



**PHARMACISTS COUNCIL OF ZIMBABWE**

**COMMUNITY PHARMACY *TRAINEE* CHECKLIST**

Name of *Trainee* \_\_\_\_\_

Reference Code \_\_\_\_\_

Name of institution: \_\_\_\_\_

Period: -From: \_\_\_\_\_ To \_\_\_\_\_

**GRADE: S=Satisfactory**

**U=Unsatisfactory**

<b>ITEM</b>	<b>GRADE</b>	<b>REMARKS</b>	<b>SUPERVISOR'S INITIALS</b>
1. The provision of advice in response to the presentation of symptoms or requests.			
2. The sale of specific categories of products over the counter and the provision of associated advice			
3. Knowledge of relevant legislation			
4. Extemporaneous preparations			
5. Good dispensing practices			
6. Health promotion			
7. Continued education			

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

**OFFICIAL STAMP**