Fall Week Introductory Pharmacy Practice Experience
Out-of-Area Request Form

Student Name: ___________________________________ Student ID#: ______________________

During the first week of the fall term (August 17-21, 2015), P2 STUDENTS will participate in a 40-hour “fall week” IPPE rotation at a community (retail chain, independent pharmacy) or institutional (inpatient hospital, skilled nursing facility). Commonly used sites include those located within the upstate region of South Carolina, including the Greenwood, Greenville, Spartanburg, and Columbia areas. There are no preferences to select for fall week rotations, and students will be notified of their assignments in late July.

To request a fall week IPPE outside of our normal area (generally a 70-mile radius of the PC School of Pharmacy), please note the following:

1. **The site cannot be your current place of employment.**
2. For a site located within South Carolina, you must contact Mrs. Carbonneau in the Office of Experiential Education (OEE) to discuss specific sites or sites within a general area (your hometown, for example). If we already have a relationship with that site or with sites in that area, we may be able to contact them on your behalf to determine their willingness and availability. If the site is a new one for us, you should submit this out-of-area (OOA) form, completed by both you and the potential preceptor. We will consider your request based on the following:
   a. Our ability to execute our standard affiliation agreement in a timely manner; and/or
   b. The availability of other established sites in your preferred area
   If there are no other established sites available in your area and if we approve your request, we will then contact the site to confirm availability, provide additional program information, and begin the affiliation agreement process.
3. If the site is located outside of South Carolina, you are responsible for contacting the potential preceptor to determine his/her willingness and availability. You must complete page 1 of this form and then present the form to the preceptor who must complete and sign page 2. Submit the completed form to the OEE in person, by fax, or as a scanned email attachment. The form must be signed by both you and the preceptor with actual, not computer-generated, signatures. Requests will not be considered or acted upon until the OEE receives both sides of this *signed* form. Please note that completing this process does not guarantee approval.
4. If a new affiliation agreement is needed, the site must accept our standard agreement. If they are not able to sign our agreement, your request will not be approved and you will be assigned to a site in our area.

**Deadline to submit a fully completed, signed form for an out-of-area site is June 1, 2015**

**Student Statement:** I understand the above requirements. If the site is outside of South Carolina, I have contacted the appropriate state’s board of pharmacy regarding participation in this externship rotation, and I will have met any prerequisites required by this state board of pharmacy prior to the start of this scheduled experience.

Student Signature: ___________________________________ Date: __________________
August 17-21, 2015, Fall Week
Introductory Pharmacy Practice Experience (IPPE)
Out-of-Area Request Form

Student Name: _______________________________ Student ID#: ______________________

Site/Preceptor Information: Please provide the following information for the site and preceptor:

Type of Rotation

- [ ] Retail Chain
- [ ] Independent Pharmacy
- [ ] Other Community Site (please specify type ______________________)
- [ ] Institutional Site (please specify type ______________________)

Name of Preceptor ________________________ Credentials ______________________

Preceptor email ______________________________________________________________________

Full Name of Site _______________________

Name of Site’s Corporate Entity (if Different) _____________________________________________

Street Address/City/Zip of Site _________________________________________________________

Mailing Address/City/Zip of Site ________________________________________________________

Site Telephone ________________________ Site Fax ________________________

Preceptor Statement (please check all applicable boxes):

- [ ] My state licensure status is current and without reprimand.
  State of issue: _____________________ License # ____________________

- [ ] I currently serve as an IPPE/APPE preceptor for _______________________.
  (Name of ACPE-accredited school of pharmacy)

- [ ] I have participated in preceptor development programs or activities offered by the aforementioned school.
  Most recent program was ________________________.
  (Date of last program/activity)

Site Orientation: Students who are assigned to this site must complete a pre-rotation orientation that is:

- [ ] Completed online and/or prior to the start of the rotation
- [ ] Completed in person at the site

The contact person (i.e., human resources or student education staff) for orientation and other pre-rotation requirements is

  Name: _______________________
  Email: _______________________
  Telephone: _______________________

Pharmacist/Preceptor Signature: ________________________ Date: ________________________

By signing this form, you are confirming that you are willing to conduct this pharmacy experience for a 40-hour period from August 17-21, 2015. You further acknowledge that you agree to use the syllabus provided by and to work with the PCSP Office of Experiential Education (OEE) in adapting their syllabus to your practice. (OEE will send you a link to the appropriate syllabus template along with your login information when we have set you up in E*Value, our web-based rotation management system.) Finally, you understand that the PCSP does not pay for or provide any type of stipend for a fall week rotation.

Upon receipt of this form and approval of the student’s request, the PCSP Office of Experiential Education will contact the preceptor as needed to discuss program requirements, to coordinate the execution of our standard affiliation agreement, and/or to discuss the use of our fall week syllabus for community introductory pharmacy practice experiences.