



M E M O

TO: Post- baccalaureate Pharm.D. Candidates
FROM: Elizabeth Frenzel Shepherd, B.S. Pharm., M.B.A.
RE: Advanced Practice Experiences

It is time to start planning the schedule for advanced practice experiences for the next semester. Enclosed is a **Placement Request Form** to be submitted by those students who plan on completing all required didactic coursework at the end of this semester.

Please note that any and all deficiencies or incomplete grades must be addressed prior to scheduling and enrolling in advanced practice experiences. Students doing experiences in prescription departments in Puerto Rico must have a health certificate signed by a physician licensed in Puerto Rico. All students must provide the following:

- Copy of your proof of immunizations (including Hepatitis B, measles, mumps, rubella, and negative TB test)
- Copy of your proof of current health insurance
- Copy of your CPR certification
- Copy of your pharmacist license. Pharmacists not licensed in Florida and requesting to be scheduled in Florida will have to obtain a Florida intern license.
- Copy of your HIPAA training
- Current curriculum vitae

A total of four experiences must be completed; two core (Acute Care; Chronic Care), and two electives (one in direct patient care). Be sure to indicate any special scheduling considerations you may have.

Please follow the instructions as listed on the form and return it along with the additional documentation, ASAP.

Nova Southeastern University, College of Pharmacy Placement Request Form for Advanced Practice Experiences

Student Instruction:

1. Complete the following information and return to ROOM 1308. Follow all INSTRUCTIONS.
2. The following documents must be submitted along with this form: A current resume indicating your educational background, complete work history and any other pertinent information; proof of immunization including Hepatitis B, negative TB test (either PPD or chest X-ray), childhood immunizations (measles, mumps, rubella); valid CPR certificate; proof of current health insurance coverage; and for undergraduates - a copy of your internship certificate, postgraduates - a copy of your license.
3. If you have any special requests, please indicate them below.
4. **Students submitting incomplete forms and/or documentation will not be scheduled.**

Name:	Social Security #:
Mailing Address:	Permanent Address:
Telephone:	Nova Email:
Cellular:	Fax:

Rank the following areas in descending order based on accessibility (1 = most accessible > 2 >3>4>5>6 = least accessible):

South Miami-Dade		Puerto Rico		North Miami-Dade		Other:	
Palm Beach		Orlando/Tampa		Broward			

Placements for experiences must be scheduled over the period of JUNE 2005 through MAY 2006. Unless otherwise instructed, time off will be scheduled at random. Each month is a FOUR-week block.

Indicate any factors you wish to be considered in your placement decision: _____

Rank your TOP EIGHT CHOICES for your two elective rotations where 1 = most desirable >2>3>4>5>6>7>8 = acceptable

Please note: All experiences may not be available in all areas and counties. You may select elective experiences in the required experience rotations as well.

Rank	Rotation	Rank	Rotation	Rank	Rotation
	Academic		* Advanced Geriatric Care		Pain Management
	Administration		HIV/AIDS/Immunology		Pediatric Ambulatory Care
	Advanced Community		Home Infusion		* Pediatric Critical Care
	Advanced Hospital		Hospice/Palliative Care		Pediatrics
	Ambulatory		Indian Health Services		Pharmacy Benefits Management
	Anticoagulation Therapy		Industry		** Psychiatry
	Association Mgmt.		** Infectious Diseases		* Advanced Psychiatry
	Cardiology		* Advanced Infectious Diseases		Public Health Services
	Clinical Research		Informatics		Research/Administration
	Compounding		Internal Medicine		Rural Medicine
	Critical Care/ICU		Kinetics		Surgery/Operating Rm/Recovery
	Dermatology		Managed Care		** Toxicology
	Drug Detox/Treatment		* Advanced Managed Care		Transplant
	Drug Information		Neonatology		
	Adv. Drug Information		Neurology		
	Emergency Medicine		Nuclear Medicine		
	Foreign Study		Nutritional Support		
	General Clinical		** Oncology		My elective selection takes priority over travel area.
	Geriatric Care		* Advanced Oncology		

* Prerequisite Clerkship(s) must be completed first.

