

I- Student Internship Application and Acceptance Form

GIRNE AMERICAN UNIVERSITY PHARMACY FACULTY INTERNSHIP APPLICATION AND ACCEPTANCE FORM

Issue:

...../...../.....

Subject: Internship Application

To Whom It May Concern,

Students of the Pharmacy Faculty are required to complete an internship at institutions/organizations pertaining to their education. As per the sub-paragraph (a) of the second paragraph of article 13 of the aforementioned Law, in the event that an occupational accident occurs, the authorized law enforcers as well as our faculty have to be notified on the day of the incident.

If our student, whose information and record(s) are given below, is accepted as an intern in your company for days, please fill in and confirm the required fields of this form below and send it back to our Faculty.

Dean

ID INFORMATION OF THE STUDENT		
Name-Surname	
ID Number	
Class/Semester	/.....
Address	
Phone Number (Mobile)	
E-mail Address	
Registered in Social Security System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
INTERNSHIP INFORMATION		
The type of Internship (Internship I-VI)	
Name of the Internship Place	
Internship Organization Address	
Authorized Person	
Phone Number		Phone:
<p>I hereby declare and guarantee that the information and record(s) submitted as indicated above are correct and I will carry out days internship programme and in case I fail to start or have to withdraw from the internship programme or have made any changes to my internship, I will submit the intership site change form and related forms to the Faculty Internship Commission at least 5 days in advance.</p> <p>..... Student's Signature</p>		
<p>IT IS APPROPRIATE/NOT APPROPRIATE to have daily compulsory internship of the student in our institution/organization whose ID information is above.</p>		
STUDENT;		
INTERNSHIP START DATE :/...../.....		Internship Duration: Days
INTERNSHIP COMPLETION DATE :/...../.....		
Authorized Pharmacist		Head of Internship Commission
Signature :		Signature :
Name-Surname :		Name-Surname :
Date :/...../.....		
Seal/Stamp :		

ATTENTION: After approval of internship institution, Internship Application and Acceptance Form **will be submitted** to the **Internship Commission** by the student during the indicated period. This form must be prepared in two copies (one copy for the Institute/Organization, one copy for the Faculty.)

II- Student Attendance Chart

**GIRNE AMERICAN UNIVERSITY
PHARMACY FACULTY
STUDENT ATTENDANCE CHART**

Name-Surname of the Student
ID Number
Institution/Organization

DAY	DATE	SIGNATURE	DAY	DATE	SIGNATURE	DAY	DATE	SIGNATURE
1	.../.../.....		16	.../.../.....		31	.../.../.....	
2	.../.../.....		17	.../.../.....		32	.../.../.....	
3	.../.../.....		18	.../.../.....		33	.../.../.....	
4	.../.../.....		19	.../.../.....		34	.../.../.....	
5	.../.../.....		20	.../.../.....		35	.../.../.....	
6	.../.../.....		21	.../.../.....		36	.../.../.....	
7	.../.../.....		22	.../.../.....		37	.../.../.....	
8	.../.../.....		23	.../.../.....		38	.../.../.....	
9	.../.../.....		24	.../.../.....		39	.../.../.....	
10	.../.../.....		25	.../.../.....		40	.../.../.....	
11	.../.../.....		26	.../.../.....				
12	.../.../.....		27	.../.../.....				
13	.../.../.....		28	.../.../.....				
14	.../.../.....		29	.../.../.....				
15	.../.../.....		30	.../.../.....				

AUTHORIZED PHARMACIST

Signature/Stamp :

Title :

Name and Surname :

NOTE:

- The student will **not sign the chart** on his/her off days and **will not state** the off days on the chart.
- In faculty of Pharmacy; compulsory internship I,II,III (in summer months) 1,5 month x 3=4,5 month, 9. Semester +1,5 month, total pharmacy internship is 6 months.
- The student has to compensate for the days he/she reported sick and **has to submit** the medical report to the Registrar's Office.
- This form is to be submitted together with Institution/Organization Student Evaluation Form to the Faculty by the student or via postal service.

III- Institution/Organization Student Evaluation Form

**GIRNE AMERICAN UNIVERSITY
PHARMACY FACULTY
INSTITUTION/ORGANIZATION STUDENT EVALUATION FORM**

STUDENT INFORMATION

Name-Surname : Phone Number :
ID Number : Internship Start Date :/...../.....
Permanent Address : Internship End Date :/...../.....
Completed Internship (I-VI) :

INSTITUTIONAL/ORGANIZATIONAL INFORMATION

Name : Authorized Pharmacist :
Address : Telephone :

INTERN EVALUATION FORM							
No	Evaluation Criteria	Explanation	Very good	Good	Satisfactory	Poor	Very Poor
1	Field Knowledge	Displaying a strong sense of the mission and responsibility of the pharmacy profession, with the full command of the theoretical and practical knowledge it requires					
2	Professional skill	Ability of applying knowledge related to Pharmacy profession					
3	Communication Skills	Accurate comprehension of the written and/or oral instructions, accurate verbal and/or written expression of ideas, accurate and punctual delivery of information					
4	Team work skills	Providing assistance to co-workers, adapting to team's speed, contributing to teamwork					
5	Self-Development	Having an open mind, ability to see the shortcomings and eliminate them, being prepared for further steps, making effort to increase knowledge and skill					
6	Representational Skills	Having an open mind for innovations, identifying and fixing deficiencies, striving to improve professional knowledge and skills					
7	Devotion to Work	With a presentable and polite attitude, inspiring confidence in others					
8	Discipline	Ability to adapt to working hours, making effort to finish the given task before deadlines					
9	Attendance at work	Maintaining workplace attendance except extraordinary circumstances					

GENERAL EVALUATION OF THE STUDENT

SUCCESSFUL () UNSUCCESSFUL ()

EVALUATION DATE :/...../.....

