



**REGULATIONS FOR TRAINEESHIPS
PROGRAM OF EMU FACULTY OF PHARMACY
J1; M. Pharm – 5 year STUDENTS
NEW CURRICULUM (starting from 2024-25 FALL)**

1. The total period of traineeship is **120 working** days.
2. 120 working days, which is compulsory, must be completed in community pharmacies.
 - ✓ **Traineeship must be carried out at least in 3 different community pharmacies.**
 - ✓ **Each community pharmacy training must cover at least 20 working days.**
 - ✓ **The traineeships must be carried out in workplaces which had served for at least 1 year after its establishment.**
 - ✓ **Training in institutions other than community pharmacies are optional and accepted. However, these traineeships will not be counted in the calculations of compulsory days. Approval of the faculty board is required for such trainings.**
3. Students can start their traineeship after they have taken following courses:
 - **PHAR129, 130 or 131 – 3th semester**
20 days of traineeship must be carried in a community pharmacy in the following winter or summer break.
 - **PHAR229, 230 or 231 – 5th semester**
20 days of traineeship must be carried in a community pharmacy in the following winter or summer break.
 - **PHAR329, 330 or 331 – 7th semester**
20 days of traineeship must be carried in a community pharmacy in the following winter or summer break.
 - **PHAR429, 430 or 431 – 10th (graduation) semester**
60 days of traineeship must be carried in a community pharmacy in the 10th (graduation) semester.

4. The traineeship can be practiced during the winter and summer breaks (from the end of the final exams to the beginning of the registration of the upcoming semester) and the entire 10th semester.
5. Students can do their traineeship abroad including their own country.
6. A series of required forms (**Appendix A**) must be submitted to the person in charge **one month** prior to the traineeship.
7. Students are obligated to provide the contact information of the training institutions to the person in charge, including:
 - Postal address
 - Fax
 - E-mail address
 - Telephone number
 - Web address (optional)

*Unexpected inspections will be done by EMU representatives during the traineeships. If the student has found to be absent in the institution in two of the inspections, the traineeship will be **cancelled**.
8. After the end of each training, the student must submit “Evaluation/completion Letter” (**Appendix B**) and “Daily Activity Report” (**Appendix C**) to the person in charge till the last day of the classes of the upcoming semester.
 - “Evaluation/completion Letter” must be filled, signed and stamped wet by the manager of the institution.
 - “Evaluation/completion Letter” needs to include the full name of the institution manager, his/her title, phone number, address and e-mail.
9. For those who have carried out their traineeship abroad, in addition to documents mentioned in **section 8**, a copy of **check in/check out** dates from the passport must be submitted as well.
10. In the **graduation semester**, students must submit final **traineeship practice report(s)** to the person in charge till the last day of the classes.
 - Those students must submit **one final** practice report intended for community pharmacy traineeship.

11. The final practice report must include:
 - a. Cover page (**Appendix D**)
 - b. Questions and answers (**Appendix E**)
 - c. References

12. The general format of the final report must be as follows:
 - a. Times New Roman
 - b. 12 points
 - c. Justify
 - d. 1.15 spacing

13. All of the documents related with the training can be acquired from www.pharmacy.emu.edu.tr/en or www.opencourses.emu.edu.tr.

14. If students had confirmed their traineeship, but have to take a resit exam, a new traineeship date has to be declared officially by the student to the person in charge.

15. For the students who finished their compulsory traineeship, a **Final Exam** will be held during the final exam period of **graduation semester**.

16. The student is not allowed to graduate without completing his/her traineeship.

17. Traineeship committee of the E.M.U. Faculty of Pharmacy has the right to refer to the disciplinary committee if they detect any inconsistency with the established rules of traineeship regulations.

18. Traineeship committee, if necessary, has the right to make appropriate changes in this regulation.

19. Students enrolling the traineeship program are considered to accept every provision of the regulation organized by E.M.U. Faculty of Pharmacy and they have not appeal rights.

