



Experiential Education  
9700 West Taron Drive  
Elk Grove, Ca 95757  
Phone: (916) 686-7400  
Fax: (916) 686-8142  
Email: [experiential@cnsu.edu](mailto:experiential@cnsu.edu)

Thank you for your interest in becoming a Preceptor for California Northstate University College of Pharmacy students!

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

1. Site Qualification and Profile Form
2. Preceptor Information Form
3. APPE Availability Forms
4. IPPE Availability Form
5. Include a copy of your CV

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

Email: [Experiential@cnsu.edu](mailto:Experiential@cnsu.edu)  
Fax: (916) 686-8142

Questions may be directed to Jacque Garcia: [Jacqueline.garcia@cnsu.edu](mailto:Jacqueline.garcia@cnsu.edu)

With Regard,

Jacque Garcia



Experiential Education Program  
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**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: _____

**Site Qualification Assessment:**

Site representative should assess the following criteria. CNCP Assessor may also interview the site representative using the same criteria and document below.

Criteria	Assessment	Preceptor		CNCP Assessor	
		Self Assessment		Met	Not Met
		Met	Not Met		
<i>Meet Legal and Professional Standards</i>	<b>BOP Self-Assessment Document, License, No pending BOP action against the site</b>				
<i>Access to Learning and Information Resources</i>  <i>Site expressed commitment to education of pharmacy students</i> <i>Management expressed commitment to education of pharmacy students</i>	<b>References: Site provides adequate professional references to support patient care</b>				
	<b>Interview pharmacist for commitment</b>				
	<b>Interview manager for commitment</b>				
<i>Commit to daily contact with preceptor or a qualified designee to ensure that students receive feedback and have opportunity to ask questions</i> <i>Equipped with technology needed to support student training and to reflect contemporary practice</i> <i>Adequate staffing: Pharmacist, Technician and clerical staff ratio</i>	<b>Interview preceptor or qualified designee (&gt; 1 year of experience)</b>				
	<b>Computer dispensing system, Online drug info system</b>				
	<b>List and assess: One preceptor to one or two students</b>				

**Preceptor:** \_\_\_\_\_  
 (print)  
 \_\_\_\_\_  
 (signed)

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

**For EEP Use Only**  
**CNCP Assessor:** \_\_\_\_\_  
 (print)  
 \_\_\_\_\_  
 (signed)

**Title:** \_\_\_\_\_  
**Date of Visit:** \_\_\_\_\_



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**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.



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**IPPE Preceptor Availability**

**Winter 2016-2017; Spring 2017** (rotation dates projected below; subject to change)

Please indicate in the appropriate columns, the number of students you would be willing to precept for the upcoming WINTER and SPRING blocks (at 75 hours per student/per block):

<b>ROTATIONS</b>		<b>Winter 2016-17</b> (12/15 – 1/03)	<b>Spring 2017</b> (1/04 – 04/25)
		Next to each rotation, please indicate total # of students you are willing to precept during the above dates.	Next to each rotation, please indicate total # of students you are willing to precept during the above dates.
Community Practice			
Hospital Pharmacy Practice			
Specialty Practice	Administration – Community		
	Administration – Hospital		
	Ambulatory Care		
	Compounding		
	Education		
	Government Services		
	Hematology/Oncology		
	HMO Pharmacy		
	Home Infusion		
	Long Term Care		
	Mental Health		
	Pharmacy Benefit Manager		
	Professional Association		
	Student Health		
	Toxicology		
Other:			
<b>TOTAL</b>			

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

I agree to accept a total of \_\_\_\_\_ CNU COP IPPE students for the above IPPE rotations.

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

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

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

\_\_\_\_\_  
 Date

<input type="checkbox"/> Entered into E*Value	<input type="checkbox"/> Approved by EED Director
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**APPE Preceptor Availability  
 (May 2016 – 2017)**

			A	B		C	D	E		F	G	H		
			05/16/16	06/27/16		08/15/16	09/26/16	11/07/16		12/17/16	01/02/17	02/13/17	03/27/17	05/06/17
Course	Rotation	Preceptor	06/24/16	08/05/16	08/14/16	09/23/16	11/04/16	12/16/16	01/01/17	02/10/17	03/24/17	05/05/17	05/14/17	
Community Practice														
Hospital Pharmacy Practice														
General Medicine														
Ambulatory Care	Anticoagulation													
	HIV/AIDS													
	HMO													
	Infusion Clinic													
	MTM													
	Primary Care													
	Other:													
Specialty Practice	Admin – Community				1 week break				2 week break				1 week break	
	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.



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**APPE Preceptor Availability**

**(May 2017 -2018)**

			A	B		C	D	E		F	G	H	
			05/15/17	06/26/17		08/14/17	09/25/17	11/06/17		01/08/18	02/19/18	04/02/18	
Course	Rotation	Preceptor	06/23/17	08/04/17	08/13/17	09/22/17	11/03/17	12/15/17	01/07/18	02/16/18	03/30/18	05/11/18	05/20/18
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												
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	Nuclear Pharmacy												
	Pediatrics												
	Pharmacy Benefit Mgr												
	Professional Association												
	Public Health												
	Research												
	Trauma												
Other:													

1 week break

3 week break

1 week break

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.