



Larkin University

College of Pharmacy

Preceptor Application Form

NAME

Last

First

NAME OF PRACTICE SITE

POSITION

Work Address

City/State/Zip

Telephone

Email Address (required to receive rotation specific communication and updates)

ACADEMIC DEGREES

UNIVERSITY

YEAR CONFERRED

ADDITIONAL TRAINING OR CERTIFICATION

PRACTICE AREA(S) OF EXPERTISE

PROFESSIONAL ORGANIZATIONS

PROFESSIONAL LICENSE TYPE

(RPh.,MD/DO, RN, OTHER)

PROFESSIONAL LICENSE NUMBER

I (select one) previously been appointed as a LU COP Preceptor

PLEASE INDICATE ALL THAT APPLY TO YOU:

The following preceptor qualities are adapted from the Accreditation Counsel of Pharmacy Education's (ACPE) Attributes of a Preceptor

- Practiced at your pharmacy site for at least 6 months (*exception if moved within the same organization*)
- Willing to accept the responsibility and time commitment of teaching and training students
- Effective professional relationships and collaboration with other healthcare professionals and colleagues
- Utilize clinical and scientific publications in clinical care decision-making and evidence-based practice
- Able to effectively model problem solving and approach to patient care to students
- Participate in self-directed lifelong learning and commitment to the profession
- Able to instill and demonstrate principles of professionalism, ethics, and compassion for patients

PLEASE CHECK ALL THAT APPLY TO YOUR PRACTICE SITE:

The following site qualities are adapted from American Association of College's of Pharmacy's (AACP) Benchmarks of Excellence for Exemplary Pharmacy Practice

- Adequate number and sufficient variety of patients
- Ability to provide experiences that meet educational objectives for pharmacy students
- Utilizes technology and learning resources to support optimum patient care
- Conforms to all legal and ethical standards of pharmacy practice
- Adequately staffed to provide quality pharmaceutical care to patients
- Administration supports student learning experiences and encourages quality improvement programs

PLEASE INDICATE WHICH ROTATION(S) YOU WOULD LIKE TO OFFER:

Introductory to Pharmacy Practice Experience (IPPE)

- Community
- Hospital/Health System

Advance Pharmacy Practice Experience (APPE)

- Ambulatory Patient Care
- General Medicine Patient Care
- Hospital/Health System Pharmacy
- Community Pharmacy
- Elective [rotation type(s)/name(s)?]

PLEASE WRITE A SHORT PARAGRAPH ON WHY YOU WANT TO PRECEPT LHSI COP STUDENTS:

I certify the above information is true to the best of my knowledge:

Signature

Date