

**Preceptor Information:**

In addition to completing the following section with regard to the site and preceptor information, the preceptor must also submit a current Curriculum Vitae and syllabus for the practice experience.

**Personal Information**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_

Title: \_\_\_\_\_

**Practice Site Information**

Name of Practice Location: \_\_\_\_\_

Address of Practice Location: \_\_\_\_\_

Phone Number \_\_\_\_\_ Practice Site Pharmacy License Number \_\_\_\_\_

Direct Supervisors Name: \_\_\_\_\_

**College and Graduate Education**

Year Completed	Degree	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Post Graduate Training (Residencies, Fellowships, etc.)**

Year Completed	Degree	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Teaching Experience**

List any adjunct faculty appointments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior precepting or teaching experience: (List any teaching experience such as classes taught, lecture/in-service, seminars, workshops and presentations given. Describe the nature of the preceptorship and number of students precepted.

**Professional Organizations**

List the professional organizations to which you belong.

**Professional Practice**

Describe your interaction with other health care professionals in your usual practice.

Describe the type of direct patient interaction you have in the course of your usual practice.

How much time do you spend each week in direct patient care? \_\_\_\_\_

Describe the organization of patient specific information at your practice site (computer database programs, flow sheets, etc.) Do you have access to the appropriate information needed to adequately monitor patient therapy?

How do you communicate therapeutic interventions with other health care professionals? Are interventions in a written or verbal format?

Describe the evaluation of clinical outcomes at your practice site. How do you document clinical outcomes and clinical interventions?

Describe your participation in patient education? What type and to what extent do you provide education?

Describe your role in providing pharmaceutical education to other health professionals. Is your site affiliated with an academic institution? If so, list the institutions and the extent of the affiliation.

What do you feel are your personal strengths that make you a good preceptor?

What are the strengths that make your site a good training site for pharmacy students?

Why do you want to be a preceptor?

How can the University of Louisiana at Monroe School of Pharmacy help you and your site become an exceptional pharmacy student training site? (Be Specific)

**Statement of Moral Character**

The School of Pharmacy will only use pharmacist preceptors who are of high moral character. A preceptor who provides false or incomplete information may be dismissed from the program. Suspension or dismissal from the preceptor program may occur as a result of the investigation of, arrest for, or conviction of a criminal offense.

Has your license to practice pharmacy ever been restricted or denied?

Have you ever been investigated for or convicted of a criminal offense?

Have you ever been advised by any agency that you were under investigation for the violation of a pharmacy law/regulation?

Has your license to practice pharmacy ever been suspended or revoked?

If the answer to any of the above questions is "Yes", attach a letter of explanation.

*I certify that the information recorded on my preceptor application and CV is correct to the best of my knowledge. Should change occur, I will notify the Office of Experiential Education in writing within (15) days of such a change.*

Signature

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Date

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