



STUDENT ORGANIZATION EVENT FOLLOW UP FORM

Organization (Each Organization MUST write their OWN follow up analysis)

AMCP APhA ASCP CNUCARES CPFI CPhA DWP-SC Kappa Psi
 MAPS NCPA PDC RPP SBC SCCP SNPhA SSHP 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:

1. Attach a copy of any and all marketing materials or handouts that were given at your event.
2. A 1 or 2 page summary of outcomes information. (Data collection) If no data, why?
3. A 1 page (150-350 words) collaborative self-reflection paper submitted by the Primary Contact for this event. Make sure to include the following:
 - a. A brief summary of your event that explains where you were, what you did, how you did it, number of patients or attendees.
 - b. Some positive feedback of your event of what worked well.
 - c. Some constructive criticism of your event and what didn't work so well and some ways you could improve it next time to have an even better experience.
 - d. Preparedness - Did you have everything you needed (were you prepared enough)?
4. Student & Preceptor Signatures of those in attendance (See next page).

Follow up form received by: 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

THIS FORM & ALL ATTACHMENTS MUST BE SUBMITTED TO YOUR ADVISOR AND A COPY TO THE OFFICE OF STUDENT AFFAIRS AND ADMISSIONS WITHIN 7 DAYS AFTER THE EVENT.