If any, additional suggestions:

AUTHORIZED PHARMACIST

Signature/Stamp :

IV- Internship Site Change Form

INTERNSHIP SITE CHANGE FORM

(Institution/Organization Letterhead or Pharmacy Stamp)

**GIRNE AMERICAN UNIVERSITY
DEAN OF PHARMACY FACULTY**

Your faculty student whose ID Information is has quit his/her day obligatory internship on the date of due to the excuse stated above. Kindly submitted for your necessary action to initiate the Social Security termination procedures as of/..../20....

.../.../20... –

(Date/Signature/Stamp)

...../.....

Name–Surname of Authorized Pharmacist

V- Internship I-III Evaluation Form to be Filled by the Internship Commission

**GIRNE AMERICAN UNIVERSITY
PHARMACY FACULTY
INTERNSHIP I-III EVALUATION FORM TO BE FILLED BY THE INTERNSHIP
COMMISSION**

STUDENT'S	
Name-Surname	:
ID Number	:
Completed Internship (I-III)	:

	RESULT
INSTITUTIONAL/ORGANIZATIONAL EVALUATION OF THE INTERNSHIP REPORT ^a	
INTERNSHIP COMMISSION EVALUATION OF THE INTERNSHIP NOTEBOOK ^b	
INTERNSHIP EXAM SCORE GIVEN BY INTERNSHIP COMMISSION ^c	

^a Successful/Unsuccessful

^b The internship notebook is assessed by the "Internship Commission" as successful/unsuccessful.

^c Internship exam for Internship I-III is conducted as a written exam by the "Internship Commission".

In order for the student to be considered successful:

- The student must be indicated as **successful** in the "Institution/Organization Student Evaluation Form" by the Internship Institution/Organization,
- The internship notebook must be evaluated as **successful** by the "Internship Commission",
- The student must achieve a minimum score of 50 in the internship exam administered by the "Internship Commission"

SUCCESSFUL () UNSUCCESSFUL ()
EVALUATION DATE / /

GIRNE AMERICAN UNIVERSITY DEAN OF FACULTY OF PHARMACY
SGNATUREI:.....
TITLE:.....
NAME-SURNAME:.....

<u>FACULTY INTERNSHIP COMMISSION</u>	
<u>Chairman:</u>	
Signature	:
Title	:
Name-Surname	:
<u>Member:</u>	<u>Member:</u>
Signature	Signature :
Title	Title :
Name-Surname	Name-Surname :

*** This form will be filled by the authorized staff of the Faculty.**

VI- Internship IV and V Evaluation Form to be Filled by the Internship Commission

**GIRNE AMERICAN UNIVERSITY
PHARMACY FACULTY
INTERNSHIP IV and V EVALUATION FORM TO BE FILLED BY THE INTERNSHIP
COMMISSION**

STUDENT'S	
Name-Surname	:
ID Number	:
Completed Internship (I-VI)	:

	RESULT	
INSTITUTIONAL/ORGANIZATIONAL EVALUATION OF THE INTERNSHIP REPORT ^a	
INTERNSHIP COMMISSION EVALUATION OF THE INTERNSHIP NOTEBOOK ^b	
INTERNSHIP EXAM SCORES GIVEN BY INTERNSHIP COMMISSION ^c	WRITTEN:	ORAL:

^a Successful/Unsuccessful

^b The internship notebook is assessed by the "Internship Commission" as successful/unsuccessful.

^c Internship exams for Internship IV and V are conducted as written and oral exams by the "Internship Commission". Student's final score is calculated by taking 30% of the written exam result and 70% of the oral exam result.

In order for the student to be considered successful:

- The student must be indicated as **successful** in the "Institution/Organization Student Evaluation Form" by the Internship Institution/Organization,
- The internship notebook must be evaluated as **successful** by the "Internship Commission".

GRADE (....)

EVALUATION DATE / /

<u>FACULTY INTERNSHIP COMMISSION</u>			
<u>Chairman:</u>			
Signature		:	
Title		:	
Name-Surname		:	
<u>Member:</u>		<u>Member:</u>	
Signature	:	Signature	:
Title	:	Title	:
Name-Surname	:	Name-Surname	:

*** This form will be filled by the authorized staff of the Faculty.**

**VII- GIRNE AMERICAN UNIVERSITY
FACULTY OF PHARMACY**

1. PHARMACY INTERNSHIP

Name of Internship Place	
Telephone number	
Adress	
Authorized Pharmacist Name and Surname	
Internship start date	
Internship end date	
Internship duration	
Attendance status	
Authorized Pharmacist Signature, date, stamp	

**TURKISH REPUBLIC OF NORTH CYPRUS
GIRNE AMERICAN UNIVERSITY
FACULTY OF PHARMACY**

REPORT OF WEEK

DATE:

WORKING HOURS:

DAILY APPLICATIONS AND LEARNING OUTCOMES:

DAILY APPROVAL OF AUTHORIZED PHARMACIST: