



APPLY TO BE A MCW PHARMACY PRECEPTOR

Thank you for your interest in becoming a MCW Pharmacy School Preceptor! Our preceptors will help us guide pharmacy students to become innovative and engaging professionals by providing pharmacy practice experiences that are intended to apply, integrate, reinforce and advance the classroom curriculum of the PharmD program. The MCW Pharmacy School recognizes the investment and dedication of each pharmacy preceptor and the role they play in shaping the pharmacists of the future.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Title/Position: _____

Phone: _____ Email: _____

Work Personal

Work Personal

SITE INFORMATION

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PROFESSIONAL INFORMATION

Please include current CV/Resume. If CV/Resume is not immediately available, you will be requested to provide it at a later date.

What is your current profession? _____

Are you a licensed healthcare provider? Yes No

If yes, my license is in good standing in the following state(s):

Wisconsin Other States: _____

License Number: _____

License Expiration Date: (MM/YYYY) _____

Are there any current or pending discipline or limitations on my pharmacy license by any state agencies? Yes No

If limitations or pending discipline exists, please explain: _____

HISTORY AS A PRECEPTOR

How many student pharmacists have you precepted in the past 5 years? (Please circle) None 1-5 5-10 10+

For which pharmacy schools do you precept? _____

What type of rotation(s) did you precept?

IPPE IPPE Community IPPE Institutional IPPE Elective _____

Interprofessional Experiences (IPE)

APPE Community APPE Institutional APPE Acute Care APPE Ambulatory Care

APPE Elective _____

What preceptor training have you already received?

Pharmacist Letter CE UW Madison Preceptor Training Concordia University-WI Preceptor Training

Other _____

PRECEPTOR SITE OPPORTUNITIES

Can you provide an IPPE rotation at your site? IPPE rotations occur on Fridays for at least 8 hours for a 10 week session? The student’s schedule is up to the discretion of the preceptor and can be an AM or PM shift. (Please check all that apply.)

IPPE Community IPPE Institutional

IPPE Elective Please specify: _____

Can you provide an APPE rotation at your site? APPE rotations occur in 6 week blocks during the student’s third year. The student’s schedule is up to the discretion of the preceptor as long as the student participates in at least 40 hours per week. (Please check all that apply)

APPE Community APPE Institutional

APPE Acute Patient Care APPE Ambulatory Care

APPE Elective Please specify: _____

Will students have opportunities for directly supervised patient care interactions during rotations?

Yes No

Will students have opportunities to interact with other healthcare professionals during rotations?

Yes No

PRECEPTOR SITE OPPORTUNITIES, CONT.

What specialties will your student be exposed to during rotations? (Please check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Home Based Primary Care | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Home Infusion | <input type="checkbox"/> Pharmaceutical Industry |
| <input type="checkbox"/> Anticoagulation | <input type="checkbox"/> Hospice | <input type="checkbox"/> Pharmacokinetics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Poison Control |
| <input type="checkbox"/> Chronic Diseases/MTM | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Complementary or Alternative Medicine | <input type="checkbox"/> Informatics | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Compounding | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Corporate Management | <input type="checkbox"/> Long-term Care Counseling | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Regulatory and Licensing |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Medication Safety | <input type="checkbox"/> Renal |
| <input type="checkbox"/> Drug Information | <input type="checkbox"/> Medicine Reconciliation | <input type="checkbox"/> Research Biopharmaceutical |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Research Clinical |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pharm Econ |
| <input type="checkbox"/> General Medicine | <input type="checkbox"/> Nuclear Pharmacy | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Nutritional Support | <input type="checkbox"/> Transitions of Care |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Oncology | <input type="checkbox"/> Transplant |
| | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Other: _____ |

READY TO SUBMIT?

- I certify that all my answers on this application are complete and true to the best of my knowledge. Furthermore, I understand that falsifying any part of this application could result in a failure to be accepted as a preceptor to MCW School of Pharmacy.

Signature: _____ Date: _____

Please send your completed form electronically to pharmacyee@mcw.edu or fax to 414.955.6476. Please include your CV/resume with the completed application. To save the completed form from your browser, please utilize the print button below to print as a PDF file.

PRINT



MCW's Doctor of Pharmacy program is currently pending accreditation from the Accreditation Council for Pharmacy Education (ACPE).

MCW Pharmacy School
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