

APPRAISAL OF PRECEPTOR BY PRP

Setiausaha
Lembaga Farmasi Malaysia
Program Perkhidmatan Farmasi
Lot 36, Jalan Universiti, 46350 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

.....

I/C Number:

PRP Registration Number:

Place of Training:

I have undergone training at the above place from (date): _____ to _____

No.	Subject	Grade										Comments
		1	2	3	4	5	6	7	8	9	10	
1.	Facilities of Training Place											
2.	Professional Exposure by the Preceptor											
3.	Professional Guidance by the Preceptor											
4.	Training Skills of the Preceptor											

* to be sent by PRP directly to Pharmacy Board Malaysia at latihan.prp@moh.gov.my