



2017-2018 Request Form For Out-of-Area, Out-of-State, and/or New Site APPEs

Student Name: _____ **ID#:** _____

APPE rotations are normally conducted within the State of South Carolina with some allowance for certain sites within bordering states that are within a reasonable driving distance—approximately a three-hour radius—from the School of Pharmacy. This is considered our “local” area. For instances in which a location outside of this area offers a unique opportunity for which there is no similar experience available within our “local” area, the student may request assignment to this out-of-area (OOA) or out-of-state (OOS) site. In addition, a student might have a connection to a site within our local area but completely new to the PCSP.

To request OOA, OOS, or new site rotations, a student is responsible for contacting the potential preceptor to determine his/her willingness and availability. The student must then complete page 1 of this form and must ask the preceptor to complete and sign page 2. The student will then submit the form to the Office of Experiential Education (OEE). The student may submit the completed form in person, via fax, or through a scanned email; however, the form must be signed by both the student and the potential preceptor.

Completing this process does not guarantee approval as other factors will need to be considered. Denial usually involves the availability of similar experiences in our local area or with which we already have a relationship, the inability of OEE and the rotation site to execute an affiliation agreement in a timely manner, and the applicability of the rotation to the student’s post-graduation plans.

In addition:

- The student may not be employed at or receive any payment from the site during the rotation
- The OOA rotation must be unique compared to experiences already approved and available geographically
- The proposed preceptor must be currently affiliated with an ACPE-accredited school of pharmacy as an IPPE/APPE preceptor
- **Deadline for submission of the completed & signed formSeptember 15, 2016**

REQUIRED INFORMATION: Please provide the following information about the site and preceptor:

Type of Rotation Advanced Community Acute Care (Subspecialty _____)
 Hospital/Healthcare System Ambulatory Care
 Elective _____

Name of Preceptor _____ Credentials _____
(PharmD, RPh, MD, NP, etc.)

Preceptor email _____

Full Name of Site _____

Name of Site’s Corporate Entity (if site not privately owned) _____

Street Address/City/Zip of Site _____

Mailing Address/City/Zip of Site _____

Site Telephone _____ Site Fax _____

STUDENT STATEMENT: I understand the above requirements. In addition, I have contacted the appropriate state’s board of pharmacy regarding participation in this clerkship 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:** _____
(signature required for request to be considered)

PRECEPTOR STATEMENT

Student Name: _____ ID#: _____

Licensure and Experience:

- My state licensure status is current and without reprimand; 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 _____

Course Syllabus:

- I have a course syllabus for my student rotations which I will provide to the PCSP Office of Experiential Education for review and approval; or
- I will use the PCSP syllabus and will customize it to my site/area of practice

Pre-Rotation Requirements:

 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 for orientation and other requirements is:

Name: _____
Email: _____
Telephone: _____

PRECEPTOR AVAILABILITY: I am willing to conduct this advanced pharmacy practice experience (APPE) during any of the month(s) indicated.

APPE rotations during the 2017-2018 academic year

(Please indicate the month(s) available; if you are willing to take additional students, please indicate that as well)

	Number of Students		Number of Students
<input type="checkbox"/> May 1-31, 2017	_____	<input type="checkbox"/> November 1-30, 2017	_____
<input type="checkbox"/> June 1-30, 2017	_____	<input type="checkbox"/> December 1-29, 2017	_____
<input type="checkbox"/> July 3-31, 2017	_____	<input type="checkbox"/> January 1-31, 2018	_____
<input type="checkbox"/> August 1-31, 2017	_____	<input type="checkbox"/> February 1-28, 2018	_____
<input type="checkbox"/> September 1-29, 2017	_____	<input type="checkbox"/> March 1-30, 2018	_____
<input type="checkbox"/> *October 2-31, 2017	_____	<input type="checkbox"/> **April 2-30, 2018	_____

*Out-of-state rotations in October may be restricted since students must return to campus mid-month for their Capstone course presentations

**Out-of-state/new rotations in April may be restricted to ensure grades are submitted prior to graduation

If you are willing to offer a rotation but currently do not know what month, please indicate by checking this box and letting us know approximately when to check back with you.

- Please check back with me on/about _____

Pharmacist/Preceptor Name: _____

Pharmacist/Preceptor Signature: _____ Date: _____

(signature required for request to be considered)

For Internal Use Only:

Date site contacted by OEE: Telephone _____ and/or Email _____

Approved: yes no Syllabus sent (if using ours) or requested (if using theirs): yes no

Comments: