

**APPRAISAL BY PRP OF PRECEPTOR (optional)**

\* to be sent by PRP directly to Pharmacy Board Malaysia or email to [prp.latihan@moh.gov.my](mailto:prp.latihan@moh.gov.my)

Name: .....

I/C Number: ..... PRP Registration Number: .....

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

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

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**