



Degree course in
 Pharmacy Pharmaceutical Chemistry and Technology

PROFESSIONAL INTERNSHIP

from to

FREQUENCY BOOKLET

a.a. _____ / _____

Data concerning STUDENT

Surname and Name: _____

UNIPR Registration N.: _____

Year of course at the beginning of the internship: 4° 5° ... O.C.

Data concerning HOST PHARMACY

Pharmacy name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Name and Surname of the Professional Tutor: Dr. _____

Pharmacy stamp

Signature of the Professional Tutor

Data concerning ACADEMIC TUTOR

Surname and Name: Prof _____

Signature of the Academic Tutor: _____

INSTRUCTIONS FOR COMPLETING THIS FREQUENCY BOOKLET

- The booklet, complete with its eight pages, authenticated and signed, is an official, strictly personal document that certifies the correct performance of the Professional Internship in Pharmacy, according to the provisions of the Internship Regulations.
- **At the beginning of the internship**, the student prints a paper copy of the frequency booklet. The student and the Professional Tutor fill in the first page of the booklet with the requested data.
- **The list of the contents/topics** to be carried out during the internship is available at page 3 of the booklet and the number corresponding to the topic can be used for the daily reporting of the topics covered in the monthly attendance register of presence.
- **The monthly register of presence** includes 3 pages, one for each month of professional internship. Every page must be filled in with indication of the month, the year and the stamp of the Pharmacy. It must be completed daily with the description of the activities performed (using the number corresponding to the topics listed on page 3) and signed by the Professional Tutor. At the end of the month it is also signed by the student in the appropriate space.
- **At the end of the overall training period**, the total hours carried out have to be written on page 7. The Professional Tutor expresses the final judgment on the student by completing the appropriate section on page 7. Upon completion of the internship period, the student must forward the attestation of the conclusion of the internship period issued by the host pharmacy to the Coordinator of the International Mobility Commission of the Department, and deliver the documentation (booklet included signed by the Coordinator acting as Academic tutor) to the Student Registry Office (segreteria.farmacia@unipr.it) for the appropriate obligations.

TOPICS TO BE CARRIED OUT BY THE STUDENT DURING THE PROFESSIONAL INTERNSHIP IN A PHARMACY

The internship must be oriented to provide and/or to integrate the knowledge and skills necessary for a correct professional experience with regard to the following topics:

- 1. National Health System organization, national and regional legislation;**
- 2. Professional Order and deontological code;**
- 3. Technical-administrative management of the Pharmacy, related to the organization and performance of the pharmaceutical service, based on current legislation, national and regional;**
- 4. Furniture and organization of the pharmacy and the galenic laboratory;**
- 5. Pharmaceutical services, with particular regard to those carried out within the National Health Service;**
- 6. Purchase, storage and dispensing of medicines, with particular regard to the narcotics; alienation of medicines and raw materials that have become unsellable;**
- 7. Preparation of medicines in Pharmacy and good preparation practices;**
- 8. Stability and storage of drugs; expired and withdrawal medicinal products;**
- 9. Pharmacy as a service center; relationship and correct communication with the public;**
- 10. First-instance analytical services falling within the scope of patient self-control;**
- 11. Use of instrumental devices for second-level services available in Pharmacy;**
- 12. Information and health education of the population, aimed at the correct use of medicines and prevention;**
- 13. Self-medication, medicines without prescription obligation, ethical and equivalent medicines;**
- 14. Phytotherapy, nutritional products, cosmetics, homeopathy;**
- 15. Fulfillments related to the "pharmaceutical care";**
- 16. Pharmacovigilance;**
- 17. Interaction between drugs and drugs and food;**
- 18. Use of information sources available in the Pharmacy or accessible at centralized facilities;**
- 19. Mandatory texts and registers;**
- 20. Hazard Analysis Critical Control Point self-control system;**
- 21. Entrepreneurial management of the Pharmacy and fulfillments related to the fiscal discipline;**
- 22. Use of electronic systems and telematic platforms to support the collection and storage of professional and business data;**
- 23. Any current professional topics;**
- 24. New services provided by the pharmacies within the National Health Service;**
- 25. All the activities and operations that fall within the field of the pharmacist profession.**

It is not allowed to involve the student in tasks that go beyond these purposes, as well as allowing him/her to act in conditions of total autonomy.

MONTHLY REGISTER OF PRESENCES – Month 1

(to be completed for each month of training internship)

MONTH	YEAR	Pharmacy stamp

Date	1st entry time	1st exit time	2nd entry time	2nd exit time	Total hours	Topics covered *	Signature Professional Tutor
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* Indicate the topic number by referring to the list at page 3

Total hours in the month <hr style="width: 80%; margin: 5px auto;"/>
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Student's signature

MONTHLY REGISTER OF PRESENCES – Month 2

(to be completed for each month of training internship)

MONTH	YEAR	Pharmacy stamp

Date	1st entry time	1st exit time	2nd entry time	2nd exit time	Total hours	Topics covered *	Signature Professional Tutor
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* Indicate the topic number by referring to the list at page 3

Total hours in the month <hr style="width: 80%; margin: 5px auto;"/>
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Student's signature

MONTHLY REGISTER OF PRESENCES – Month 3

(to be completed for each month of training internship)

MONTH	YEAR	Pharmacy stamp

Date	1st entry time	1st exit time	2nd entry time	2nd exit time	Total hours	Topics covered *	Signature Professional Tutor
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* Indicate the topic number by referring to the list at page 3

Total hours in the month <hr style="width: 80%; margin: 5px auto;"/>
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Student's signature

DATA CONCERNING THE INTERNSHIP PERIOD

START DATE: _____

DATE OF CONCLUSION: _____

TOTAL NUMBER OF HOURS OF INTERNSHIP: _____

FINAL JUDGMENT ON THE INTERNSHIP (to be filled in by the pharmacist Professional Tutor ONLY AT THE END OF INTERNSHIP)	
<ul style="list-style-type: none">• Frequency and punctuality: _____• Participation and interest: _____• Learning: _____	
Overall judgment: <input type="checkbox"/> SUFFICIENT <input type="checkbox"/> DISCRETE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	
Signature of the Professional Tutor: _____ Date: _____	Pharmacy stamp
Signature of the Academic Tutor: _____	

NOTES