

Appendix 2

(School and department or hospital names) Make-up Pharmacy Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
Subjects	Responsibilities			Site	Starting & Ending Dates	Total Duration	
<input type="checkbox"/> Dispensing	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				MM/DD/YYYY   MM/DD/YYYY	____ weeks (____ hours)	
<input type="checkbox"/> Management	1. Storage and inventory management 2. Controlled drug management 3. National Health Insurance procedures 4. Inventory management principles				MM/DD/YYYY   MM/DD/YYYY	____ weeks (____ hours)	
<input type="checkbox"/> Consulting	1. Counseling patients regarding proper use of medication 2. Providing well-grounded opinions				MM/DD/YYYY   MM/DD/YYYY	____ weeks (____ hours)	
<input type="checkbox"/> Clinical Pharmaceutical Service	1. Pharmaceutical care knowledge 2. Communication skills: medical care professionals 3. Communication skills: patients 4. Verifying prescriptions (including use of medications, dosage, medication period,				MM/DD/YYYY   MM/DD/YYYY	____ weeks (____ hours)	

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

President (Dean, or hospital Superintendent):

(signature or seal)

(school or internship site seal)

Department (Division) Chair or Unit Chief:

(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.