied professions | A B C D |
| 6. Attitude toward preceptor | A B C D | 16. Interest in patients | A B C D |
| 7. Attitude toward other pharmacists | A B C D | 17. Accuracy | A B C D |
| 8. Personal self-confidence | A B C D | 18. Pharmacy knowledge | A B C D |
| 9. Personal self-discipline | A B C D | 19. Ability to apply knowledge | A B C D |
| 10. Personal hygiene | A B C D | 20. Professionalism | A B C D |

AN INTERN RECEIVING FIVE OR MORE D'S MAY LOSE CREDIT FOR THESE HOURS.

What is your professional opinion of this intern as a future pharmacist? *(Use the reverse side for any additional comments.)*

This is my evaluation of the stated intern. I have followed Board regulations and state that this report is true and correct. Signed upon my honor.

Print Preceptor Name & Cert. #

Preceptor Signature

Date