APPENDIX A



DOĞU AKDENİZ ÜNİVERSİTESİ
EASTERN MEDITERRANEAN UNIVERSITY

Gazimağusa – KKTC. Tel: +90 (392) 630 12 17, Fax: +90 (392) 365 13 17

T.R.N.C.
EASTERN
MEDITERRANEAN
UNIVERSITY
COMPULSORY
INTERNSHIP FORM (*)

Photo

Photocopies of
photos are not
allowed

To Whom It May Concern,

Please be advised that the students of our university are required to carry out internship practice at various organizations or businesses until the end of their studies. We kindly thank you for your interest in allowing the student whose details are specified below to carry out his/her internship practice at your institution and wish you all the further success in your endeavors.

| | | | |
|--------------------|--|-----------------|--|
| Name – Surname | | ID No. | |
| Student No. | | Academic Year | |
| Department/Program | | Faculty | |
| e-mail | | Phone No. (GSM) | |
| Address | | | |

INFORMATION ABOUT THE PLACE WHERE THE INTERNSHIP PRACTICE WILL BE CARRIED OUT

| | | | | | |
|---------------------------------------|--|----------------|--|-------------------------|--|
| Internship practice Commencement date | | Finishing date | | Duration (Working Days) | |
| Name of the company | | | | | |
| Address of the company | | | | | |
| Production/Service Area | | | | | |
| Phone Number | | Fax. No. | | | |
| e-mail | | Web address | | | |

INFORMATION ABOUT THE EMPLOYER OR THE AUTHORISED OFFICIAL

| | | | | |
|--------------------------|--|--|-------------------------------|---|
| Name-Surname | | | | |
| Duty/responsibility area | | | Approved Signature / Stamp | <i>A formal admission fax containing student information from the company is sufficient</i> |
| e-mail address | | | | |
| Date | | | | |
| Employer's S.G.K No. | | | | |

STUDENT'S BIRTH DETAILS (to be filled in by the relevant student upon the approval of the internship practice application.)

| | | | |
|--------------------|--|---------------------|--|
| Surname | | Province of birth | |
| Name | | District | |
| Father's name | | District-Village | |
| Mother's name | | File No. | |
| Place of birth | | Family Sequence No. | |
| Date of birth | | Sequence No. | |
| ID. No. | | Office issued | |
| ID Card Serial No. | | Reason of issuing | |
| S.G.K. No. | | Date of issuing | |

SIGNATURE (STUDENT)

APPROVAL (DEPARTMENT)

APPROVAL (FACULTY)

| | | |
|---|-------|-------|
| I declare that the information provided on this document is accurate. | | |
| Date: | Date: | Date: |

(*) **3 copies of this form must be filled in electronically** (not photocopies) on each of which a photo is attached. One of the approved forms is submitted to the departmental secretary and 2 copies (with **3 copies of the ID**, **3 copies of the approval fax**, and **3 copies of Mustehaklik Belgesi - for Turkey only**) to the Registrar's Office latest by two weeks before the internship practice commencement date.

Optional format Ex No: 1

dd/mm/yyyy

Eastern Mediterranean University
Faculty of Pharmacy

To the Dean Office;

I would like to inform you that I will start my Traineeship at the
(Details provided below). The planned dates are dd/mm/yyyy to dd/mm/yyyy.

Yours Faithfully,

Name:

Signature:

Student No:

Degree Program:

Traineeship Place;

Postal Address:

E-mail Address:

Web Address (If any):

Tel:

Fax:

Optional format Ex. No. 2

Date:

Postal address:

Fax:

E-mail address:

Telephone number (of the institution/ community pharmacy/company):

Web address of institution/community pharmacy/company (optional):

To the Dean Office;

I Hereby confirm that (Student Number; Student Name) from the Faculty of Pharmacy of EMU, can commence his/her traineeship on (dd/mm/yy); (planned no. of work days) at the named pharmacy above.

Sign

APPENDIX B



EASTERN MEDITERRANEAN UNIVERSITY
FACULTY OF PHARMACY TRAINEESHIP
COMPLETION DOCUMENT
COMMUNITY PHARMACY

STUDENT INFORMATION

Name-Surname : _____

Semester : _____

Student ID : _____

Traineeship dates : ___/___/20___ - ___/___/20___

Total traineeship days: ___ business days (except holidays and weekends-depends on the country)

Cell phone number of student: _____

The name, address and phone number of the Community pharmacy where traineeship is completed:

Additional:

The name, surname, university and education degree of the tutor:

1. **Student is aware of the materials that should be found in a pharmacy store and requirements/regulations to open a pharmacy store.**

(Öğrenci eczanede bulunması zorunlu malzemeler ve eczane açabilmek için gerekli olan donanım ve düzenlemeler hakkında bilgi sahibidir.)

YES

NO

2. **Student has enough knowledge about the drugs, products and other chemical substances that are found in the pharmacy store.**

(Öğrenci eczanede bulunan ilaçlar, ürünler ve diğer kimyasal maddeler hakkında yeterli derecede bilgi sahibidir.)

YES

NO

3. **Student gained the ability to control and track the stocks of drugs and other products in the pharmacy store and purchase drugs/products from the pharmaceutical stores when needed.**

(Öğrenci eczanede bulunan ilaçlar ve diğer ürünlerin stok kontrolünü yapabilmekte ve gerektiğinde ilaç depolarından teminini sağlayabilmektedir.)

YES

NO

4. **Student can use the computer program in the pharmacy store and is aware of the governmental regulations and paper work.**

(Öğrenci eczanede kullanılan bilgisayar programını kullanabilmekte ve ilaç satışı ile ilgili düzenlemeleri ve işlemleri bilmektedir.)

YES

NO

5. **Student is aware of the regulations of specific prescriptions regarding to *narcotics (red-colored)*, *psychotropic drugs (green-colored)* and *blood products (purple-colored)* and has enough knowledge about the control and management of these drugs**

(Öğrenci, narkotik (kırmızı reçete), psicotrop (yeşil reçete) ve kan ürünleri ve kan faktörleri ile ilgili özel reçeteye tabi ilaçlarla ilgili düzenlemeleri bilir ve bu ilaçların kontrolü ve yönetimi hakkında yeterli bilgi sahibidir.)

YES

NO

6. **Student has enough knowledge about the vaccines, cold chain and special drugs that should be kept in refrigerator.**

(Öğrenci aşılar, soğuk zincir ve soğukta saklanması gereken ilaçlar hakkında yeterli bilgiye sahiptir.)

YES

NO



EASTERN MEDITERRANEAN UNIVERSITY
FACULTY OF PHARMACY TRAINEESHIP
COMPLETION DOCUMENT
Hospital Pharmacy

STUDENT INFORMATION

Name-Surname : _____

Semester : _____

Student ID : _____

Traineeship dates : ___/___/20___ - ___/___/20___

Total traineeship days: ___ business days (except holidays and weekends-depends on the country)

Cell phone number of student: _____

The name, address and phone number of the Hospital Pharmacy where traineeship is completed:

Additional:

The name, surname, university and education degree of the tutor:

1. **Student can actively use the “Drug/Medical Device Management Computer Program” in hospital/surgery room him/herself?**

(Öğrenci hastane-ameliyathane eczanesinde mevcut ilaç/Tıbbi Malzeme Yönetim Sistemini kendi başına kullanabiliyor mu?)

YES

NO

2. **Student can track the stocks and reserves of the drugs/medical devices in the hospital ?**

(Öğrenci hastane ilaç/tıbbi malzeme stok kontrolünü yapabiliyor mu?)

YES

NO

3. **Student can deliver the drugs/medical devices to the patients in hospital services in good accordance with the hospital regulations?**

(Öğrenci yatan hastalara ilaç/tıbbi malzeme çıkışını hastane kurallarına uygun olarak yapabiliyor mu?)

YES

NO

4. **Student can predict and determine the needs of drug/medical devices and know the regulations to supply these needs?**

(Öğrenci ilaç/tıbbi malzeme ihtiyacını öngörebiliyor ve bunların temini için yapılacaklarla ilgili gerekli düzenlemeleri biliyor.)

YES

NO

5. **Student is aware of the commissions that a pharmacist can take place and know the responsibilities and functions of a pharmacist in these commissions.**

(Öğrenci hastane eczacısının görev alabileceği komisyonları ve bu komisyonlardaki fonksiyon ve sorumluluklarını biliyor)

YES

NO

6. **Student actively participated in the commissions.**

(Öğrenci şu komisyonlarda görev almıştır)

- a. **Drug/medical device purchasing commissions**

(ilaç/tıbbi malzeme satın alma komisyonu)

YES

NO

- b. **Infections Control Committee**

(Enfeksiyon Kontrol Komitesi)

YES

NO

- c. **Medical Treatment Committee**

(ilaç Tedavi Komitesi)

YES

NO

- d. **Other**.....



