



Experiential Education  
9700 West Taron Drive  
Elk Grove, Ca 95757  
Phone: (916) 686-7400

Thank you for your interest in precepting California Northstate University College of Pharmacy students! We appreciate the time and dedication you are giving to our students and we look forward to working with you.

To certify your eligibility, please complete the items contained within this packet:

Site Qualification and Profile Form  
Preceptor Information Form  
APPE Availability Form  
IPPE Availability Form  
Include a copy of your CV

Please send the completed items to the CNUCOP Experiential Education Department:

Email

**APPE Director:** Dr. Tony Eid ([tony.eid@cnsu.edu](mailto:tony.eid@cnsu.edu))

**IPPE Director:** Dr. Welly Mente ([wmente@cnsu.edu](mailto:wmente@cnsu.edu))

Questions may be directed to Helen Noh: [hyeryeon.noh@cnsu.edu](mailto:hyeryeon.noh@cnsu.edu)

With Regard,

Helen Noh



Experiential Education Program  
 9700 West Taron Drive  
 Elk Grove, CA 95757  
 Phone: (916) 686-7400

**SITE QUALIFICATION AND PROFILE FORM**

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

Site Name \_\_\_\_\_ Store # \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary contact's name and preferred email\* \_\_\_\_\_

**\*Note: We must have an email address as it is our primary method of communication.**

Pharmacy's Board License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

License is in good standing with the Board of Pharmacy?  Yes  No (if no, please explain)

\_\_\_\_\_  
 \_\_\_\_\_

**Site Schedule (hours of operation):**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Clientele**

Please list any language(s) or cultural experience that may be useful while working at this site.

\_\_\_\_\_  
 \_\_\_\_\_

<b>Average orders/Rx filled per day</b>	<input type="checkbox"/> < 100 <input type="checkbox"/> 100-300 <input type="checkbox"/> 301-500 <input type="checkbox"/> > 500 <input type="checkbox"/> N/A
<b>Staffing</b>	Number of Pharmacists: _____ Number of Technicians: _____



Experiential Education  
9700 West Taron Drive  
Elk Grove, Ca 95757  
Phone: (916) 686-7400

**PRECEPTOR INFORMATION FORM**

**Date:** \_\_\_\_\_

First Name \_\_\_\_\_ M \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F

Site Name (include store # if applicable) \_\_\_\_\_

Position/Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Email\* \_\_\_\_\_ Alternate Email \_\_\_\_\_

**\*Note: We must have an email address as it is our primary method of communication.**

Do you precept students at any other sites?

Yes  No

Pharmacist's License Number & State \_\_\_\_\_

Expiration Date \_\_\_\_\_

Effective Date \_\_\_\_\_

License is in good standing with the Board of Pharmacy?  Yes  No

If no, please explain: \_\_\_\_\_

**Precepting and Professional Experience**

List Previous Precepting Experience	
Years of Precepting Experience	

[ ] From time to time, CNUCOP uses names and photographs of preceptors in promotional material for recruiting and supporting students and preceptors. By initialing this box, you are indicating that you prefer to not be included in promotional material.

**APPE Preceptor Availability**

Please indicate in the appropriate spaces, the number of students you would be willing to precept for the upcoming APPE calendar year

		<b>(May 2019 -2020)</b>										
		Start	<b>A</b>	<b>B</b>	Brk	<b>C</b>	<b>D</b>	<b>E</b>	Brk	<b>F</b>	<b>G</b>	
Course	Rotation	End	05/20/19	07/01/19	08/10/19	08/19/19	09/30/19	11/11/19	12/21/19	01/06/20	02/17/20	
		06/28/19	08/09/19	08/18/19	09/27/19	11/08/19	12/20/19	01/05/20	02/14/20	03/27/20		
Community Practice												
Hospital Pharmacy Practice												
General Medicine												
Ambulatory Care	Anticoagulation											
	HIV/AIDS											
	HMO											
	Infusion Clinic											
	MTM											
	Primary Care											
	Other:											
Specialty Practice	Admin – Community											
	Admin – HMO/DEC											
	Admin – Hospital											
	Cardiology											
	Compounding											
	Critical Care											
	Education											
	Emergency Department											
	Hematology/Oncology											
	HMO Pharmacy											
	Infectious Disease											
	Long Term Care											
	Mental Health											
	Nuclear Pharmacy											
	Pediatrics											
	Pharmacy Benefit Mgr											
	Professional Association											
	Public Health											
	Research											
	Trauma											
Other:												

I agree to accept the above number of students for APPE rotations:

\_\_\_\_\_  
 Preceptor Name

\_\_\_\_\_  
 Site Name

\_\_\_\_\_  
 Preceptor's Signature

\_\_\_\_\_  
 Date

\*Please circle the number of students entered in the respective blocks to indicate Must-Fill.



Experiential Education Program  
 9700 West Taron Drive  
 Elk Grove, CA 95757  
 Phone: (916) 686-7400

### IPPE Preceptor Availability Fall 2018- Summer 2019

Please indicate in the appropriate columns, the number of students you would be willing to precept for the upcoming IPPE calendar year

		Fall 2018 (8/20/18-12/05/18)	Winter 2018-2019 (12/13/18 -01/5/2019)	Spring 2019 (1/02/19 – 4/24/19)	Summer 2019 Session 1: 5/2-6/7 Session 2: 6/8-7/12 Session 3: 7/13-8/18  Please Check Session
<b>ROTATIONS</b>					
<b>Next to each rotation, please indicate total # of students you are willing to precept.</b>					
Community Practice <b>Student must complete 150 hours</b>					
Hospital Pharmacy Practice <b>Student must complete 75 hours</b>					
<b>Elective Student must complete 75 hours</b>	Administration –				
	Administration –				
	Ambulatory Care				
	Compounding				
	Education				
	Government Services				
	Hematology/Oncology				
	HMO Pharmacy				
	Home Infusion				
	Long Term Care				
	Mental Health				
	Pharmacy Benefit				
	Professional Association				
	Student Health				
Toxicology					
Other:					
<b>TOTAL</b>					

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
 Preceptor Name (Please print)

\_\_\_\_\_  
 Site Name (and store # if applicable)

\_\_\_\_\_  
 Preceptor Signature

\_\_\_\_\_  
 Date

--	--