



Philadelphia College of Osteopathic Medicine
School of Pharmacy – Office of Experiential Education
Preceptor Application

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

Maiden Name if Applicable: _____ Gender: Male Female

Ethnicity (check one):

Alaskan Asian Black or African American Hispanic White, Non-Hispanic

*For AACOM Report Purposes

Site/Current Place of Employment: _____

Site Address: _____ City _____ ST _____ ZIP _____

Job Title: _____ Office Phone: _____

Preferred Email Address: _____ * Note: This email address will appear on your profile on our rotation website (E-Value). Students will be able to access this information.

Pharmacy Manager Name, if other than self: _____ Email Address: _____

Education/ Degrees:

INSTITUTION	DATES ATTENDED (FROM/TO)	DEGREE EARNED

Post Graduate Training (Residency, Fellowship, etc):

POST-GRADUATE PROGRAM	DATES ATTENDED	DEGREE EARNED

Professional Licensure:

State Where Licensed to Practice: _____ License Number: _____ Expiration Date _____

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: _____

If English is not the primary language spoken by your customer base, what is? _____

Please make any notations that you think we need to know, e.g. site is a specialty store, etc. . . .

If there are credentialing/on-boarding/orientation requirements for your site, please indicate contact information if other than yourself: Name _____ Email Address _____ Phone _____

By signing below (electronic signature accepted), I indicate that I am willing to precept for PCOM School of Pharmacy and abide by the preceptor guidelines as stated in the Preceptor Information Manual.

Signature