**2017-2018 University of Wyoming School of Pharmacy Preceptor Application**

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| **Preceptor Contact Information** | | | | | | | | | | | | | | |
| **Preceptor’s Legal Name:** | | | ***Last Name:*** | | | | | ***First Name:*** | | | ***Middle Name:*** | | | |
| **Title:** | **Dr. Mrs. Ms. Mr.** | | | | | | | | | | | | | |
| **Preferred First Name:** | | | | | | | | | | | | | | |
| **Gender:** | | **Male Female** | | | | | | | | | | | | |
| **Site affiliated with at the time of this application:** | | | | | | | | **Date started working at this site:**  ***Month:*  *Year:*** | | | | | | |
| **Preferred Email:** | | | | | | **Secondary Email:** | | | | | | | | |
| **Work Address: *Street*:** | | | | | | | | | ***City:*** | | | | ***State:*** | |
| **Work Phone:** | | | | | | | **Fax:** | | | **Cell:** | | | | |
| **Preferred Method of Contact: Email Work Phone Fax Cell** | | | | | | | | | | | | | | |
| **Can your cell number be shared with students?  Yes  No** | | | | | | | | | | | | | | |
| **Pharmacy website (if applicable):** | | | | | | | | | | | | | | |
| **Preceptor Degree(s) and Education** | | | | | | | | | | | | | | |
| **Pharmacy/Other Degree(s):** | | | | | | | | | | | | | | |
| **Degree** | | | | **College/University** | | | | | | | | **Year Received** | | |
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| **Residency Training:** | | | | | | | | | | | | | | |
| **Site** | | | | | **Type** | | | **Location** | | | | | | **Year** |
|  | | | | |  | | |  | | | | | |  |
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| **Certification(s) – (*CDE, BCPS, certificate training, etc.*):** | | | | | | | | | | | | | | |
| **If you are a graduate from the UW-SOP and received your degree under another last name, please list it here:** | | | | | | | | | | | | | | |

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| Preceptor Licensing Information | | | | | |
| Professional License # *and* State (Please list all - if more room is needed please add to back of form): | **License #:**  **State:** | | | | **License #:**  **State:** |
| **License #:**  **State:** | | | | **License #:**  **State:** |
| Are you in good standing with the issuing State Board in all states listed above? Yes No  *If no, please describe:* | | | | | |
| Have you ever been disciplined for violating any state or federal laws governing your profession (pharmacy, medicine, and nursing)? Yes No  *If yes, please describe:* | | | | | |
| Are you the subject of any pending disciplinary action by any licensing board? Yes  No  *If yes, please describe:* | | | | | |
| Organizations and Preceptor Information | | | | | |
| All Pharmacy Organization Memberships *(AACP, APhA, etc.)*: | | |  | | |
| Experience as a Preceptor? | | **Yes  No** | | | |
| If yes, number of years and location(s): | | **Month(s): Year(s):** | | **Location(s):** | |
| **Month(s): Year(s):** | | **Location(s):** | |
| Currently a Preceptor for other schools? | | **Yes  No** | | | |
| If yes, please list school(s): | |  | | | |

**Next page please…..**

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| **Identify Your Major Job Responsibilities** | |
| **Please list the percentage of time you are responsible for the following activities:** | |
| % | Administration/Management/Supervision/Operations |
| % | Clinical/Consulting |
| % | Dispensing |
| % | Patient Care Service: **(Please describe)** |
| % | Other: **(Please describe)** |
| % | Other: **(Please describe)** |

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| **Supervisor’s Information** | |
| **Supervisor’s Name:** |  |
| **Supervisor’s Email:** |  |
| **Supervisor’s Phone:** |  |

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| **Preceptor Acknowledgement** | | |
| *I understand the importance of providing timely, constructive feedback and will complete an electronic evaluation for all students on rotation at the* ***midpoint******AND******final****. I will review it in person with the student and will provide informal feedback throughout the rotation.* **(Please check)** | **Yes** | **No** |
| *I am aware that this is a teaching relationship and not an employer/employee relationship.* **(Please check)** | **Yes** | **No** |

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| **Why do you want to be a Preceptor for the UW-SOP?** |

**This information will be used for our program accreditation statistics, so it is very important that our Preceptors provide as much information as they can for us.**

**Thank you for completing this form!**

**Rev.10/16**