



Washington State Department of  
**Health**

Pharmacy Quality Assurance  
Commission Credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Intern Site Evaluation Report

Note: This form must be submitted to the commission office upon completion of an internship experience. No internship hours will be accepted without this evaluation report pursuant to [WAC 246-945-163](#). If the internship experience exceeds twelve months, it is recommended that this form be submitted annually.

Name of Intern:		
Credential Number:		
Name of Supervising Pharmacist:	Credential Number:	
Name of Internship Site:	License Number:	
Street Address		
City	State	Zip Code
Intern evaluation of supervising pharmacist:		
Intern evaluation of internship program at this site:		
Signature of Intern		Date: