



**To the Acıbadem Mehmet Ali Aydınlar University Dean of Faculty of Pharmacy;  
Info: Internship Commission;**

I accepted internship / professional education in business application of your student, whose name is ....., in my pharmacy between dates of ..... - ..... . As a necessity of our profession, I would like to inform you that I will spend at least one hour every day with the awareness of raising the next generations by taking care of her/him and trying to answer her/his professional questions. I would be pleased to work in cooperation with your faculty to monitor the attendance and knowledge of our colleague candidates.

Sincerely,

(Seal and Signature)

<b>Name-Surname:</b> <i>(Responsible Pharmacist)</i>	
<b>Phone Number:</b> <i>(Responsible Pharmacist)</i>	
<b>E-mail Address:</b>	
<b>Chamber of Pharmacy Registration:</b>	
<b>Registration Number:</b>	
<b>Name of the Pharmacy:</b>	
<b>Address of the Pharmacy:</b>	
<b>Phone Number of the Pharmacy:</b>	
<b>Working Field of the Pharmacy:</b> <i>[Locality of Pharmacy, Pharmacy Profile, Product Profile (OTC, Prescription, Cosmetics) etc. Please specify]</i>	
<b>Professional Civil Society Organization Membership and Duties:</b>	
<b>Expectations from the Faculty and/or the Student:</b>	

\* Internship: Refers to all summer internships.

\*\* The first page of ANNEX-2a will be filled by the student and the second page by the pharmacist and delivered to the relevant internship sub-board with signature.

\*\* Saturdays can be counted as working days for pharmacies working full time.