UNIVERSITY OF GEORGIA
College of Pharmacy

University of Georgia College of Pharmacy
Preceptor Application

Date _____

First Name: _____ MI: _____ Last Name: _____

Maiden Name if Applicable: _____

Job Title: _____ Gender: ☐ M ☐ F

Office Phone: _____ FAX: _____

Pager: _____ PIN: _____ Cell: _____

Preferred Email Address: _____
Alternate Email Address: _____

Site Name: _____
Site Address: _____
City: _____ State: _____ ZIP: _____

Type of practice (e.g. Community, Primary Care, Inpatient, etc): _____

Specialty (Community, Oncology, Critical Care, etc): _____

Education/Degrees

Institution Attended	Dates Attended	Degree

Post Graduate Training (Residency, Fellowship, etc)

Post-Graduate Program	Dates Attended	Completion Date

Employment History

Position	Employer	Dates

Professional Licensure

State Where Licensed to Practice	License Number

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Site Information

Does your site have internet access? ☐ Yes ☐ No

Are you a preceptor for other schools or colleges of Pharmacy? ☐ Yes ☐ No

If yes, which schools or colleges? _____

Time the student is expected to be at the site (e.g. Mon-Fri- 7:00-5:00): _____

Do you provide a work/study area for the student? ☐ Yes ☐ No

Do you provide an area for the students to store belongings? ☐ Yes ☐ No

Average amount of time you have to spend with the student on a daily basis. _____

Please provide descriptive information about your practice site so students can make informed choices about rotation assignments. Briefly describe the type of experience a student would have at your site and indicate any special features that make your rotation experience unique.

List 3 major learning objectives that your rotation can provide students.

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Skip to the next section if your site already has our students on rotations

Personnel with whom student will rotate on your rotation. Check all that apply	☐ BS Pharmacist ☐ Pharm D ☐ Pharm Resident/Fellows ☐ MS ☐ PhD	☐ Pharm Techs ☐ Clerks ☐ MD ☐ PA or NP ☐ Others -specify
Clinical/Professional Services Check the area(s) that you provide service in:	☐ Ambulatory care clinic ☐ Community Hospital ☐ Teaching Hospital ☐ Tertiary Hospital ☐ Chain Pharmacy ☐ Independent Pharmacy ☐ Long term care facility ☐ Clinical research ☐ Drug information center ☐ Drug utilization reviews ☐ Health screening clinic ☐ Patient discharge consult ☐ Pharmacist involved on code teams ☐ Pharmacist involved on daily rounds ☐ Pediatrics- inpatient ☐ Pediatrics- outpatient ☐ Medicine service ☐ Primary Care	☐ Pharmaceutical Industry ☐ Critical Care Unit ☐ Health Department ☐ Physician's office ☐ Government ☐ Mental Health Facility ☐ Pharmacokinetic monitoring ☐ P&T Committee functioning ☐ Pharmacy newsletter ☐ Poison Control Center ☐ OTC counseling ☐ Disease state management ☐ Immunizations ☐ Nutrition support ☐ Oncology ☐ Cardiology ☐ Consultant Rx ☐ Nuclear ☐ Other services:
IV Admixture Programs	☐ Yes ☐ No ☐ Not applicable to this site Computer supported ☐ Yes ☐ No TPN Compounding ☐ Yes ☐ No Approximate # Units/Day ☐ <50 ☐ 50-100 ☐ 100-200 ☐ 200-300 ☐ >300	
Approximate # of orders/prescriptions filled per/day If applicable	☐ <50 ☐ 301-500 ☐ 50-100 ☐ >500 ☐ 101-300 ☐ N/A	
Number of RPh's per shift responsible for the above orders/prescriptions:		
Number of techs per shift responsible for the above orders/prescriptions:		
Distribution Systems Check all that apply	☐ Computer supported ☐ Unit Dose ☐ Floor stock ☐ Robotics ☐ Bulk packaged, multiple days supply sent to nursing unit for each patient	

Upon completion of this form you can email it directly to: lhwelch@uga.edu or fax it to (706) 542-6022 to the attention of Lindsey Welch, Pharm.D., APPE Director.