

Presbyterian College School of Pharmacy
P4 Advanced Pharmacy Practice Experiences
Preceptor Availability Form, 2015-2016

SITE INFORMATION			
Site Name		Store/Site Number (if applicable)	
Site (Physical) Address			
Mailing Address (if different)			
City			
State		Zip	
Primary Preceptor		*Secondary Preceptor	
Degree/Position		*Degree/Position	
Email Address <input type="checkbox"/>		*Email Address <input type="checkbox"/>	
Site Phone <input type="checkbox"/>		Site Fax <input type="checkbox"/>	
Other Phone <input type="checkbox"/>		Other Method <input type="checkbox"/>	
<i>Please indicate your preferred method of communication by checking the appropriate box above</i>			

**Please enter the information for a secondary preceptor if that person will assist you with the supervision of students. However, if that person is willing to take his/her own students, he/she should complete a separate form.*

AVAILABILITY												
Month	May 1-29, 2015	June 1-30, 2015	July 1-31, 2015	August 3-31, 2015	September 1-30, 2015	October 1-30, 2015	November 2-30, 2015	December 1-31, 2015	January 1-29, 2016	February 1-29, 2016	March 1-31, 2016	April 1-29, 2016
Students per month												

ROTATION TYPE		
<i>(Please check the appropriate categories for your specialty and if your area of practice or subspecialty is not listed, please write it in)</i>		
<p>Advanced Institutional</p> <input type="checkbox"/> Healthcare System <input type="checkbox"/> Management <input type="checkbox"/> Other _____	<p>Advanced Community</p> <input type="checkbox"/> Retail <input type="checkbox"/> Management/Administrative <input type="checkbox"/> Compounding <input type="checkbox"/> Other _____	<p>Ambulatory Care</p> <input type="checkbox"/> Family (or general) Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other Primary Care <input type="checkbox"/> Specialty Medicine <input type="checkbox"/> Other _____
<p align="center">Acute Care</p> <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Pulmonology <input type="checkbox"/> Cardiology <input type="checkbox"/> Oncology <input type="checkbox"/> Surgical Care <input type="checkbox"/> Critical Care <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other _____ <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Psychiatric		
<p align="center">Specialty Pharmacy Practice</p> <input type="checkbox"/> Academia <input type="checkbox"/> Home Infusion <input type="checkbox"/> Nutritional Support <input type="checkbox"/> Alternative/Oriental Medicine <input type="checkbox"/> Law Enforcement/Toxicology <input type="checkbox"/> Pharmaceutical Industry <input type="checkbox"/> Community Development <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Research <input type="checkbox"/> Dialysis <input type="checkbox"/> Managed Care <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Drug Information <input type="checkbox"/> Medication Use & Informatics <input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Entrepreneurism <input type="checkbox"/> Mission Trips <input type="checkbox"/> Other _____ <input type="checkbox"/> Healthcare Administration <input type="checkbox"/> Nuclear Pharmacy		

Please use this box to provide comments or information that would be helpful to us in scheduling students.

Please submit completed form within 10 business days to:
 Susi Carbonneau, scarbo@presby.edu, Phone 864-938-3902 Fax 864-938-3903