Appalachian College of Pharmacy

Preceptor Demographics and Eligibility Criteria

Full Name: _____

Mailing Address: _____

City State and Zip: _____

Telephone: _____ Fax: _____

Email: _____

Current Practice Setting

Institution: _____

Address: _____

City State and Zip: _____

Telephone: _____ Fax: _____

Email: _____

Patient census: _____ Prescriptions / day: _____
(If applicable) (If applicable)

Please provide a brief description of the practice site and your rotation:

Education

College or University	Dates	Degree / Major

Post-graduate Training (Residency, Fellowship, etc)

Specialty	Institution	Dates

Professional Licensure

Discipline	State	Certificate #	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Board Certification

Specialty	State	Certificate #	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

Certificate and Recognition of Special Merits

Type	Granting Agency	Dates
_____	_____	_____
_____	_____	_____

Presentations and Publications *(within the past 5 years)*

Precepting Experience

Briefly describe your past precepting experience to include practice site, type of rotation, number of students precepted per year, and corresponding dates.

Preceptor Eligibility Criteria

1. The preceptor agrees to abide by all requirements set forth in the Appalachian College of Pharmacy Affiliation Agreement and exhibits a philosophy of education which is consistent with the educational and patient-care missions of the Appalachian College of Pharmacy.

2. The preceptor must be licensed and in good standing with their state board (if applicable).

3. The preceptor will be a graduate of an accredited school within their profession (if applicable).

4. The preceptor will adhere to a code of ethical conduct and must have a history of exemplary professional and personal conduct.

5. The preceptor must have practiced in their current position for at least 6 months.

6. The preceptor must be able to communicate effectively with all members of the multidisciplinary healthcare team, students, patients and patients' families (where applicable).

7. The preceptor must have the desire, time, and support (technical, administrative, and staff) to facilitate the student's learning process and to assess the student's performance.

8. The preceptor (or his/her designee) should be available to the student at all times while the student is at the rotation site.

9. The preceptor should engage in professional growth and life-long learning through continuing education and active participation in professional organizations.

10. The preceptor should provide learning experiences that stress the responsible provision of pharmaceutical care and the optimization of patient medication outcomes.

11. Preceptors are encouraged to participate in preceptor training initiatives sponsored by the Appalachian College of Pharmacy.

I affirm that I have read the aforementioned information and have completed the questionnaire accurately. I meet eligibility criteria for the Appalachian College of Pharmacy.

****** Please attach a current copy of your pharmacy license to this form. ******

_____

Name (please print)

_____ _____

Signature Date