

CONTACT INFORMATION: *(PLEASE PRINT LEGIBLY)*

Name: _____ Position: _____

Practice Site: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Site Telephone: _____ Site Fax: _____

Cell Phone/Pager: _____ Email Address: _____

LICENSURE:

California Pharmacist License: _____ Expiration: _____

National Provider Identifier (NPI): _____ Expiration: _____

Other Licenses: State & Number: _____

How many years of pharmacy practice experience do you have? _____

How many years of experience do you have precepting pharmacy students? _____

Have you completed any Preceptor Orientation/Development Programs required by other schools of pharmacy?

Yes No

If YES, what type and when: _____

Is your pharmacy license current and in good standing? (Required to serve as a preceptor for student pharmacists)

Yes No

DEGREE AND TRAINING: Please indicate all degrees and training completed:

BS PharmD MS PhD Other _____

Fellowship Residency Certificate Training Program (describe):

PROFESSIONAL INVOLVEMENT:

List professional service activities, pharmacy organization memberships, offices held and any honor received:

SERVICE: List any past service to a college of pharmacy (eg. Didactic courses taught, committees, task forces):

PRACTICE EXPERIENCE OFFERINGS:

Please indicate which type(s) of experiential opportunities you would be interested in offering our students:

- IPPE:** Community Institutional Home Infusion Therapy
- APPE:** Advanced Community Advanced Institutional Ambulatory Care
- Acute Care/Internal Medicine Elective (please specify): _____

PLEASE LIST THREE REASONS WHY YOU WOULD LIKE TO BE A PRECEPTOR FOR THE SCHOOL OF PHARMACY:

1. _____
2. _____
3. _____

I agree to serve West Coast University School of Pharmacy as a preceptor and to create an environment for learning that will promote and advance a student's general ability, self-learning, and the professional competency of lifelong learning by fully complying with the following expectations:

- Motivate and encourage students to learn and fully engage in their practice experience.
- Observe students' performance on a continual basis.
- Assess performance and provide positive, constructive feedback in a timely manner.

I agree to provide a complete APPE course syllabus for any elective APPEs I will offer, using the approved template provided by the West Coast University School of Pharmacy.

I agree to complete the School of Pharmacy's Preceptor Orientation Program (POP) and the Preceptor Development Program (PDP) within the first 2 years of becoming a preceptor (unless I qualify for exemption).

I certify that the information provided on this application is correct to the best of my knowledge. If any change occurs, I will notify the Office of Experiential Education immediately.

Signature

Date

Please return the completed application via eFax to (213) 377- 5489, or scan and email your application to:
chitchman@westcoastuniverstiy.edu