EASTERN MEDITERRANEAN UNIVERSITY
FACULTY OF PHARMACY TRAINEESHIP
COMPLETION DOCUMENT
Drug Company

STUDENT INFORMATION

Name-Surname : _____

Semester : _____

Student ID : _____

Traineeship dates : ___ / ___ /20___ - ___ / ___ /20___

Total traineeship days: ___ business days (except holidays and weekends-depends on the country)

Cell phone number of student: _ _____

The name, address and phone number of the institution where traineeship is completed:

Additional:

The name, surname, university and education degree of the tutor:

Please answer the questions below for the student:

1. Attendance of the student (Attended/Did not attend). Satisfactory or not?

YES

NO

2. Achievement of the student . Satisfactory or not?

YES

NO

3. Application of the academic knowledge (Successful/Not successful).

YES

NO

4. Relationship with the employees of the company Satisfactory or not?

YES

NO

5. Has the student participated in the ongoing projects? Yes or No?

YES

NO

6. Has the student worked good on the project and was able to complete it? Yes or no?

YES

NO

7. How was the interest of the student to the company? Has the student informed himself/herself about the drug company and future work of the drug industry?. We appreciate a brief explanation.

YES

NO

8. Has the student followed all the safety and security instructions of the company? Yes or No?

YES

NO

9. How was the relationship of the student to her/his tutor? Satisfactory or not?

YES

NO

NOT SATISFACTORY

0.....

EXCELLENT

10

10. Opinions :





EASTERN MEDITERRANEAN UNIVERSITY

FACULTY OF PHARMACY

TRAINEESHIP COMPLETION DOCUMENT

Pharmacy Warehouse

STUDENT INFORMATION

Name-Surname : _____

Semester : _____

Student ID : _____

Traineeship dates : ___/___/20___ - ___/___/20___

Total traineeship days: ___ business days (except holidays and weekends-depends on the country)

Cell phone number of student: _____

The name, address and phone number of the pharmacy warehouse where traineeship is completed:

Additional:

The name, surname, university and education degree of the tutor:

Please answer the questions below for the student:

