**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. 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)
* State exam practice II. Institutional Pharmacy or Galenic laboratory (120 hours)

Dates: 1. January 22– February 25, 2024 (5 weeks), 2 February 26– March 31, 2024 (5 weeks), 3. April 1– April 28, 2024 (4 weeks), 4. April 29 – May 24, 2024 (4 weeks)

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

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

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