

Appendix 1

(School and department names) Pharmacy Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
Subjects		Responsibilities					Minimum Duration
Dispensing		<ol style="list-style-type: none"> 1. Receiving prescriptions 2. Checking and filling prescriptions 3. Dispensing medications 4. Documentation and record keeping 5. Ensuring correct packaging, dilution, and preparation of medicines 					____ weeks (____ hours)
Management		<ol style="list-style-type: none"> 1. Storage and inventory management 2. Controlled drug management 3. National Health Insurance procedures 4. Inventory management principles 					____ weeks (____ hours)
Consulting		<ol style="list-style-type: none"> 1. Counseling patients regarding proper use of medication 2. Providing well-grounded opinions 					____ weeks (____ hours)
Clinical Pharmaceutical Service		<ol style="list-style-type: none"> 1. Pharmaceutical care knowledge 2. Communication skills: medical care professionals 3. Communication skills: patients 4. Verifying prescriptions (including use of medications, dosage, medication period, administration methods, drug interactions, safety, and drug incompatibility) 5. Advising medical care professionals 6. Learning to supervise medication outcomes 7. Learning to detect, evaluate, and report adverse reactions and medication errors 8. Giving medication instructions to patients 9. Participating in prescription case studies 					____ weeks (____ hours)

This is to certify that the applicant has met the requirements for the length of internship period totaling at least 16 weeks (640 hours) and has passed all internship subjects.

President (or Dean):

(signature or seal)

(school seal)

Department (Division) Chair:

(signature or seal)

MM/DD/YYYY

Note:

1. This certificate must be issued by the school based on actual facts. The school shall be held accountable for any false information provided herein.
2. This certificate is only for the applicant's use for the registration for Senior Professional and Technical Examination for Pharmacists.