

## ACPE-ACCREDITED SCHOOL OF PHARMACY PRECEPTOR CREDIT

If you are a preceptor for an ACPE-accredited School of Pharmacy and wish to apply for credit for one clinical rotation complete and submit the following form.

Your request will not be considered if this information is omitted or incomplete.

1. **Attach a letter documenting your appointment!!**
2. Your name: \_\_\_\_\_
3. For what school do you serve as a preceptor? \_\_\_\_\_
4. What dates have you served as preceptor? \_\_\_\_\_
5. How many years have you served in this capacity?
6. How many students have you precepted in the last 5 years?
7. What is the average number of hours **you** instruct students per week?
8. Are you responsible for completing the student evaluation and grading? **Yes**      **No**

List the educational objectives you have for the clerkship:

Describe the discussions, activities, and readings you assigned to the clerkship student.

Week 1:

Week 2:

Week 3:

Week 4: