



**Midwestern University
College of Pharmacy Downers Grove
Office of Experiential Education**

OEE Use Only	
Trained	_____
Email to new preceptor:	
<input type="checkbox"/>	RMS directions & ID
<input type="checkbox"/>	Syllabus _____
<input type="checkbox"/>	CEI letter
<input type="checkbox"/>	Other _____

Note: Upon completion of this form, print a copy and submit it along with your curriculum vitae or resume via paper copy or email to:

**Office of Experiential Education
555 31st Street
Downers Grove, IL 60515
Phone: (630) 515-7677 Fax: (630) 515-6103
E-mail: CPDGOEE@midwestern.edu**

If submitting electronically, enter "New Preceptor" in the Subject line of the e-mail.

Preceptor Profile

1. Name: _____ Date: _____
2. Title: _____ Male Female
3. Site Name: _____
4. Business Mailing Address: _____
- Business Phone: _____ Fax: _____
- Business Email: _____ (Our students will use this email to contact you)
5. In which state(s) are you licensed? **to contact you**
6. Have you ever been disciplined for violating any state or federal laws governing the practice of Pharmacy?
Yes No If yes, give details
7. Are you the subject of any pending disciplinary action by any licensing board?
Yes No If yes, give details
8. Have you completed or attended a preceptor training program at MWU or any other college of pharmacy or organization/education program (APhA, ASHP, CEI, Pharmacist Letter)? Yes No
If yes, where (list as many as applicable):

When:

9. Which of the following degrees have you obtained? (Check all that apply; please specify year).

BS Pharmacy	Year	M.B.A.	Year
MS Pharmacy	Year	Ph.D.	Year
Pharm.D.	Year	Other:	Year

Where did you earn your BS Pharm or PharmD degree?

10. Which of the following credentials have you obtained? (Check all that apply)

BCPS	BCNP	CDCES	CGP
BCPP	BCOP	BC-ADM	AE-C
BCNSP	Other:		

11. Have you completed residency/fellowship training? Yes No

If yes, please check all that apply:

PGY1	PGY2	Fellowship
------	------	------------

12. Have you completed any certificate training courses? Yes No

If yes, please list:

13. Do you have a current faculty appointment with a school or college of pharmacy? Yes No

14. Have you served as a preceptor in an experiential education course offered by a college of pharmacy in the last 24 months? Yes No

15. Length of time at current site:

16. Indicate the types of practice experiences for which you are able to precept.

Introductory Pharmacy Practice Experience (IPPE)

Introduction to Community practice: first year students

Introduction to Health Systems: second year students

Introduction to Clinical practice: third year students

Advanced Pharmacy Practice Experience (APPE)

Please select type of APPE course

Community

Chronic Care or Ambulatory Care

Hospital

Acute Care or General Medicine

Elective (type):

Clinical Medical Specialty (type):

17. Briefly describe the characteristics of your practice setting (hospital, community, nursing home, etc.), patient population, patient-care services. (If preferred, a separate, typed page of the site description can be attached to this form.

18. Please share any special requirements or comments that students must be aware of regarding your rotation or practice site.

NOTE: Please be sure to submit your Curriculum Vitae or Resume along with your preceptor profile

**Midwestern University
College of Pharmacy Downers Grove
Office of Experiential Education
(630) 515-7677
E-mail: CPDGOEE@midwestern.edu
Fax: (630) 515-6103**