



PHARMACISTS COUNCIL OF ZIMBABWE

HOSPITAL PHARMACY <i>TRAINEE</i> CHECKLIST

Name of *Trainee*

Reference Code _____

HOSPITAL: _____

CATEGORY: (Central, Provincial, District, Mission, Private)

PERIOD OF TRAINING

From: _____

To: _____

GRADE: S = Satisfactory**U= Unsatisfactory**

ITEM	GRADES	REMARKS	SUPERVISOR'S INITIALS
1. The Supply of Medicines			
2. Ward-Based Pharmacy services			
3. Drug Information services			
4. Production of Bulk Sterile and Non-Sterile Pharmaceuticals			
5. Quality Control Issues			
6. The Hospital Service			
7. Annual Pharmacy Report			
8. Continued education			

Name _____

Designation _____

Other Comments _____
