The Pharmacy Professionals Externship Preference Sheet

Studer	it Name:						
Legal na	me, nick name ma	y be indicated i	n parentheses				
Full A	ddress.						
include z	ddress:				***************************************		
Phone	Number(s): _		Lai	nguages (sp	oken/writte	en)	
include a	rea code						
Days/T	ime Availabl	e: please insu	re to report an	y changes to y	our schedule	as changes tra	nspire.
•	List times you a	re available to	start and your	end time and	indicate if AN	I or PM.	1
	If you are unava						
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70.7							
Please	list 3 Pharma	cies you wo	uld like to l	have conside	ered to com	plete your	externship
	Please note v				ideration.	The decisio	n is based
on the	pharmacy, the	eir neeas, an	ia your ava	ilability.			
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Please return to this form to your Program Director, Sonia Ruiz via email at thepharmacyprofessionals@gmail.com