

2015-2016 University of Wyoming School of Pharmacy Preceptor Application

Preceptor Contact Information

Preceptor's Legal Name:							
<i>Last Name</i>				<i>First Name</i>		<i>Middle</i>	
Title:	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>
Preferred First Name:							
Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female			
Site affiliated with at the time of this application:							
Preferred Email:				Secondary Email:			
Work Mailing Address:							
Pharmacy website (if applicable):							
Work Phone:			Fax:			Pager:	
Home Address:							
Cell Phone:				Home Phone:			
Preferred Method of Contact:	<input type="checkbox"/>	Email	<input type="checkbox"/>	Work Phone	<input type="checkbox"/>	Pager	<input type="checkbox"/>
	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>	Home Phone	
Numbers NOT to be shared with students?		<input type="checkbox"/>	Pager	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>	Home Phone
Date started working at this site (month/year):							

Preceptor Degree(s) and Education

Pharmacy/Other Degree(s):			
Degree	College/University	Year Received	
Residency Training:			
Site	Type	Location	Year
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 here:			

Preceptor Licensing Information

Professional License # and State (Please list all - if more room is needed please add to back of form):	License # and State:	License # and State:
	License # and State:	License # and State:
Are you in good standing with the issuing State Board in all states listed above?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please describe:</i>		
Have you ever been disciplined for violating any state or federal laws governing your profession (pharmacy, medicine, & nursing)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>		
Are you the subject of any pending disciplinary action by any licensing board?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>		

Organizations and Preceptor Information

Pharmacy Organization Memberships (AACP, APhA, etc.) (Please list all):			
Experience as a Preceptor?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

Supervisor's Information

Supervisor's Name:	
Supervisor's Email:	
Supervisor's Phone:	

Preceptor Acknowledgement

<i>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)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>I am aware that this is a teaching relationship and not an employer/employee relationship. (Please check)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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!