



**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