



# New Preceptor Application Packet

Midwestern University College of Pharmacy – Glendale  
Office of Experiential Education

Thank you for your interest in becoming a preceptor. The College of Pharmacy appreciates your willingness to participate in the practical education of future pharmacists.

We must have the all the required documents to process your preceptor application. Please complete the following items and return them by email:

Preceptor Application (attached)

Curriculum Vitae/Résumé

Site Description and Syllabus (please add to application or attach)

Headshot in Jpeg format (optional, but preferred so we can include it to your preceptor profile)

Availability Request Form (complete via online or attached form).

\*\* Please contact us if you would like to be considered for the current academic year as a replacement rotation\*\*

Once we receive all the required information and approve your application, we will set up your preceptor profile and email a confirmation which will include new preceptor materials.

Please don't hesitate to contact us with any questions or concerns.

Midwestern University College of Pharmacy – Glendale  
Office of Experiential Education  
19555 N. 59<sup>th</sup> Avenue  
Glendale, AZ 85308

Phone: 623-572-3557  
Email: AZOEE@midwestern.edu

# PRECEPTOR APPLICATION

**MIDWESTERN UNIVERSITY COLLEGE OF PHARMACY – GLENDALE**  
**OFFICE OF EXPERIENTIAL EDUCATION**  
19555 N. 59<sup>TH</sup> Avenue, Glendale, AZ 85308  
Phone 623-572-3557 | Fax 623-572-3560  
Email [azoe@midwestern.edu](mailto:azoe@midwestern.edu)

For Office Use Only

Application Date: \_\_\_\_\_

Preceptor ID: \_\_\_\_\_

## PRECEPTOR INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Former/Maiden Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Business Email (Required): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Email: \_\_\_\_\_  
CV/Resume Attached (Required):  Yes    Headshot Jpeg Attached:  Yes     No  
Your Preceptor Role To Students:  Primary     Secondary  
If You Are A Secondary Preceptor; List The Primary Preceptor's Name: \_\_\_\_\_

## SITE INFORMATION

Site Name: \_\_\_\_\_ Store ID Number (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Pharmacy Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Pharmacy Supervisor Name: \_\_\_\_\_ Pharmacy Supervisor Title: \_\_\_\_\_  
Pharmacy Supervisor Email: \_\_\_\_\_ Pharmacy Supervisor Phone: \_\_\_\_\_  
Clinical/Student Rotation Coordinator & Contact Information (If Applicable): \_\_\_\_\_

## SITE & ROTATION DESCRIPTION

Do you have a site description?  Yes (if yes, please attach a copy)     No (if no, please provide a site description below)  
Do you have a rotation syllabus/schedule for students to follow?  Yes (if yes, please attach a copy)     No  
Prerequisite rotations required?  Yes     No    If yes, please specify: \_\_\_\_\_  
Does this site serve an under-served population?  Yes     No    What patient populations are served? \_\_\_\_\_  
Approximate # of prescriptions filled per day: \_\_\_\_\_ Number of beds if hospital: \_\_\_\_\_  
What type of patient care does the rotation provide: Direct patient care     In-direct patient care     No patient care   
Site Hours: 

MON	TUE	WED	THR	FRI	SAT	SUN
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Please provide a brief description for your rotation site and the activities your students will be participating in. This information is valuable to students as they seek to select sites and preceptors that best align with their future career goals.

## ROTATION TYPE

### Introductory Practice Experience

- Counsel patients on prescription and non-prescription medications.
- Document patient care activities.
- Communicate professional knowledge both verbally and in writing. Select and dispense the appropriate medications.
- Typical duties may include: perform calculations required to compound, dispense, and administer medication.
- Prepare extemporaneous preparations and sterile products.
- Emphasis is placed on professional communication and drug distribution.
- Apply federal and state pharmacy laws and regulations in practice.
- They are required to practice at their site 40 hours per week for four weeks.

I am able to provide an Introductory Practice Experience that adheres to the above standards.  Yes  No

### Advanced Practice Experience

- Third-year students finish all didactic coursework for the program prior to beginning their six Advanced Pharmacy Practice Experiences (APPEs).
- They are required to practice at their site 40 hours per week for six weeks.
- These experiences focus almost exclusively on the identification, resolution and prevention of drug-related problems.
- Practice functions related to pharmaceutical care system management may be incorporated into the advanced rotation depending upon the practice site and individual practice characteristics of the preceptor in charge of the rotation.
- Emphasis is placed upon drug-use decision making; monitoring of patient's individual drug therapy; and the communication of ideas, information and analysis to other healthcare professionals, colleagues and patients.
- The students are required to complete a series of assignments designed to encourage critical thought about the role and knowledge of the pharmacist.

