

Preceptor Agreement Form
University of Arkansas for Medical Science
College of Pharmacy



Preceptor: _____

Site: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The UAMS College of Pharmacy agrees to work closely with individual preceptors to support their needs as volunteer faculty members of the College. The Associate Dean of Experiential Education will coordinate efforts for scheduling students each year and provide a direct link with the College and its resources (preceptor development training programs, on-line resources, and standard rotation manuals). If questions or concerns arise, please contact Dr. Seth Heldenbrand (501-686-6392). Please feel free to fax this form back to 501-686-8104.

I agree to serve as a preceptor for the UAMS College of Pharmacy.

- I will commit to take a maximum of _____ APPE students annually from 2017-18 through 2021-2022 on advanced practice experiences.
- I will commit to take a maximum of _____ IPPE students annually from 2017-18 through 2021-2022 on introductory practice experiences.

In accordance with this agreement, I understand and agree to the following expectations:

1. I will provide an orientation for the student that includes orientation to the facility and personnel and review of the rotation manual.
2. I will provide site specific learning objectives.
3. I will perform a Mid-point and Final evaluation of the student. This evaluation will be done both verbally and in writing.
4. I will grade the student based on the assessment tools provided.
5. I will ensure that less than fifty percent of the student's time will be spent in dispensing/technician functions (advanced practice experiences only).
6. I will review the College of Pharmacy Policies and Procedures Governing Students in the Experiential Program included in the APPE and IPPE course manuals and available on the Experiential websites to review students related information pertaining to health policies, malpractice provisions, intern license requirements, HIPAA training, and professional conduct expectations. Students are expected to adhere to the Policies and Procedures of any assigned practice site, which may include, but is not limited to, drug testing, completion of a criminal background check, or site-specific training. I will inform students, or refer to the appropriate personnel, regarding any site-specific requirements.
7. I will provide advance notification of termination of this agreement in writing or by phone to the Office of Experiential Education. This notification will occur as soon as possible in order to permit development of alternative affiliations.

The UAMS College of Pharmacy values the role of the pharmacy practitioner in the provision of excellent real-world experiences for our students. Your participation as a preceptor is vital to our program and greatly appreciated. Please fill out the table listed here completely so we can work around your schedule.

**Rotation Schedule Preferences
2017-2018**

Please fill out the following table completely indicating each month you can take APPE students on rotation at your site and the number of students per rotation you can take. Rotations begin in June and end April (December not included).

Rotation Month	Available for Student Rotations? (Yes or No)	Number of Students / Rotation
May		
June		
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		

Please fill out the following table completely indicating each month you can take IPPE students on rotation at your site and the number of students per rotation you can take.

Rotation Month	Available for Student Rotations? (Yes or No)	Number of Students / Rotation
May		
June		
July		

Comments:

Preceptor Signature

Date