

**APPRAISAL OF PRECEPTOR (BY PRP) *\*optional***

Setiausaha Lembaga Farmasi Malaysia  
 Kementerian Kesihatan Malaysia  
 Lot 36, Jalan Universiti,  
 46200 Petaling Jaya, Selangor.

Name: .....

I/C Number: ..... PRP Registration Number: .....

Place of Training: ..... Date of Training (date): ..... to .....

Name of Preceptor		Type of Module
i.		
ii.		
iii.		

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature:

Date:

**Scale: 1 – 2 = Poor, 3 – 4 = Unsatisfactory, 5 – 6 = Satisfactory, 7 -8 = Very Satisfactory, 9 – 10 = Excellent**

*\* to be sent by PRP directly to Pharmacy Board Malaysia or email to [latihan.prp@moh.gov.my](mailto:latihan.prp@moh.gov.my)*