I am able to provide an Advanced Practice Experience that adheres to the above standards.  Yes  No

## OTHER PRECEPTOR INFORMATION

Describe why you wish to participate in the training of future pharmacists? How do you see your role as a preceptor?

Reason for your application?  OEE Student Request  Alumni  Interested in Precepting  Other

Are you a preceptor for other colleges/universities?  Yes  No How did you hear about us?

If yes, what other colleges/universities do you take students from?

What is the approximate number of students you take per rotation/block?

## LICENSE INFORMATION

Please list states in which you are currently licensed:

State: \_\_\_\_\_ License Number: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_

Have you ever been disciplined for violating any state or federal laws governing the practice of pharmacy?

Yes  No If yes, please provide details:

Are you the subject of any pending disciplinary action by any licensing board?

Yes  No If yes, please provide details:

## DEGREES AND EDUCATION

Degree: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

Degree: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

Which of the following credentials have you obtained (check all that apply):

BCPS  BCPP  BCNSP  BCNP  BCOP  BC- ADM  CDE  CGP

CDM (please specify disease state): \_\_\_\_\_  Other: \_\_\_\_\_

Please list your credentials as you wish to have them displayed on the Rotation Management System:

Have you completed residency training?  Yes  No If yes, please check all that apply below:

Community  Ambulatory Care  Health System  General  Administrative

Specialty: \_\_\_\_\_  Other: \_\_\_\_\_

Have you completed any certificate training courses?  Yes  No  
If yes, please provide details:

## ACKNOWLEDGEMENT AND SIGNATURE

**Electronic Signatures are Accepted**

**Preceptor  
Initials**

I agree to notify Midwestern University College of Pharmacy-Glendale's Office of Experiential Education should an unexpected absence interrupt student rotations.

I understand that it is mandatory that I submit a copy of my CV / Résumé to the Office of Experiential Education.

I understand the importance of communicating with rotation students on a regular basis. I am willing to meet with the student to discuss their performance, goals, and expectations (at minimum):

- a) On the first day of the rotation
- b) At mid-point, when we will also go over the mid-point evaluation
- c) Prior to the end of the rotation, when we will go over the final evaluation

I am willing to provide continuous feedback to my rotation students.

Name of Supervisor: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**SITE AND PRECEPTOR AVAILABILITY 2021 - 2022 Midwestern**

**University College of Pharmacy – Glendale**

623-572-3557 (phone) / [azoe@midwestern.edu](mailto:azoe@midwestern.edu)



**Online Availability Request Form: [MWU Site and Preceptor Availability 2021-22](#)**

**PLEASE RETURN THIS FORM TO THE OFFICE OF EXPERIENTIAL EDUCATION BY EMAIL BEFORE NOVEMBER 20, 2020.**

Site	
Address	
City, State, Zip	
Phone	
Fax	
Primary Preceptor	
Email	

Please use this form to indicate how many students you can supervise for the upcoming school year.

Year	Block	Start Date	End Date	# of Weeks	Will you accept students?	If yes, how many?	Rotation Type
PS 2	IPPE 1	06/01/2021	06/25/2021	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 2	IPPE 2	06/28/2021	07/23/2021	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 2	IPPE 3	07/26/2021	08/20/2021	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	APPE 1	08/23/2021	10/01/2021	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	APPE 2	10/04/2021	11/12/2021	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	<b>APPE 3*</b>	11/15/2021	12/23/2021	5	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	APPE 4	01/10/2022	02/18/2022	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	APPE 5	02/21/2022	04/01/2022	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	APPE 6	04/04/2022	05/13/2022	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PS 3</b>	<b>APPE 7**</b>	<b>05/16/2022</b>	<b>06/24/2022</b>	<b>6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*The last day of rotation is Friday, 12/17. 12/20-12/23 will be reserved for student Professional Development.

\*\*This block is reserved for make-up rotations.

**What types of rotations can you support? Select all that apply.**

In-person, on site       Hybrid (Remote & In-person)       Remote

**A copy of the Rotation Manual will be emailed to you, would you also like a paper copy mailed?**

Yes     No

Thank you,  
 Office of Experiential Education  
 Midwestern University College of Pharmacy – Glendale  
 Phone: 623-572-3557 / [azoe@midwestern.edu](mailto:azoe@midwestern.edu)