



Philadelphia College of Osteopathic Medicine
School of Pharmacy

Preceptor Application For Established Site

We appreciate your interest in serving as a preceptor for our school! You may complete this form online and email back to JulieSt@pcom.edu . Please click in shaded fields to enter information- space is allotted for entries.

Date: _____ Current Place of Employment: _____

First Name: _____ M.I. _____ Last Name: _____

Maiden Name if Applicable: _____ Gender: Male Female

Job Title: _____ Office Phone: _____

FAX: _____ Cell Phone: _____

Preferred Email Address: _____

Alternate Email Address: _____

Site Name If Different Than Current Place of Employment: _____

Site Address: _____

City: _____ ST: _____ ZIP: _____

Type of practice (e.g. Community, Primary Care, Inpatient, etc): _____

Specialty (Community, Oncology, Critical Care, etc): _____

Education/ Degrees:

<i>INSTITUTION</i>	<i>DATES ATTENDED (FROM/TO)</i>	<i>DEGREE EARNED</i>

Post Graduate Training (Residency, Fellowship, etc):

<i>POST-GRADUATE PROGRAM</i>	<i>DATES ATTENDED</i>	<i>COMPLETION DATE</i>

Employment History (Please list last three employers):

<i>EMPLOYER</i>	<i>YOUR POSITION</i>	<i>DATES OF EMPLOYMENT (FROM/TO)</i>

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Professional Licensure:

State Where Licensed to Practice: _____ License Number: _____

Are you a preceptor for other schools or colleges of Pharmacy? Yes No

If yes, which schools or colleges? _____

Average amount of time you are able to spend with the student on a daily basis: _____

Please provide descriptive information about your practice site so students can make informed choices about rotation assignments. Briefly describe the type of experience a student would have at your site and indicate any special features that make your rotation experience unique.

Double click to enter information here.

List 3 major learning objectives that your rotation can provide students:

1. Double click to enter information here.
2. Double click to enter information here.
3. Double click to enter information here.

Site Information:

Does your site have internet access? Yes No

Do you provide a work/study area for the student? ? Yes No

Do you provide an area for the students to store belongings? ? Yes No

Personnel with whom student will rotate on your rotation (check all that apply):

- B.S. Pharmacist Pharm.D. Pharm Resident/Fellow M.S. Ph.D. Pharm Tech
 Clerk M.D. P.A. or N.P. Others – please specify: _____

Continued on next page –

Clinical/Professional Services – please check the area(s) of service:

- Ambulatory Care Clinic Cardiology Chain Pharmacy Clinical Research Community Hospital
 Consultant Rx Critical Care Unit Disease State Management Drug Information Center
 Drug Utilization Reviews Government Health Department Health Screening Clinic
 Immunizations Independent Pharmacy Long Term Care Facility Medicine Service
 Mental Health Facility Nuclear Nutrition Support OTC Counseling Oncology
 P & T Committee Functioning Patient Discharge Consult Pediatrics – Inpatient
 Pediatrics – Outpatient Pharmacist Involved On Code Teams Pharmacist Involved On Daily Rounds
 Pharmacokinetic Monitoring Pharmaceutical Industry Pharmacy Newsletter Physician’s Office
 Poison Control Center Primary Care Teaching Hospital Tertiary Hospital
 Other service, please specify: _____

IV Admixture Programs Yes No If Yes, please answer below:

Computer Supported Yes No

TPN Compounding Yes No

Approximate # Units/Day: <50 50-100 101-300 301 and up

Approximate # of orders/prescriptions filled per day: <50 50-100 101-300 301 and up

Number of R.Ph’s per shift responsible for the above orders/prescriptions: _____

Number of techs per shift responsible for the above orders/prescriptions: _____

Distribution Systems - please check all that apply:

- Computer Supported
 Unit Dose
 Floor Stock
 Robotics
 Bulk Packaged, multiple days’ supply sent to nursing unit for each patient

Thank you for your time! Please email back to JulieSt@pcom.edu.