



PHARMACISTS COUNCIL OF ZIMBABWE

REGULATORY CONTROL *TRAINEE* CHECKLIST

Name of *Trainee*

Reference Code _____

Name of institution: _____

Period: -From: _____ To _____

GRADE: S=Satisfactory

U=Unsatisfactory

ITEM	GRADE	REMARKS	SUPERVISOR
Database and guidelines/manuals			
Legal aspects			
Post Market Surveillance			
Quality Control of Pharmaceuticals			
Pharmacovigilance and clinical trials			
Registration of medicines			
Licensing and inspectorate functions			
Evaluation of medicines			
Control of drugs of abuse			
Continuing Education			

Comments on attachment (s) participated in:

Signed _____ Name _____

Designation _____ Date _____

OFFICIAL STAMP
OFFICIAL STAMP