

Request for Pharmacy Practice Experience

Thank you for your interest in becoming a preceptor for the NSU College of Pharmacy Experiential Education Program! We are always seeking interested, qualified preceptors and sites for placement of our students who are eager to learn about the pharmacy profession. Please complete this packet with the requested information and return to NSU:

**Nova Southeastern University
College of Pharmacy, Experiential Education
3200 S. University Drive
Fort Lauderdale, FL 33328
Fax: (954) 262-2278
E-Mail: COPpreceptor@nova.edu**

The packet should include the following in order to be processed in a timely manner:

1. The Completed Preceptor Application
2. Current Pharmacist Registration
3. CV or Resume
4. Directions from the College to the Site. If out-of-state, please include an aerial map of the area with the address pinpointed. (i.e. Google Maps or Mapquest).
5. Objectives, Activities, and Outcomes for each practice experience.

**If you request to be a preceptor at a REQUIRED pharmacy practice experience, you only need to send a letter stating that you will follow the College syllabus, including objectives, activities, and grading format.*

As soon as the Experiential Education Offices have received your completed packet, you will be contacted by a faculty member.

Please note -- if your store, pharmacy, hospital etc., has a current Affiliation Agreement with the NSU College of Pharmacy you will only need to be added as a preceptor. If there is no established affiliation agreement with the NSU College of Pharmacy, the process will take longer to complete. The application process may take anywhere between 3 to 6 months.

We appreciate your interest and look forward to working with you to create better communities!

Preceptor Application

Please fill out completely.
You may mail or fax the forms to the Experiential Education Office.

Preceptor Name: _____ **Date:** _____

Are You An NSU Alumni?: YES **Graduation Year?:** NO

Practice Site (Include Site #): _____

Site Address: _____

Site's Phone Number: _____

Email Address: _____

Fax Number: _____

Check One: Pharm.D B.S. Pharm Other: _____

License #: _____ **State Issued:** _____ **Original Date Issued:** / /

1. Do you have a SUCCESS User ID? ____ YES ____ NO
2. Mark Experience Practice Type you are interested in:
 ____ (IPPE) Introductory Pharmacy Practice Experience
 ____ Community
 ____ Hospital (Health System and Pharmacy Service)
 ____ (APPE) Advanced Pharmacy Practice Experience
3. Will Students have potential for regular interprofessional experiences (IPE)? YES NO
4. Which experiences will IPE occur? _____
5. Is this site affiliated with Nova Southeastern University College of Pharmacy? YES NO UNSURE
6. If "No", who will be overseeing the affiliation agreement process? _____

Mark ALL Practice Experience(s) you are interested in offering:

Academic Clerkship	Critical Care	Medical Mission
Administration	Dermatology	Medication Safety
Adv. Community	Disaster Relief Team	Neonatology
Adv. Drug Information	Drug Information	Neurology
Adv. Geriatrics	Drug Treatment	Nuclear Medicine
Adv. Hospital	Emergency Medicine	Nutritional Support
Adv. Infectious Disease	Foreign Study	Oncology/Hematology
Adv. Internal Medicine	General Clinical	Inpatient Oncology
Adv. HIV	Geriatrics	Operating Room
Adv. Oncology	HIV	Pain Management
Adv. Psychiatry	Home Infusion	Pediatrics
Ambulatory Care	Hospice/Pallative Care	Inpatient Pediatrics
Anticoagulation Therapy	Indian Health Services	Pharmacology Research
Inpatient Anticoagulation Therapy	Industry	Pharmacy Benefit Mgmt.
Association	Infectious Disease	Pharmacokinetics
Cardiology	Informatics	Psychiatry
Clinical Research	Internal Medicine	Toxicology
Compounding	Leadership	Transplant
Community Pharmacy Management	Managed Care	Veterinary Pharmacy
OTHER:		



Preceptor Application

Please fill out completely.

You may mail or fax the forms to the Experiential Education Office.

Attn: Nova Southeastern University College of Pharmacy

I, as a practicing pharmacist, agree to follow the Nova Southeastern University College of Pharmacy syllabus -- including objectives and grading format.

I agree to follow NSU College of Pharmacy's goals and objectives.

Yes, I agree.

No, I have my own goals and objectives listed below/attached separately.

X _____

Prospective Preceptor's Signature