

ROTATION PRESENTATION SIGN-OFF SHEET

STUDENT: _____

Send completed form to

School of Pharmacy

2500 N. State St.

Jackson, MS 39216

Attn: Mr. Robert Metzger

Phone: (601) 984-2758

Fax: (601) 815-1160

Email: rmetzger@umc.edu

Presentation 1

Title: _____

Date Presented: _____

Presented To: _____

Successfully Completed: _____

Preceptor's Signature

Presentation 2

Title: _____

Date Presented: _____

Presented To: _____

Successfully Completed: _____

Preceptor's Signature

Presentation 3

Title: _____

Date Presented: _____

Presented To: _____

Successfully Completed: _____

Preceptor's Signature