1. Attendance of the student (Attended/Did not attend). Satisfactory or not?

YES

NO

2. Achievement of the student . Satisfactory or not?

YES

NO

3. Application of the academic knowledge (Successful/Not successful).

YES

NO

4. Relationship with the employees of the company Satisfactory or not?

YES

NO

5. Has the student participated in the routine daily activities projects? Yes or No?

YES

NO

6. Has the student worked good on the daily activities and was able to complete them? Yes or no?

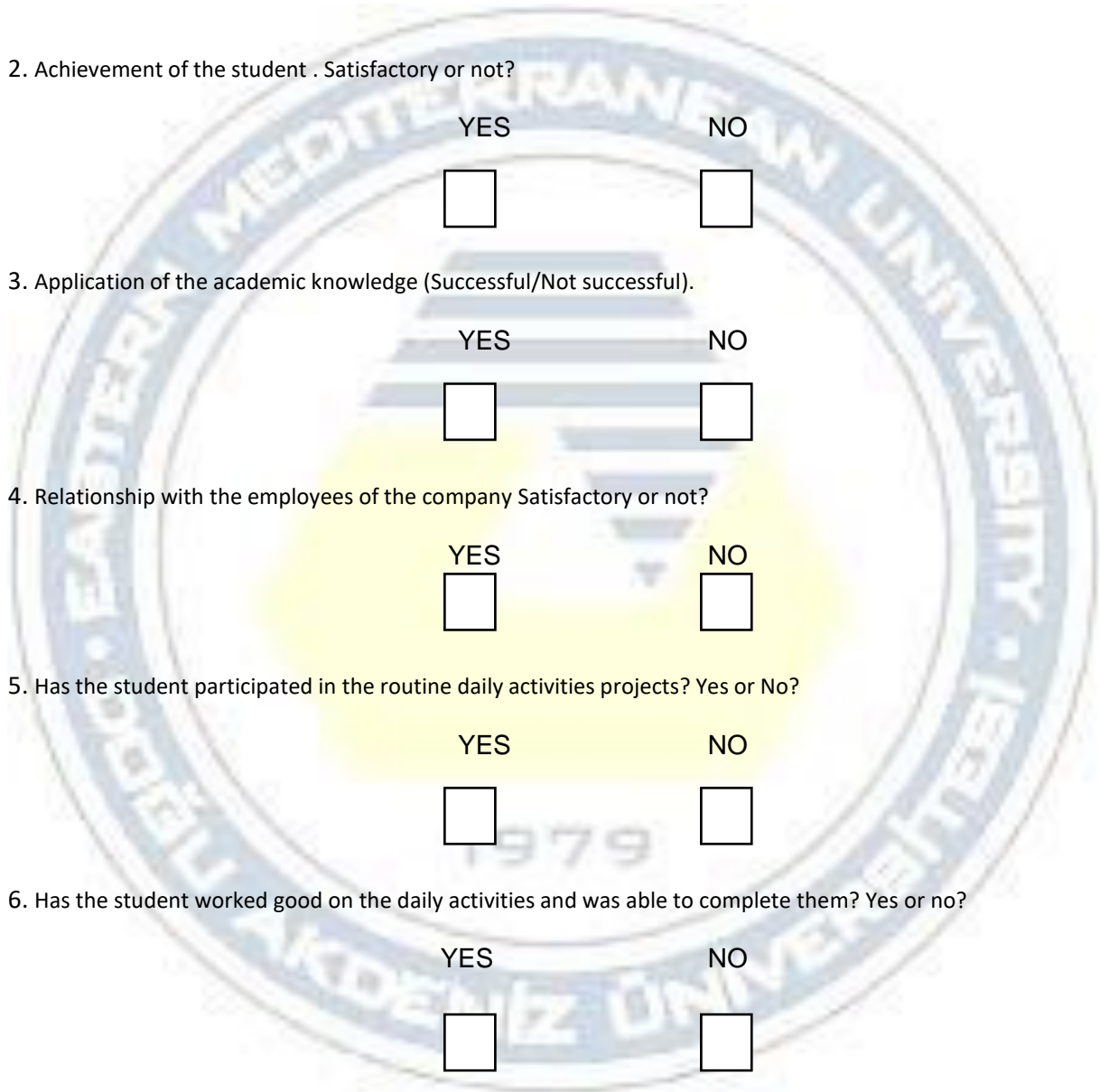
YES

NO

7. How was the interest of the student to the company? We appreciate a brief explanation.

YES

NO



8. Has the student followed all the safety and security instructions of the company? Yes or No?

YES

NO

9. How was the relationship of the student to her/his tutor? Satisfactory or not?

YES

NO

NOT SATISFACTORY EXCELLENT

0 10

10. Opinions :



APPENDIX C

DAILY ACTIVITY REPORT COVER SHEET

| | |
|--|---------------------------------------|
| Semester: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER BREAK <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | Year: 20__ __ / 20__ __ |
|--|---------------------------------------|

| | |
|----------------------------|---------------------------|
| Student First Name: | Student Surname: |
| Student ID: | Student Signature: |

| | |
|---|--|
| Assignment Title: <input type="checkbox"/> 1 – Community Pharmacy <input type="checkbox"/> 2 – Hospital Pharmacy <input type="checkbox"/> 3 – Industrial Company | Name of the Company: Signature & Stamp: |
| Traineeship Period: | Traineeship Duration: |

*** Daily activity must be filled for each day of the traineeship.

**DAILY ACTIVITY REPORT
BLANK PAGE**

| | |
|-----------------------|--|
| DATE | |
| DAILY ACTIVITY | |
| | |

| | |
|-----------------------|--|
| DATE | |
| DAILY ACTIVITY | |
| | |

| | |
|-----------------------|--|
| DATE | |
| DAILY ACTIVITY | |
| | |

APPENDIX D

TRAINEESHIP COVER SHEET

| | |
|---------------------------------|----------------------------------|
| First Name / Given Name: | Surname / Family Name : |
| Student Number: | Contact Mail/ Telephone : |

| | |
|--|---|
| Assignment Title: <input type="checkbox"/> 1 – Community Pharmacy <input type="checkbox"/> 2 – Hospital Pharmacy <input type="checkbox"/> 3 – Industrial Company | Name of the Pharmacy/Hospital/Company: |
|--|---|

1. I declare that the attached work is all my own, and that where I have quoted from or referred to the opinions or writings of others, these have been fully and clearly acknowledged.
2. I am aware of the consequences of late submission.
3. By signing below I agree to the terms and conditions regarding the plagiarism.

