

**Pharmacists POST-Training Report**

Provide details about your training event, ideally within a week of its completion. If you have provided contact information about each pharmacist trained you do not need to repeat it again. However, please verify the name of each person who completed the training. Also provide a description of the training event and your comments on how it went.

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| --- | --- | --- | --- |
| Date, time, & duration |  | | |
| Location |  | | |
| Trainers’ names |  | | |
| Description of training event |  | | |
| Commentary of training event |  | | |
| **Trainee #1** |  | **Trainee #4** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) | If not previously reported | Practice site (specific pharmacy) | If not previously reported |
| Work tel. | If not previously reported | Work tel. | If not previously reported |
| Email | If not previously reported | Email | If not previously reported |
|  |  |  |  |
| **Trainee #2** |  | **Trainee #5** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) | If not previously reported | Practice site (specific pharmacy) | If not previously reported |
| Work tel. | If not previously reported | Work tel. | If not previously reported |
| Email | If not previously reported | Email | If not previously reported |
|  |  |  |  |
| **Trainee #3** |  |  |  |
| Name |  |  |  |
| Practice site (specific pharmacy) | If not previously reported |  |  |
| Work tel. | If not previously reported |  |  |
| Email | If not previously reported |  |  |
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