Washington State Department of Health
Pharmacy Quality Assurance Commission
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Intern Self-Evaluation

This form does not need to be sent to the pharmacy board.

Intern name		Year in school ☐ 1 ☐ 2 ☐ 3 ☐ 4
School Street Address		Phone (enter 10 digit #)
City	State	Zip Code
Summer Street Address		Phone (enter 10 digit #)
City	State	Zip Code
Emergency Contact		Phone (enter 10 digit #)

I. Internship Experience

Preceptor	Location	Dates	Total Hours

II. Background

Preferred practice setting upon graduation
Professional organization membership
Offices held
Skills and experiences hoped to be gained from this internship

III. Evaluation of Experience (Check the appropriate box; other experience may be added)				
Area of Study	None	Minimal	Moderate	Extensive
1. Dispensing				
2. Compounding				
3. OTC medication counseling				
4. OTC medication prescribing				
5. Patient interviewing				
6. Patient counseling				
7. Physician contact (personal)				
8. Physician contact (telephone)				
9. Use/preparation of patient profiles				
10. Review of patient medical charts				
11. Provision of drug information				
12. Medical/surgical devices				
13. Ordering and receipt of stock				
14. Controlled substance control				
15. IV admixture				
16. Pharmacy computer system				
17. Patient assessment				
18. Patient drug therapy monitoring				
19. Personnel management				
20. Pharmacy and medical terminology				
21. Triaging problems				
22. Pharmacy/patient record documentation				
23.				
24.				
25.				
26.				
27.				
28.				