



Washington State Department of

Health

Pharmacy Quality Assurance Commission

Credentialing

PO Box 47877

Olympia, WA 98504-7877

360-236-4700

Supervising Pharmacist's Evaluation & Certification of Experience

This form must be submitted to the commission at the completion of the internship experience. If the internship experience exceeds twelve months, it is recommended that this form be filed annually.

Name of Intern		
Credential Number		
Name of Supervising Pharmacist	Credential Number	
Name of Internship Site	License Number	
Street Address		
City	State	Zip Code
Supervising Pharmacist Evaluation of Intern		
<p>Briefly describe the type of professional experience received under your supervision. Comment on the intern's communication skills, accuracy, professional attitude, dispensing skills, ability to evaluate and monitor therapy, and knowledge of pharmacy management. Also, pursuant to WAC 246-945-163, provide your assessment of the intern's ability to practice pharmacy at this stage of his or her internship. Attach additional completes pages if you need more space.</p>		
Signature of Supervising Pharmacist		Date