Student Signature: **Date Submitted:**

STAFF USE

Overall Mark:

FEEDBACK COMMENTS: (Some staff may also provide structured feedback on an additional feedback form)

| | |
|---|---|
| <input type="checkbox"/> On Time | <input type="checkbox"/> Late Submission |
|---|---|

APPENDIX E



EMU Faculty of Pharmacy – Community Pharmacy Practice

Following questions must be answered respectively with specified format (Word Format, Times New Roman font, 12 font size) by the student if student has done his/her traineeship within the scope of community pharmacy practice:

- 1.** Give brief information about the community pharmacy that you have practiced your traineeship.
- 2.** Explain the relationship of your pharmacist with other pharmacists, representatives, doctors, staff and his/her trainees.
- 3.** In the pharmacist-patient relationship:
 - a.** Which points should be considered from pharmacist when prescription or non-prescription (OTC) medicines are described to the patients?
 - b.** What is the role of the pharmacist in birth control and family planning implementations? (Ex. What should be suggested to mother as a birth control method during her lactation period?)
- 4.** What kind of instructions are given for usage of the dosage forms with specific use as:
 - a.** Inhalers
 - b.** Eye drops
 - c.** Insulin and other subcutaneous injection preparations
 - d.** Transdermal preparations
 - e.** Sprays

5. How pharmaceutical care services are provided in the pharmacy, especially in:
 - a. Drug consulting
 - b. Rational drug use
 - c. Drug – drug, drug- illness, drug-food interactions
6. How many main sections are there inside of community pharmacy ?
7. Describe the equipment used in pharmacy store?
8. How cleanliness and hygiene conditions are ensured within community pharmacy?
9. How weighing is performed in pharmacy?
10. Which chemicals must be retained in the pharmacy?
11. Please explain how the pharmacy shelves are arranged? Also indicate, why your pharmacist prefers this order?
12. Please explain which pharmaceutical dosage forms are presented in the community pharmacy?
13. How the prescriptions are processed at the pharmacy?
 - a. Which information must be included in the prescription?
 - b. From how many sections Prescription is consisted, name the parts of the Prescription?
14. Regarding pharmacies inspections:
 - a. Which books must be kept in the Pharmacy?
 - b. Which are the professional books that must be in Pharmacy?
 - c. What should be considered due to inspections?
15. Please give information about the red prescriptions and green prescriptions?

- 16.** Which computer database your pharmacy store is using for sales processes? Please describe briefly this system.
- 17.** Please indicate the names of the contracted institutions that your pharmacy store is dealing, and what are the main differences about their prescription processes?
- 18.** What is the cold chain? Give five examples of pharmaceuticals that should be stored in cold chain storages.
- 19.** How the expiration dates of pharmaceuticals are monitored at your traineeship community pharmacy? What is done for disposal of these medicines?
- 20.** In which cases medicines are collected back? Please briefly explain the process of withdrawal of medicines from the market?
- 21.** Explain the difference between drug product and magistral product?
- 22.** What information should contain a standard prospectus?
- 23.** Which medicals, medical equipment and antidotes are used in emergency situations?
- 24.** How the toxic and medicinal which supposed to be stored separately are placed within pharmacy?
- 25.** How the first aid is provided for the patients in the community pharmacy?
- 26.** How the pharmacovigilance is employed in the everyday practice of the community pharmacy?
- 27.** How the measurement of temperature and humidity is conducted within the community pharmacy?

28. Explain the procedure on how the narcotic drugs are recorded and stored?

29. Does your home country have an organization as National Chamber of Pharmacist and does your community pharmacy is a member of this organization?

30. Is there a section in Community pharmacy related to phytopharmaceuticals / herbal preparations?

31. Is there a section in Community pharmacy related to cosmetics?