

APPRAISAL OF PRECEPTOR (BY PRP) *optional

Setiausaha Lembaga Farmasi Malaysia
Kementerian Kesihatan Malaysia
Lot 36, Jalan Universiti,
46200 Petaling Jaya, Selangor.

Name:

I/C Number: PRP Registration Number:

Place of Training: Date of Training (date): to

Name of Preceptor		Type of Module
i.		
ii.		
iii.		

No.	Subject	Grade									
		1	2	3	4	5	6	7	8	9	10
1.	Facilities of Training Place										
2.	Professional Guidance by the Preceptor										
3.	Training Skills of the Preceptor										

Comments: _____

Signature:

Date:

Scale: 1 – 2 = Poor, 3 – 4 = Unsatisfactory, 5 – 6 = Satisfactory, 7 -8 = Very Satisfactory, 9 – 10 = Excellent

* to be sent by PRP directly to Pharmacy Board Malaysia or email to prp.latihan@moh.gov.my