CANNON BUILDING
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STATE OF DELAWARE

BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
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INTERN PERFORMANCE EVALUATION COMMENT SHEET

INSTRUCTIONS

This form is for applicants for Delaware Pharmacist licensure who completed internship hours while employed in a pharmacy business. If evaluation of any performance statement in the EVALUATION section on the *Affidavit of Intern Experience* does not apply, the intern's supervising pharmacist completes this comment sheet to explain. For example, use this form to give an evaluation of the Intern's performance pertaining to experience in an alternate field of practice. The supervising pharmacist signs the form in the presence of a notary and sends it *directly* to the Board office at the address above.

INTERN'S APPLICATION ID:_____

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Signature of Supervising Pharmacist: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Notary Signature: _____

Signature of Notary: _____

SEAL My commission expires: _____

Send this form *directly* to the Board of Pharmacy office at the address above.