



PHARMACY INTERNSHIP ORIENTATION CHECKLIST

Intern Name: _____

Preceptor Name: _____

		Intern Initials	Preceptor Initials	Date
	Rotation Site			
A	Identification card.			
B	Entry and exit procedures.			
C	Institution security.			
D	Dress code.			
E	Attendance and punctuality.			
F	Work schedule.			
G	Contact information.			
H	Institution lock down.			
I	Leave requests.			
J	Self-study days.			
K	Rotation grade.			
L	Rotation goals and objectives.			
M	4 th Year requirements review.			
N	Individualized rotation plan.			
	Pharmacy Services			
A	Tour institution facility and grounds.			
B	Pharmacy layout and organization.			
C	Medication order review.			
D	Physician consultation.			
E	Prescription filling and dispensing.			
F	Prescription distribution.			
G	Pill line medications.			
H	Patient education.			
I	Controlled substances.			
J	Controlled devices.			
K	TB prophylaxis.			
L	Prescription returns.			
M	Special situations.			

	Outpatient Clinic			
A	Receiving & Discharge.			
B	Sick call procedures.			
C	Appointments			
D	After-hours.			
E	Medical emergencies.			
F	Accessing inmate health records.			
	Pharmacy Administration			
A	Acquisition.			
B	Formulary.			
C	Workload report.			
	Improving Organizational Performance			
A	Medication errors.			
B	Adverse drug reactions.			
C	Drug usage evaluations.			
D	Medication use monitoring.			
E	Pharmacy & Therapeutics.			
	Personnel Orientation			
A	U.S. Public Health Service: 1. Commissioned Corps Personnel System. 2. Salary and benefits. 3. Career potential and progression. 4. Pharmacy program. 5. Pharmacy PAC. 6. Commissioned Officers Association.			
B	Federal Bureau of Prisons: 7. Organizational structure. 8. Pharmacy program. 9. Career opportunities.			
	4th Year Requirements			
A	Drug information responses.			
B	Portfolio review.			
C	Senior project.			
D	Intern hours report.			
	Community Service			
A	University Points of Contact			
B	Pharmacy Task Force.			
C	Arizona-1 DMAT			