



Pharmacy Observational Experience Certification

Instructions:

1. Copy this completed form for your records and return the original completed form to:

University of the Incarnate Word
FEIK School of Pharmacy
Office of Student Affairs
4301 Broadway, CPO #1203
San Antonio, Texas 78209-6397

2. The student completes the form except for the Pharmacist Information & Pharmacist's signature.
3. If multiple pharmacy sites are utilized, a separate form is required for each pharmacy site. Multiple pharmacy sites are not required. Did you utilize multiple pharmacy sites?

(circle one response) **YES** **NO**

Pharmacy Student Information

Name:
Current Address:
Current Telephone Number:
Permanent Address:
Permanent Telephone Number:
E-Mail Address:

Student Name: _____ Date: _____

Pharmacist #1 Information

Name:
State of Licensure:
License Number:
E-Mail Address:
Signature:

Pharmacist #2 Information (if more than one pharmacist observed)

Name:
State of Licensure:
License Number:
E-Mail Address:
Signature:

Pharmacist #3 Information (if more than two pharmacists observed)

Name:
State of Licensure:
License Number:
E-Mail Address:
Signature:

Pharmacist #4 Information (if more than three pharmacists observed)

Name:
State of Licensure:
License Number:
E-Mail Address:
Signature:

Pharmacy Site Information

Name:
Address:
Store Number (if applicable):
Telephone Number:
Fax Number:
Web-site:
E-Mail Address:
Pharmacist-In-Charge:

Student Name: _____ Date: _____

Observation Documentation (Completed by student except for signature)

