



Preceptor / Site Profile Form

The following is a form that is completed by all new preceptors / sites who are interested in taking students on an experiential rotation. Once completed, this document is sent to the Office of Experiential Programs and course team leader to determine if the preceptor / site should be an approved learning experience.

Preceptor / Site Profile Form

Name:		Current TX License No:	
Is the Texas license in good standing (Y/N):		Certified preceptor: Y/N	
Place of Employment/Position/Title:			
Business Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
How many years of pharmacy practice experience have you had?			
How many years of experience do you have precepting pharmacy students?			
Please list current memberships in professional pharmacy organizations:			
Please list any professional honors or achievements:			
Please list any dates you will be unavailable to precept students:			

EDUCATION

Did you complete an ASHP accredited Residency: Y/N	Type:
Length:	Location:
List any certifications :	Time period:
List any certificate training programs you have completed (CPR/ACLS)?	Expiration period:
List degree(s) in pharmacy:	Degree(s) received from:

PHARMACY SITE PROFILE

PHARMACY INFORMATION

Business Name:		Pharmacy License No:	
Primary Contact Person:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

DESCRIBE PRACTICE SETTING

Institution/Hospital

Number of Beds/Average Census:	Patient Type (Acute/Ambulatory/Hospital/Extended Care):		
Basic Hospital Services include (Please circle):			
Anticoagulation	Lipid Monitoring	Oncology	Nutrition Support
Pediatrics	Geriatrics	Infectious Disease	Ambulatory Care
NICU/MICU/SICU	ER/Trauma	Psychiatry	Other:
What are the hours of operation for the pharmacy?			
Monday-Friday:	Saturday:	Sunday:	
Inpatient Pharmacist FTEs:	Clinical FTEs:		
Technician FTEs:	Certified Preceptors:		
Are pharmacists part of a multi-disciplinary healthcare team (Please describe if yes):			
What disease based and/or specialty pharmacy services are currently provide (Please circle):			
Patient Rounds	Pharmacokinetics	Therapeutic Consultations	
IV/PO Conversion	Drug Information	Patient Medication Consultations	
Nursing/MD Education	Chart Writing Privileges	Code Blue Participation	
Non-pharmaceutical care services provided:			
IVs	Hyperalimantation	Centralized UD Distribution	
Decentralized Distribution	Chemotherapy Preparation	Automation	
Does the site have sufficient library and learning resources including access to Internet (Please list website address if available):			

Pharmaceutical Care Documentation System (Please describe)
Staff Development Efforts include (i.e. in-house training, CE programs, Certification programs, Medical Grand Rounds, Professional Meeting Attendance)
Advanced Experiential Rotations available include:

Clinic/Community Pharmacy/Outpatient Hospital

What are the hours of operation for the pharmacy: Monday-Friday: _____ Saturday: Sunday: _____		
Average number of prescriptions filled daily (M-F): _____		
Average number of prescriptions requiring compounding per week: _____		
Do you prepare sterile products: Y/N		
Pharmacist FTEs: _____	Technician FTEs: _____	
Certified Preceptors: _____		
Please list any disease based and/or specialty pharmacy services do you currently provide (Please circle):		
Drug Therapy Management	Asthma	Hyperlipidemia
Anticoagulation	Hypertension	Smoking Cessation
Weight Loss	Women's Health	Medication Counseling
Immunizations	Compounding	Other: _____
Unique opportunities students will experience at this site: _____		
Does the site have sufficient library and learning resources including access to Internet (Please list website address if available): _____		
Pharmaceutical Care Documentation System (Please Describe)		
Staff Development Efforts include (i.e. in-house training, CE programs, Certification programs, Medical Grand Rounds, Professional Meeting Attendance)		
Advanced Experiential Rotations available include:		