

UNIVERSITY OF OKLAHOMA COLLEGE OF PHARMACY
PRACTICUM LOG

Student Name: _____ Intern No: _____

The log below serves to verify the preceptor-of-record and intern hours accumulated during the nine 1-month practicums. It must be signed by the student following the final practicum month and submitted to the Director of Experiential Education. The primary preceptor who will be evaluating student performance should verify hours submitted and sign/date the log at the end of the practicum. Unless otherwise instructed, students will begin a practicum period on the first working day of the month and end on the last working day of the month. Therefore, each practicum period will be one calendar month and a minimum of 160 contact hours.

Practicum	Practice Site	Preceptor-of-Record/ Pharmacist License #	Date
June			
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			

My signature below attests that the practicum hours submitted above are an accurate and truthful representation of my training.

Student signature: _____

Date: _____