**Letter of Acceptance for State Exam Practice**

**Name of Student:**

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**Name of Pharmacy, Address of Pharmacy, *email address*:**

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**Name of Pharmacist for Education:**

**Type of the State Exam Practice:**

* State exam practice II. Institutional Pharmacy **or** State exam practice I. Prescription pharmacy (120 hours)\*
* State exam practice II. Prescription pharmacy (120 hours)
* State exam practice II. Pharmacy dispensing (120 hours)
* State exam practice II. – Pharmaceutical management, Quality Assurance (60 hours)
* State exam practice II. (Pharmaceutical business administration) (60 hours)

*\*Please choose only one of Institutional Practice or Prescription I and mark it with an underline.*

Dates: 1. January 27– February 28, 2025 (5 weeks), 2. March 3– March 28, 2025 (4 weeks), 3. March 31– May 2, 2025 (5 weeks), 4. May 5 – May 30, 2025 (4 weeks)

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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