

**Pharmacists Pre-Training Report**

Provide details about your upcoming training event at least 1 week in advance. Space for up to five people have been provided. Submit this report for each training event, even if training fewer than 5.

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| --- | --- | --- | --- |
| Date & time |  | | |
| Location |  | | |
| Trainers’ names |  | | |
| Brief plan (description of training event) |  | | |
| **Trainee #1** |  | **Trainee #4** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) |  | Practice site (specific pharmacy) |  |
| Work tel. |  | Work tel. |  |
| Email |  | Email |  |
|  |  |  |  |
| **Trainee #2** |  | **Trainee #5** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) |  | Practice site (specific pharmacy) |  |
| Work tel. |  | Work tel. |  |
| Email |  | Email |  |
|  |  |  |  |
| **Trainee #3** |  |  |  |
| Name |  |  |  |
| Practice site (specific pharmacy) |  |  |  |
| Work tel. |  |  |  |
| Email |  |  |  |
|  |  |  |  |