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

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