

Appalachian College of Pharmacy  
Student Self Evaluation

**Student:**

**Date: ( )**

**Policy and Procedure Form**

Section Weight: 0.00%

**Policy and Procedure Form**

**FINAL**

QUESTION 1

**NO SCORE SELECTED**

I have had the opportunity to discuss the practice site's policies and procedures, to ask questions about the policies and procedures, and have had all of my questions answered for me. I agree to abide by and comply with the site's policies and procedures.

**Score Summary**

<b>Title:</b>	<b>Final Score</b>	<b>Weight</b>	<b>Adj. Final Score</b>
Primary Evaluation	0.00	100%	0.00 Required
<b>FINAL SCORE:</b>	<b>0.00</b>	<b>100%</b>	<b>0.00</b>