



**ALTINBAŞ UNIVERSITY SCHOOL of PHARMACY**  
**COMMUNITY PHARMACY APPRENTICESHIP FORM**  
**ECZF F 19.2**

According to Act No. 5510 of Social Security and General Health Insurance Law, the insurance premiums of students who do the required apprenticeship will be paid by the University.

For the conduct of social security procedures, required apprenticeship forms must be filled out by students and must be approved by the corporation or the institution where the apprenticeships will take place.

Apprenticeships must take place on the specified dates stated in the form.

**DEAN of AU SCHOOL of PHARMACY**

Student Name and Surname			
Student Number			
Address			GSM:

PERSONAL INFORMATION			
Country of Passport		Passport Number	
Place of Birth		Date of Birth	
Passport Expired On		Passport Issued On	
Nationality		If the Student has Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT APPRENTICESHIP SETTING			
Name			
Address			
Service Field			
Telephone No		Fax No.	
e-mail		Web Address	
<b>Apprenticeship Term (Please choose yours)</b>			
<input type="checkbox"/> PHAR 290	Apprenticeship-I	160 Hours (20 Working days)	
<input type="checkbox"/> PHAR 490	Apprenticeship-III	160 Hours (20 Working days)	
<input type="checkbox"/> PHAR 581	Advanced Community Pharmacy Practices	160 Hours (20 Working days)	
<input type="checkbox"/> PHAR 584	Community Pharmacy Practices I	280 Hours (35 Working days)	
<input type="checkbox"/> PHAR 574	Community Pharmacy Practices II	200 Hours (25 Working days)	
Apprenticeship Start Date:		Apprenticeship End Date:	
Does the apprenticeship pharmacy work on Saturdays?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

INFORMATION ABOUT THE EMPLOYER		
Name and Surname		<b>IT IS APPROPRIATE TO DO THE APPRENTICESHIP</b>  Signature, Stamp, Date
Position and Title		
e-mail		

To the DEAN of SCHOOL of PHARMACY	
<p style="text-align: center;"><b>SIGNATURE OF THE STUDENT</b></p> <p>I declare that the information on this form is accurate. I will do my apprenticeship at the dates indicated, for whatever reason if I'll not do my apprenticeship, I declare that I will take all responsibilities.</p> <p>I kindly ask you to give the documents for my apprenticeship.</p> <p>Kind regards</p> <p>Name and Surname:</p> <p>Student Number:</p> <p>Date:</p> <p>Signature:</p>	<p style="text-align: center;"><b>APPROVAL OF THE APPRENTICESHIP COMITEE,</b> <b>DATE</b></p>

**PS: Students must fill in this form and bring them to the Faculty Secretary with the other required documents listed in the announcement before the deadline.**