



Preceptor Application

Please complete this form and return with a **current resume/CV** via fax, e-mail or mail to the address below.

University of Saint Joseph
School of Pharmacy
Attn: Office of Experiential Education
229 Trumbull St
Hartford, CT 06103
Phone: 860.231.5874 Fax: 860.231.5876
Email: jluciano@usj.edu

Contact Information

| | | | |
|-----------------|--------------|------------------|--|
| First Name: | | Last Name: | |
| Job Title: | Credentials: | | |
| Site Name: | | Store #, if any: | |
| Street Address: | | | |
| City: | State: | Zip: | |
| Phone: | Ext: | Fax: | |
| Email: | | | |

Background and Qualifications

Education

| Degree | School | Year |
|--------|--------|------|
| | | |
| | | |

Post Graduate Education

| Residency Site | Specialty | Year |
|----------------|-----------|------|
| | | |
| | | |

Current Licensure Information

| State | License # | In Good Standing? |
|-------|-----------|-------------------|
| | | |
| | | |

Certifications (Immunizations, CDE, BLS, ACLS, MTM, etc)

| | |
|--|-------|
| | Year: |
| | Year: |
| | Year: |



Preceptor Information

Have you served as a primary preceptor for PharmD students in the past? Yes No

If yes, please describe:

Type of rotation offered

Community Institutional Acute Care Ambulatory Care Other: _____

Please indicate which type of learner is most appropriate for your rotation setting

Introductory Pharmacy Practice Experience (IPPE) Advanced Pharmacy Practice Experience (APPE)

IPPE and APPE

Site Information

Please provide a brief description of the site, type of rotations to be offered, and specific rotation activities, if known (Example: census, # of prescriptions filled, time spent with team, time using drug information skills, journal club/case presentations, involvement with other pharmacists/students/residents, etc.)

Hours of time spent per week with preceptor: _____

Direct Patient Care Interaction for Students: Yes No

Primary Disease State Encountered: _____

Multidisciplinary Healthcare Interaction for Students: Yes No

If yes, please describe inter-professional interactions with other health care providers during the rotation experience.
