



**T.C.**  
**ALTINBAŞ UNIVERSITY**  
**SCHOOL of PHARMACY**  
**HOSPITAL and CLINICAL APPRENTICESHIP FORM**

According to Act No. 5510 of Social Security and General Health Insurance Law, the insurance premiums of students who make required apprenticeship will be paid by the University.

For the conduct of Social security procedures, required apprenticeship forms must be filled out by students and must be approved by the corporation or the institution where the apprenticeships will take place.

Apprenticeships must take place on the specified dates, stated in the form.

**DEAN of AU SCHOOL of PHARMACY**

Student Name and Surname		
Student Number		
Address		GSM:

**PERSONAL INFORMATION**

Country of Passport	
Passport Number	
Nationality	
Date of Birth	
Place of Birth	
Gender	
Passport Issued On	
Passport Expired On	
If the Student has Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No	

**INFORMATION ABOUT APPRENTICESHIP SETTING**

Name			
Address			
Service Field			
Telephone No		Fax No.	
e-mail		Web Address	
<b>Apprenticeship Term</b> (Please choose yours)			
<input type="checkbox"/> PHAR 399	Core Apprenticeship (Hospital Part)	160 Hours (20 Working days)	
<input type="checkbox"/> PHAR 583	Advanced Clinical Pharmacy Practices	400 Hours (50 Working days)	
<input type="checkbox"/> PHAR 588	Hospital Pharmacy Practices I	280 Hours (35 Working days)	
<input type="checkbox"/> PHAR 598	Hospital Pharmacy Practices II	200 Hours (25 Working days)	
Apprenticeship Start Date:		Apprenticeship End Date:	

**INFORMATION ABOUT the EMPLOYER**

Name and Surname		It is appropriate to do the apprenticeship
Position and Title		
e-mail		
		Signature, Stamp, Date

**To the DEAN of SCHOOL of PHARMACY**

I declare that the information on this form is accurate. I will do my appernticeship at the dates indicated, for whatever reason if I'll not do my apprenticeship, I declare that I will take all responsibilities. I kindly ask you to give the documents for my apprenticeship. Kind regards Name and Surname : Student Number : Date : Signature :	Approval of the Apprenticeship Comitee, Date	Approval of Dean, Date
---	---	---------------------------

**PS:** Students have to fill in this form (2 forms) and bring them to the Faculty Secretary with 2 copies of their passports and 2 photos until the deadline.