

Preceptor Agreement Form
University of Arkansas for Medical Sciences
College of Pharmacy



Preceptor: _____

Site: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The UAMS College of Pharmacy agrees to work closely with individual preceptors to support their needs as volunteer faculty members of the College. The Assistant Dean of Experiential Education will coordinate efforts for scheduling students each year and provide a direct link with the College and its resources (preceptor development training programs, on-line resources, and standard rotation manuals). If questions or concerns arise please contact Dr. Schwanda Flowers (501-686-7920). Please feel free to fax this form back to 501-686-8104.

I agree to serve as a preceptor for the UAMS College of Pharmacy.

- I will commit to take a maximum of _____ students annually from 2011-12 through 2015-2016 on advanced practice experiences.

In accordance with this agreement, I understand and agree to the following expectations:

1. I will provide an orientation for the student that includes orientation to the facility and personnel and review of the rotation manual.
2. I will provide site specific learning objectives.
3. I will perform a Mid-point and Final evaluation of the student. This evaluation will be done both verbally and in writing.
4. I will grade the student based on the assessment tools provided.
5. I will ensure that less than fifty percent of the student's time will be spent in dispensing/technician functions (advanced practice experiences only).

The UAMS College of Pharmacy values the role of the pharmacy practitioner in the provision of excellent real-world experiences for our students. Your participation as a preceptor is vital to our program and greatly appreciated. Please fill out the table listed on the next page completely so we can work around your schedule.