

**PHARMACY INFORMATION** (PLEASE PRINT LEGIBLY)

Pharmacy Name: \_\_\_\_\_ Pharmacy License No: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PRACTICE SETTING - Institution/Hospital**

Number of Beds/Average Census: \_\_\_\_\_ Number of Scripts per day: \_\_\_\_\_

Pharmacy Hours of Operation: Monday-Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Inpatient RPh FTEs: \_\_\_\_\_ Clinical RPh FTEs: \_\_\_\_\_ Technician FTEs: \_\_\_\_\_

**PATIENT POPULATION DATA:**

Patient Type:     Acute             Ambulatory             Other: \_\_\_\_\_

Gender mix: \_\_\_\_\_ Age mix: \_\_\_\_\_

Ethnicity Mix: \_\_\_\_\_ Disease states: \_\_\_\_\_

**HOSPITAL SERVICES** (check all those that apply):

Anticoagulation       Lipid Monitoring       Oncology       Nutrition Support       Pediatrics

Geriatrics       Infectious Disease       Ambulatory Care       NICU/MICU/SICU       ER/Trauma

Psychiatry       Other: \_\_\_\_\_

**GENERAL PHARMACY SERVICES** (check all that apply):

IVs       Parenteral Nutrition       Chemotherapy Preparation       Centralized UD Distribution

Decentralized Distribution       Automation       CPOE       Therapeutic Consultations

**SPECIALTY PHARMACY SERVICES** (check all those that apply):

Patient Rounds       Pharmacokinetics       IV/PO Conversion       Drug Information

Nursing/MD Education       Chart Writing Privileges       Code Blue Participation

**PRACTICE SETTING - Community Pharmacy/Outpatient Hospital**

Number of Scripts per day: \_\_\_\_\_

Pharmacy Hours of Operation: Monday-Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

RPh FTEs: \_\_\_\_\_ Technician FTEs: \_\_\_\_\_

**PATIENT POPULATION DATA:**

Gender mix: \_\_\_\_\_ Age mix: \_\_\_\_\_

Ethnicity Mix: \_\_\_\_\_ Disease states: \_\_\_\_\_

**SPECIALTY PHARMACY SERVICES** *(please check all that apply):*

- Medication Therapy Management       Patient Medication Consultations       Asthma       Hyperlipidemia
- Anticoagulation       Hypertension       Smoking Cessation       Weight Loss
- Women's Health       Diabetes       Medication Counseling       Immunizations
- Non-Sterile Compounding       Sterile Compounding       Durable Medical Equipment
- Geriatric Care       HIV       Long Term Care       Specialty Medication
- Other: \_\_\_\_\_

**STUDENT LEARNING OPPORTUNITIES:**

Does the site have sufficient library and learning resources including access to Internet:

- Yes       No

Does the student have access to patient information:

- Yes       No

Does the student have the opportunity to interact with or counsel patients:

- Yes       No

Does the student have the opportunity to interact with other healthcare providers *(if Yes, please indicate who):*

- Yes       No      Health care providers: \_\_\_\_\_

Types of Experiential Education opportunities available *(check all that apply):*

Introductory Pharmacy Practice:  Institutional       Community

Advanced Pharmacy Practice:  Institutional       Community       Ambulatory Care       Acute Care

Elective *(specify):* \_\_\_\_\_