

 \square Follow up form received by:

STUDENT ORGANIZATION EVENT FOLLOW UP FORM

Organization (Each Organization MU	JST write their OWN follow up	analysis)			
□ AMCP □ APhA □ ASCP □ CN		• •			
☐ MAPS ☐ NCPA ☐ PDC ☐ RPP	☐ SBC ☐ SCCP ☐ SNPhA ☐ SS	SHP SYF Other:			
Date(s): Location:					
Time: Address: (if not CNUCOP)					
Nature of Activity (Check all that apply):					
☐ Professional Meeting (Nat/State/Local) ☐ Fundraising ☐ Class Project ☐ Other:					
☐ Community Service Event ☐ Legislation ☐ Social					
Brief Description of Event: DID YOU MAKE ANY CHANGES TO YOUR PROPOSAL? Submit an updated proposal with all the changes.					
Collaboration/Sponsorship/Organizations/Student/Preceptor Involvement: LIST ALL NAMES OF ALL PERSONS INVOLVED IN MANAGING THIS EVENT & CONTACT INFO (email or phone #)					
	NAME/TITLE	CONTACT INFO			
Local/State/National Organization					
Other Schools' Organizations					
Preceptor Site/Preceptors					
Students					
(List ALL names involved or attending):					
Others					
ATTACHMENTS:					
 Attach a copy of any and all r A 1 or 2 page summary of ou A 1 page (150-350 words) coevent. Make sure to include to a. A brief summary of y number of patients of b. Some positive feedbace. Some constructive crimprove it next time d. Preparedness - Did y 	tcomes information. (Data colle llaborative self-reflection paper the following: your event that explains where or attendees. ack of your event of what work riticism of your event and what to have an even better experie	r submitted by the Primary Contact for this you were, what you did, how you did it, ed well. didn't work so well and some ways you could ence. d (were you prepared enough)?			

Signature____

Date: _____

PRECEPTOR GUIDELINES

Preceptors should have an understanding of what the event is for & requirements of the preceptor.

Ratios of students to preceptors are listed below with the maximum.

Preceptors can request a smaller ratio to accommodate their comfort in assistance.

CLINICAL SERVICES: Brown bags, Medication reviews, Screenings (BP, DM, Osteoporosis, etc)

2:1 No more than 2 students providing service per 1 Preceptor. Non-negotiable

If a ratio of more than 2:1 is at an event, then students MUST rotate stations to keep ratio proper.

EDUCATIONAL SERVICES: Info sessions, handouts, no clinical services provided.

4:1 Ratio Preferred. Can be negotiated with the preceptor.

SIGNATURES OF ATTENDEES:

NAME	TITLE (Preceptor, Student, Other)	CONTACT INFO (EMAIL & PHONE)	SIGNATURE