** Prerequisite Clerkship(s) are preceptor specific.

Please list all of your Pharmacy related experience:

Dates	Pharmacy/Hospital	Position

Please specify any facilities and/or preceptors in whose rotation you are especially interested: _____

Although every effort is made to comply with your scheduling requests, the College of Pharmacy may not be able to meet all students requests due to the dynamic nature of the experiential programs. The College of Pharmacy reserves the right to set priority in student scheduling based on rotational, degree status, and graduation requirements in available affiliated facilities.

I hereby attest that I have completed all pharmacy prerequisite coursework, and am eligible for rotation scheduling pursuant to the successful completion of coursework.



College of Pharmacy

REQUIRED DOCUMENTATION CHECKLIST

“YOU MUST BE ENROLLED IN YOUR LAST SEMESTER OF DIDACTIC COURSES BEFORE YOU SEND THE DOCUMENTATION.”

- Copy of Proof of Hepatitis B Vaccination
- Copy of Proof of Negative TB (PPD test or chest X-ray) *
- Copy of Proof of MMR Immunization
- Copy of your CPR certification (**B**asic **L**ife **S**upport)
- Copy of your Pharmacist License
- Intern Certificate and one photo. (If you are not licensed in Florida)
- Proof of Health Insurance*
- Copy of your HIPPA certification
- Copy of your Health Certificate. * - (For students completing experience in Puerto Rico)

* These documents should be dated no more that 6 months prior to starting rotations. You are responsible to keep your documents updated.

DO NOT SUBMIT INCOMPLETE DOCUMENTATION. THE DEPARTMENT OF PHARMACY PRACTICE OFFICE WILL NOT BE ABLE TO SCHEDULE YOUR EXPERIENCES UNTIL YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION. ***INCOMPLETE FILES WILL BE RETURNED.*** *Please note that you must have completed all required didactics and be registered for PHA7790 (Research Project) prior to scheduling and enrolling in the rotations.*

Documentation for rotations should be sent to:

**Nova Southeastern University
College of Pharmacy, Room 1308
Office of Experiential Education
3200 South University Drive
Fort Lauderdale, FL 33328**

Once we have received your documents we will contact you. If you have any questions about the required documentation you can contact us at (954) 262-1308.

Students in the Post Baccalaureate Pharm.D. program must complete four (4) experiences. Of these 4 experiences one must be in Acute Care and one in Chronic Care.

Listed below are the experience types that are accepted as acute and chronic care clerkships.

ACUTE PHA7820

- Internal Medicine
- Infectious Diseases
- Oncology
- Psychiatry
- Nutritional Support
- Critical Care/ICU
- Pharmacokinetics
- ER/Poison Information/Toxicology
- Cardiology
- Neonatology
- Pediatrics Critical Care
- Immunology
- Pain Management (only Dr. Jennifer Strickland)

CHRONIC PHA7840

- Ambulatory Care
- Geriatric Care
- HIV/AIDS
- Pain Management (only Dr. Jennifer Strickland)
- Clinical Research
- Hospice/Palliative Care
- Rural Medicine

Elective I – PHA 7860

Elective II – PHA 7880

Instructions For Completing The Intern Application

Applications are available from the Florida Board of Pharmacy website at:

http://www.doh.state.fl.us/mqa/pharmacy/ap_intern.pdf

- Please print clearly.
- Check the box: By examination.
- Provide your name. Your **Last** name should be first, then your **First** name and then **Middle Initial**.
- Provide your Date of Birth.
- Provide your current address and mailing address, even if they are the same.
- Provide your current phone number and your home phone number.
- Provide your Social Security Number.
- The next question (you don't know your schedule) answer **Unknown**.
- Indicate if you have applied to take the Florida Pharmacy Examination and when you plan to take the exam.
- Indicate if you have applied by endorsement and when.
- Be sure to sign and date the application.
- Provide one photo. Please tape it to top right-hand corner of the application.
- Staple a copy of your social security card to the application.