Faculty of Pharmacy

University of Veterinary and Pharmaceutical Sciences Brno Department of Applied Pharmacy

Logbook of Internship II - 24 Weeks

Name and surname of the student:

The Pharmacy Practice (Internship II -24 Weeks) of the students of the Master Degree of Pharmacy of the Faculty of Pharmacy at the University of Veterinary and Pharmaceutical Sciences Brno

The duration of the internship (pharmacy practice) is six months of in-service training in a pharmacy open to public or in a hospital. In the beginning of the internship, students will get acquainted with pharmacy personnel, division of labour in pharmacy, work safety regulations, pharmacy operating rules, pharmacy sanitary regimen and concerning legal regulations. Also adequate knowledge of legal and other requirements associated with the pharmacy practice (the preparation and dispensing medicinal products) is necessary.

Before starting practice in a pharmacy, "The Paper of Acceptation" is necessary to fill in (agreement, that the student of the Faculty of Pharmacy of the University of Veterinary and Pharmaceutical Sciences Brno will perform (part of) his/her pharmacy practice in the pharmacy in the agreed term).

Duration of pharmacy practice: 24 weeks

- It is possible to count in 2 accomplished weeks of pharmacy practice:
 - a course: *FARP1 Internship I* 2 *Weeks* (selective course)

In the case of accomplishment of above-mentioned pharmacy practice course (2 weeks), the duratin of pharmacy practice in the 5th year of study is only 22 weeks.

- 1 week = 5 working days, 8 hours a day
- Public holidays are considered as working days
- A student is asked to bring working clothes and shoes with him/her

Place of performing pharmacy practice:

- Pharmacy hospital pharmacy, public pharmacy
- Maximum 3 various pharmacies
- Minimum 2 weeks of practice in a Czech pharmacy

Possible start of pharmacy practice:

• after obtaining **200 credits** (the same number of credits as required for enrolment to the 5th year of study)

Contact person:

PharmDr. Bc. Dana Mazankova, Ph.D.
Guarantor of *Internship II – 24 Weeks*Department of Applied Pharmacy
Faculty of Pharmacy
University of Veterinary and Pharmaceutical Sciences Brno
Palackeho trida 1946/1, 612 42 Brno
Czech Republic

Tel.: +420 541 562 815 Fax.: +420 541 562 811

email: mazankovad@vfu.cz • www.vfu.cz

Internship II – 24 Weeks

A compulsory subject for students of the 5th year of study.

Working practice from:	to:
Number of practice's weeks:	
Name of the pharmacy: public pharmacy	hospital pharmacy
Address of the pharmacy (street, city):	Country:
Telephone: Fa	ax:
E-mail:	
Owner of the pharmacy (name, address):	
Pharmacy's employee (advisor) in charge of the stu	ident's practice:

Evaluation by the student's advisor:

1. Drug dispensing

2.	Drug preparation
3.	Supply of medicinal products

	•	Control of drugs
_	,	
3	•	Other activities (administration in pharmacy, consultation and health-educatory activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
		forms, participation at the clinical studies)
Date		
Date	:	Signature of the advisor Official stamp of pharmacy

Internship II – 24 Weeks

A compulsory subject for students of the 5th year of study.

Working practice from:	to:
Number of practice's weeks:	
Name of the pharmacy: public pharmacy	hospital pharmacy
Address of the pharmacy (street, city):	Country:
Telephone: Fa	ax:
E-mail:	
Owner of the pharmacy (name, address):	
Pharmacy's employee (advisor) in charge of the stu	ident's practice:

Evaluation by the student's advisor:

1. Drug dispensing

2.	Drug preparation
3.	Supply of medicinal products
	Supply of mountain products

4.	Control of drugs
5.	Other activities (administration in pharmacy, consultation and health-educatory activity, clinical pharmacy, ward pharmacy, preparation of the special dosage forms, participation at the clinical studies)
Date:	Signature of the advisor Official stamp of pharmacy

Internship II – 24 Weeks

A compulsory subject for students of the 5th year of study.

Working practice from:	. to:
Number of practice's weeks:	
Name of the pharmacy: public pharmacy	hospital pharmacy
Address of the pharmacy (street, city):	Country:
Telephone: F	'ax:
E-mail:	
Owner of the pharmacy (name, address):	
Pharmacy's employee (advisor) in charge of the st	udent's practice:

Evaluation by the student`s advisor:

1. Drug dispensing

2.	Drug preparation
3.	Supply of medicinal products

4.	Control of drugs
5.	Other activities (administration in pharmacy, consultation and health-educatory
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	Other activities (administration in pharmacy, consultation and health-educatory activity, clinical pharmacy, ward pharmacy, preparation of the special dosage forms, participation at the clinical studies)
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5.	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
5. Date:	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage
	activity, clinical pharmacy, ward pharmacy, preparation of the special dosage forms, participation at the clinical studies)