**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** |
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| **☑** Hospital Pharmacy**□** Community Pharmacy**□** Manufacturing Pharmacy | INTERN’S SIGNATURE:  |
| Prof Tax No Date Issued Reg No Date Issued  | PHARMACIST-IN-CHARGE:  |
| CERTIFIED: Director or Manager of Firm | NOTED:MONET M. LOQUIAS, PhD Dean |

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