



## Summer Training 2021 Training Pharmacy Schedule Form

Date of presenting this form (date/month/year)	
Student ID	
Student Name	
Mobile	
Email	

Name of the pharmacy	
Address	
Telephone (land)	
Name of the pharmacist	

	date	Sun	date	Mon	date	Tue	date	Wed	date	Thur	date	Fri	date	Sat
<b>8-9 am</b>	date		date		date		date		date		date		date	
<b>9-10 am</b>	date		date		date		date		date		date		date	
<b>10-11 am</b>	date		date		date		date		date		date		date	
<b>11-12pm</b>	date		date		date		date		date		date		date	
<b>12-1 pm</b>	date		date		date		date		date		date		date	
<b>1-2 pm</b>	date		date		date		date		date		date		date	
<b>2-3 pm</b>	date		date		date		date		date		date		date	
<b>3-4 pm</b>	date		date		date		date		date		date		date	
<b>4-5 pm</b>	date		date		date		date		date		date		date	
<b>5-6pm</b>	date		date		date		date		date		date		date	
<b>6-7pm</b>	date		date		date		date		date		date		date	
<b>7-8pm</b>	date		date		date		date		date		date		date	
<b>8-9pm</b>	date		date		date		date		date		date		date	
<b>9-10pm</b>	date		date		date		date		date		date		date	
<b>10-11pm</b>	date		date		date		date		date		date		date	
<b>11-12pm</b>	date		date		date		date		date		date		date	

Training date from \_\_\_\_\_ to \_\_\_\_\_