**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): |  |

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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**