



# SITE AND PRECEPTOR AVAILABILITY 2020 – 2021

## Midwestern University College of Pharmacy – Glendale

623-572-3557 (phone) / 623-572-3560 (fax) / [azoe@midwestern.edu](mailto:azoe@midwestern.edu)



Please return this form to the Office of Experiential Education by fax, mail or email before November 22, 2019.

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	Intro 1	06/01/2020	06/26/2020	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 2	Intro 2	06/29/2020	07/24/2020	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 2	Intro 3	07/27/2020	08/21/2020	4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	Adv 1	08/24/2020	10/02/2020	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	Adv 2	10/05/2020	11/13/2020	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	Adv 3	11/16/2020	12/24/2020	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	Adv 4	01/11/2021	02/19/2021	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	Adv 5	02/22/2021	04/02/2021	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PS 3	Adv 6	04/05/2021	05/14/2021	6	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PS 3</b>	<b>Adv 7*</b>	<b>05/17/2021</b>	<b>06/25/2021</b>	<b>6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Make-up Rotation (Tentative)</b>

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

Please contact our office if this form should be sent to another person at your facility.

Thank you,

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