Ernest Mario School of Pharmacy Preceptor Application

**Please complete the following information:**

**Alumni:** Yes No

**Gender:** Male Female

**Preceptor Information**

**Position Title: *Click or tap here to enter text.***

**Salutation: *Click or tap here to enter text.***

**Degree: *Click or tap here to enter text.***

**First Name: *Click or tap here to enter text.***

**Last Name: *Click or tap here to enter text.***

**Nickname/Preferred Name: *Click or tap here to enter text.***

**State & License Number: *Click or tap here to enter text.***

**NABP e-Profile No: *Click or tap here to enter text.***

**Birthdate (Month/Date/Year): *Click or tap here to enter text.***

**Site Information**

**Site Name: *Click or tap here to enter text.***

**Department: *Click or tap here to enter text.***

**Address: *Click or tap here to enter text.***

**Address 2: *Click or tap here to enter text.***

**City: *Click or tap here to enter text.***

**State:  *Click or tap here to enter text.***

**Zip: *Click or tap here to enter text.***

**Optional Information**

**Secondary Address: *Click or tap here to enter text.***

**Secondary Address 2: *Click or tap here to enter text.***

**Secondary City: *Click or tap here to enter text.***

**Secondary State: *Click or tap here to enter text.***

**Secondary Zip:  *Click or tap here to enter text.***

**Contact Information**

**Phone: *Click or tap here to enter text.***

**Cell Phone: *Click or tap here to enter text.***

**Other Phone: *Click or tap here to enter text.***

**Pager: *Click or tap here to enter text.***

**Fax: *Click or tap here to enter text.***

**Primary Email: *Click or tap here to enter text.***

**Secondary Email: *Click or tap here to enter text.***

**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: *Click or tap here to enter text.***

**(if appropriate)**

**Other: *Click or tap here to enter text.***

**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)

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

***Click or tap here to enter text.*** hr/day

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

***Click or tap here to enter text.*** patients

1. Services Provided:

Dispensing  MUE/QA

Pharmacokinetic consult  Round with a physician/medical team

Drug Information/Dose recommendation  Patient counseling

Drug monographs  ADR/Med error reporting

Medication Reconciliation  Other: ***Click or tap here to enter text.***

1. Patient Population: (check as many as apply)

adult  pediatric  geriatric

1. Is your pharmacist license currently in good standing with the Board(s)?  YES  NO
2. Have you ever been disciplined for violating any state or federal laws governing the practice of pharmacy?  YES  NO

If yes, please explain: ***Click or tap here to enter text.***

1. 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: ***Click or tap here to enter text.***

1. How long have you been a preceptor? Please check.

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

1. Are you affiliated with any other School of Pharmacy as a designated preceptor?

YES  NO

If yes, please explain: ***Click or tap here to enter text.***

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

|  |
| --- |
| ***Click or tap here to enter text.*** |

1. 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***

|  |
| --- |
| ***Click or tap here to enter text.*** |

1. 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.***

|  |
| --- |
| ***Click or tap here to enter text.*** |

**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**: Donna Feudo, BSPharm, RPh

Assistant Dean for Experiential Education

Ernest Mario School of Pharmacy

Rutgers, The State University of New Jersey

160 Frelinghuysen Road, Room 405

Piscataway, NJ 08854