**COLLEGE OF PHARMACY**

**UNIVERSITY OF THE PHILIPPINES MANILA**

**The Health Sciences Center**

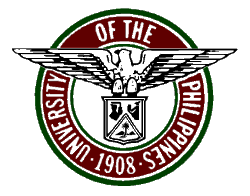
## Pharmacy Internship

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| ***Name of Intern:*** |
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| ***Name of Pharmaceutical Establishment:*** |
|  |
| ***For the Month of:*** |

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| Day | **AM** | | **PM** | | **Number of** | |
| Arrival | Departure | Arrival | Departure | Hours | Minutes |
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| **☑** Hospital Pharmacy  **□** Community Pharmacy  **□** Manufacturing Pharmacy | INTERN’S SIGNATURE: |
| Prof Tax NoDate IssuedReg NoDate Issued | PHARMACIST-IN-CHARGE: |
| CERTIFIED:   Director or Manager of Firm | NOTED: MONET M. LOQUIAS, PhD   Dean |

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