SOP Training Record

- Supervising pharmacists must confirm that this SOP has been implemented in their pharmacy
- Completed training records should be kept in the SOP folder

SOP 11.6 Preparation of medication into Monitored Dosage Systems (MDS)		
Pharmacy Name:		
Supervising Pharmacist Declaration: I confirm I have implemented this SOP, and its content reflects practice in my pharmacy.		
Name: _____	Reg No.: _____	Signature: _____
Pharmacy Staff Declaration: Please sign below to confirm that you have read and understood this SOP		
Name	**Date**	**Signature**