

Ernest Mario School of Pharmacy Preceptor Application

Please complete the following information:

Alumni: Yes No

Gender: Male Female

Preceptor Information

Position Title: _____

Salutation: _____

Degree: _____

First Name: _____

Last Name: _____

Nickname/Preferred Name: _____

State & License Number: _____

NABP e-Profile No: _____

Birthdate (Month/Date/Year): _____

Site Information

Site Name: _____

Department: _____

Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Optional Information

Secondary Address: _____

Secondary Address 2: _____

Secondary City: _____

Secondary State: _____

Secondary Zip: _____

Contact Information

Phone: _____

Cell Phone: _____

Other Phone: _____

Pager: _____

Fax: _____

Primary Email: _____

Secondary Email: _____

Rotation Type(s): Select Appropriate Type(s)

IPPE Community

IPPE Hospital

APPE Community

APPE General Elective

APPE Acute Care

APPE Hospital

APPE Ambulatory Care

APPE Internal Medicine

APPE Clinical Other

Rotation Specialty(s): Select Appropriate Type(s)

In-patient/long-term care

In-patient/acute care

Medical writing

Drug information

Managed care

Regulatory

Therapeutic specialty area: _____

(if appropriate)

Other: _____

Region: Central NJ Northeast NJ Northwest NJ Southeast NJ

Southwest NJ/Philly NYC Metro Out of State

- 1) I am interested in being a preceptor for: (check all that apply)
- Intermediate Pharmacy Practice Experience (Summer Rotations – 4 weeks)
 - Advanced Pharmacy Practice Experience Rotations (5 weeks)

2) Please estimate your average **daily** patient contact time (if appropriate):

_____ hr/day

average **daily** census (if appropriate):

_____ patients

3) Services Provided:

- | | |
|---|--|
| <input type="checkbox"/> Dispensing | <input type="checkbox"/> MUE/QA |
| <input type="checkbox"/> Pharmacokinetic consult | <input type="checkbox"/> Round with a physician/medical team |
| <input type="checkbox"/> Drug Information/Dose recommendation | <input type="checkbox"/> Patient counseling |
| <input type="checkbox"/> Drug monographs | <input type="checkbox"/> ADR/Med error reporting |
| <input type="checkbox"/> Medication Reconciliation | <input type="checkbox"/> Other: _____ |

4) Patient Population: (check as many as apply)

- adult pediatric geriatric

5) Is your pharmacist license currently in good standing with the Board(s)? YES NO

6) Have you ever been disciplined for violating any state or federal laws governing the practice of pharmacy? YES NO

If yes, please explain: _____

7) Have you received any Preceptor Development or certification from a School of Pharmacy, company or association in “being a preceptor?” YES NO

If yes, please explain: _____

8) How long have you been a preceptor? Please check.

- 0-1 years 1-3 years 4-6 years more than 7 years

9) Are you affiliated with any other School of Pharmacy as a designated preceptor?

- YES NO

If yes, please explain: _____

10) Please supply the name and contact information for the person responsible for initiating and executing an affiliation agreement:

11) Explain the objectives and describe briefly the activities that students will experience and participate in at your site

***If you need more space please attach a document to this Preceptor Application**

12) Describe in what capacity would your site be able to support Interprofessional Education (IPE) for students while on rotations and share what healthcare providers they would interface with. *IPE is defined as the provision of health care by providers from different professions in a coordinated manner that addresses the needs of patients. Providers share mutual goals, resources, and responsibility for patient care.*

Please return this application along with a copy of your Resume/ CV and proposed objectives for your rotation via email to rotation@pharmacy.rutgers.edu

Or via mail to:

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