

Preceptor Information and Site Information Form
University of Arkansas for Medical Sciences
College of Pharmacy



Preceptor Information:

Preceptor	Name _____ Home Address _____ City _____ State _____ Zip Code _____ Phone _____ Birth date _____
Degrees in Pharmacy Residency/Fellowship	BS _____ Pharm D _____ MS _____ PhD _____ Year and Where Graduated From: _____ Type _____ Year and Where: _____
Practice Site	Name of Organization: _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ E-mail _____ Preceptor Title _____
Preceptor Training	On-line training complete: <input type="checkbox"/> Yes <input type="checkbox"/> No Live Program Date: _____
Certifications	BCPS <input type="checkbox"/> BCPP <input type="checkbox"/> CDM <input type="checkbox"/> CGP <input type="checkbox"/> CACP <input type="checkbox"/> Other: _____
Professional Honors	
Years of Practice Experience	
Years Precepting Students	
Professional Memberships	AACP <input type="checkbox"/> AAHP <input type="checkbox"/> APA <input type="checkbox"/> ASHP <input type="checkbox"/> APhA <input type="checkbox"/> NCPA <input type="checkbox"/> Other: _____
Pharmacy Website	Yes <input type="checkbox"/> No <input type="checkbox"/>

Specialty Area	
Type of Practice	Community Pharmacy <input type="checkbox"/> Chain <input type="checkbox"/> Independent <input type="checkbox"/> Other: _____ Ambulatory Care <input type="checkbox"/> Hospital <input type="checkbox"/> Extended Care <input type="checkbox"/>
Patient Types	Acute <input type="checkbox"/> Ambulatory <input type="checkbox"/> Extended Care <input type="checkbox"/>
Patient Population	Pediatric % _____ Geriatric% _____ Adult% _____
Patient Cultural Diversity	Caucasian/White <input type="checkbox"/> African-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/>

Please give a brief description of experience including student responsibilities (ie. time spent dispensing, direct patient care activities, patient counseling, MTM services, chart review, committee involvement, etc.):
