



**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 \_\_\_\_ (total) 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 \_\_\_\_\_