PROGRESS REPORT
FOR COMPLETED INTERNSHIP or IPPE HOURS

North Dakota State Board of Pharmacy
P O Box 1354
Bismarck ND 58502-1354

www.nodakpharmacy.com
(701)328-9535
MUST BE LEGIBLY WRITTEN

Name of Intern _____
First Middle Last

Place of Internship or IPPE:_____
Name of Pharmacy

_____
Address City State Zip

Patient-Centered Care Outcomes:
Based on the level of the experience, the intern will provide patient-centered care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, socio-behavioral, and clinical sciences that may impact therapeutic outcomes.

Summary of Experience: Please select which of the following experiences this form represents/tracks.

_____ IPPE Institutional _____ Total hours _____Date/s _____Preceptor signature

_____ IPPE Community _____ Total hours _____ Date/s _____Preceptor signature

_____ IPPE Public Health _____ Total hours _____ Date/s _____Preceptor signature

_____ Paid Internship _____ Total hours _____ Date/s _____Preceptor signature

TOTAL HOURS: _____

Reflection/Comments of the Experience: (Must be completed to receive credit. Please use additional paper if necessary to reflect experiences.)

_____
Signature of Intern

To be completed by the pharmacist preceptor:

I have read the foregoing completed progress report of _____ _____
Name of Intern (Please print) License number

whose internship I supervised and consider the facts to be correct..

_____ _____
Date Signature of Pharmacist Preceptor License number

Please note: This form must be submitted annually to the ND Board of Pharmacy by September 1.

_____
State of Licensure