



SOUTH DAKOTA BOARD OF PHARMACY

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Progress Report of Internship

Intern Name: _____

Registration No: _____

Email: _____

Program Yr: P - _____

Internship Site: _____

Address/City/State/Zip: _____

This progress report is for the following period:

From: ____/____/____
(mm/dd/yyyy)

To: ____/____/____
(mm/dd/yyyy)

Preceptor's Evaluation of Intern

Use the following evaluation scales:

1. Highly Satisfactory

2. Satisfactory

3. Needs Improvement

4. Not Applicable this Period

Personal Qualities

- Ability to meet people _____
- Ability to cooperate and work with others _____
- Ability to comprehend instructions _____
- Ability to receive criticism _____
- Ability to communicate with and instruct others _____
- Attitude toward customers _____
- Attitude toward preceptor and pharmacists _____
- Attitude toward other employees _____
- Attitude toward other health professionals _____
- Personal self confidence _____
- Personal self discipline _____
- Personal hygiene _____
- Interest in profession _____
- Application of professional knowledge _____

Pharmacy Experience Competencies

Considering the goals and objectives of the internship experience (ARSD 20:51:02:01.01), rate the time spent during this experience in developing competence in the following areas:

- 1. Receiving and interpreting prescriptions or medication orders _____
- 2. Compounding prescriptions or medication orders _____
- 3. Dispensing prescriptions or medication orders _____
- 4. Reviewing patient medication orders _____
- 5. Communicating with patients and consulting with other health professionals; and _____
- 6. Managing a pharmacy _____

Certificates Verifying Experience of Registered Intern

I have complied with the provisions of the South Dakota Board of Pharmacy Regulations (ARSD 20:51:02) and the instructions and rules of internship furnished me at the time of application, and consider the above progress report of internship training to be a correct statement of fact.

Intern Signature _____

Date _____

I certify that I am a registered pharmacist, and the same person who by endorsement of application, agreed to supervise the internship training of person listed above. I have completed the preceptor's evaluation of internship, and declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

I certify that _____ hours were earned for the reporting period _____ to _____
(beginning date) (ending date)

Preceptor Signature (must be the Affidavit signer) _____

Date _____

RPh License No. _____

State _____