



School of Pharmacy Preceptor Application for Clinical Faculty Appointment

Contact Information

First Name	Last Name		
Site Name	if chain – Site #		
Site Street Address			
City	State	Zip	
Office Phone	Preferred (Primary) Email		
Other Phone	Secondary (Optional) Email		
Fax Number			
Primary Language (circle): English Spanish French Other:			Secondary:

Relevant Education

Degree	School	Year
Degree	School	Year

Residency Site	Specialty	Year
Residency Site	Specialty	Year

Current Licensure Information

State	License #	In Good Standing (circle)?	
		Yes	No
		Yes	No
		Yes	No
Have you ever been convicted for any violation(s) of law, (excluding traffic violations)?		Yes	No
Has your license(s) ever been suspended or revoked or has your ability to practice your profession ever been subject to limitations for any reason?		Yes	No
Have you ever been disciplined, including but not limited to a private/public censure, temporary suspension, monetary fine or otherwise disciplined, or disqualified by the authority that regulates your license or have you surrendered your license?		Yes	No
Are there currently any charges, complaints or grievances filed against you or are disciplinary proceedings pending in regard to your professional license?		Yes	No

Precepting Information

Have you precepted students within the last two years (circle)? YES NO	If yes, with which pharmacy school(s)?
How many students/year?	What types of rotations, what year of the pharmacy program?
Of which professional organization(s) are you a member (Circle)?	
APhA ASHP MPhA MSHP DSHP DPS Other:	

Preceptor Name: _____

This information will help students identify preceptor's expertise when selecting rotation options.

Brief Description of Experiential Rotation (What makes this site unique):

Please indicate your specialty or practice focus (Check as many as apply):

- | | | | |
|--------------------------|------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Academia | <input type="checkbox"/> | Hospice / Palliative Care |
| <input type="checkbox"/> | Administration | <input type="checkbox"/> | Hospital / Institutional |
| <input type="checkbox"/> | Ambulatory Care | <input type="checkbox"/> | Immunizations |
| <input type="checkbox"/> | Anticoagulation Therapy | <input type="checkbox"/> | Infectious Disease |
| <input type="checkbox"/> | Association Management | <input type="checkbox"/> | Internal Medicine |
| <input type="checkbox"/> | Behavioral Health | <input type="checkbox"/> | Long Term Care |
| <input type="checkbox"/> | Cardiology | <input type="checkbox"/> | Management (Community Pharmacy) |
| <input type="checkbox"/> | Community Pharmacy – In Hospital | <input type="checkbox"/> | Management (Health Systems) |
| <input type="checkbox"/> | Community Pharmacy - Independent | <input type="checkbox"/> | Medication Therapy Management (MTM) |
| <input type="checkbox"/> | Community Pharmacy – Chain | <input type="checkbox"/> | Nuclear Pharmacy |
| <input type="checkbox"/> | Complimentary/Alternative Medicine | <input type="checkbox"/> | Oncology / Hematology |
| <input type="checkbox"/> | Compounding _____ avg. number/day | <input type="checkbox"/> | Pediatrics |
| <input type="checkbox"/> | Consulting | <input type="checkbox"/> | Pharmaceutical Industry |
| <input type="checkbox"/> | Critical Care | <input type="checkbox"/> | Pharmacokinetics / Pharmacodynamics |
| <input type="checkbox"/> | Diabetes Education & Management | <input type="checkbox"/> | Public Health |
| <input type="checkbox"/> | Emergency Medicine | <input type="checkbox"/> | Regulatory/Governmental Affairs |
| <input type="checkbox"/> | Geriatrics | <input type="checkbox"/> | Research |
| <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> | Surgery |
| <input type="checkbox"/> | Home Infusion | <input type="checkbox"/> | |

Practice Philosophy

What are your primary practice interests and current responsibilities?

What do you feel your role as a preceptor should be in the education of students?

Rotation Type

Below are the requirements for Introductory and Advanced Pharmacy Practice Experiences. Based on your current job responsibilities and experience, indicate which experiences you are interested in providing based on the descriptions below.

Introductory Pharmacy Practice Experiences (IPPEs)

IPPEs include various real practice experiences in community, institutional, and other pharmacy settings. At the end of each term, students will spend three forty-hour weeks at their designated experiential site where they will learn about the practice setting and complete specific assignments that emphasize the concepts learned in concurrent course work. These experiences account for a total of 120 experiential hours per rotation.

I am interested in providing an Introductory Pharmacy Practice Experience.

Advanced Pharmacy Practice Experience

APPEs are primarily direct patient care experiences that build on the introductory experiences. UMES student pharmacists will complete eight, five-week APPEs in their third year. Students will complete required APPEs: Advanced Community, Advanced Institutional, Acute Care, and Ambulatory Care. Examples of electives include: home infusion, organizational management/leadership, emergency medicine, drug information, hematology-oncology, regulatory affairs, research, industry, compounding, anticoagulation, adult medicine, nuclear, cardiology, intensive care, long-term care, rehabilitation, public health, pharmacoconomics, independent community pharmacy, pediatrics, psychiatry or another of the student's preference based on preceptor expertise and availability. Each experiential opportunity will include specific learning objectives for the student to master during their experience.

I am interested in providing an Advanced Pharmacy Practice Experience.

Preceptor Name (Print): _____

Acknowledgement and Signature

I certify that all information provided on this form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Send completed form to: UMES School of Pharmacy
Attn: Division of Experiential Education
Somerset Hall
Princess Anne, MD 21853
Phone: 410-651-7478 / Fax: 410-651-6317