

Herbal Practicum Intern Learning Activity Record

Date: ____ / ____ / ____

Hours Worked: ____ / 4 Hrs

Intern Name	ID #
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Activities Performed	
Herbal Prescriptions Preparation	Formula Name: Diagnosis: Action or Indications:
	Formula Name: Diagnosis: Action or Indications:
	Formula Name: Diagnosis: Action or Indications:
Single Herbs Review	Categories:
	Record the list what you reviewed
Learning Objectives Attained	

 Intern's Signature

 Pharmacy Supervisor's Signature

NOTES: