REGIS UNIVERSITY

Rueckert-Hartman
College for Health Professions
School of Pharmacy
Office of Experiential Education

3333 Regis Boulevard, H-28
Denver, Colorado 80221-1099
303-625-1326
800-388-2366 ext. 1300
303-625-1305 FAX
www.regis.edu
Email: oee@regis.edu

Preceptor Application

Please complete this form and return with a current resume/CV to the address below.

Regis University School of Pharmacy
Rueckert-Hartman College for Health Professions
Attn: Office of Experiential Education
3333 Regis Blvd., H-28
Denver, CO 80221-1099
Phone: 303-625-1326 / Fax: 303-625-1305
Email: oee@regis.edu

Contact Information

First Name	Last Name	(Circle degree(s) obtained) Pharm.D. / B.S.
Title		
Site Name		Store #, if any:
Street Address		
City	State	Zip
Phone	Ext	Fax
Email		

Background and Qualifications

Education

Degree	School	Year
Degree	School	Year

Post Graduate Education

Residency Site	Specialty	Year
Residency Site	Specialty	Year

Current Licensure Information

State	License #	In Good Standing? (Please circle)	Registered Preceptor with State Board of Pharmacy
		Yes No	Yes No # (if applicable)
		Yes No	Yes No # (if applicable)

Certifications

	Year
	Year

Preceptor Information

Do you currently have an appointment with a school or college of pharmacy? Yes ☐ No ☐	
If yes, with which school and what is your title?	
Have you served as a preceptor to students within the last two years? Yes ☐ No ☐	
If yes, how many?	What types of rotations, what year of the pharmacy program?
Do you have classroom teaching experience at a school or college of pharmacy? Yes ☐ No ☐	
If yes, which school and what subjects have you taught?	
Are you a member of a professional organization(s)? If yes, which one(s)? Have you ever held office within a professional organization(s)? If yes, include office(s) and organization(s)	

Practice Philosophy

Briefly describe why you wish to participate in the education of Regis Pharmacy students:
What are your primary practice interests and current responsibilities?
What do you feel your role, as a preceptor, should be in the education of students?

Rotation Type

Below are the requirements for Introductory and Advanced practice experiences. Based on your current job responsibilities and experience, indicate which experiences you are interested in providing based on the descriptions below.

Introductory Pharmacy Practice Experience

Introductory pharmacy practice experiences (IPPEs) will include various real practice experiences in community, institutional, and other pharmacy settings. During each semester, students will spend three hours twice a week at their designated experiential site where they will learn about the practice setting and complete specific assignments that emphasize the concepts learned in concurrent course work.

	1st Professional Year	**2nd Professional Year**	**3rd Professional Year**
Fall	Intro to Pharmacy Practice Course (campus based)	Community Experience (chain or independent)	Institutional Experience
Spring	Institutional Experience	Community Experience (chain or independent)	Introductory Clinical Experience

I am interested in providing an Introductory Practice Experience that adheres to the above standards

☐ Yes ☐ No

Advanced Pharmacy Practice Experience

Advanced pharmacy practice experiences (APPE's) will be primarily direct patient care experiences that build on the introductory experiences. Regis student pharmacists will complete seven, six-week APPEs in their fourth year. Students will be required to complete a community, institutional, inpatient/acute care, and ambulatory care learning experience. The other three learning experiences will be elective opportunities for the students. Each experiential opportunity will include specific learning objectives for the student to master during their experience.

I am interested in providing an Advanced Practice Experience that adheres to the above standards.

☐ Yes ☐ No

Type

☐ Acute Care/Internal Medicine ☐ Institutional
☐ Ambulatory Care ☐ Community
☐ Interprofessional ☐ Elective (please specify) _____

Acknowledgement and Signature

I certify that all information provided on this form is true and accurate to the best of my knowledge.

Applicant Signature	Date

Additional Information (Optional)

Regis University School of Pharmacy is dedicated to developing and maintaining a pharmacy curriculum that reflects contemporary pharmacy practice. In order to accomplish this, the faculty feel strongly that expertise from our preceptors in the pharmacy community is essential. If you are interested in becoming involved with the School of Pharmacy please complete the section below.

Campus Based Teaching Opportunities

Throughout the curriculum there are opportunities for members of our pharmacy community to join us in the classroom to share their expertise. Participation in classroom teaching may include assisting with content development (pre-class readings, quizzes, and application exercises), content review for accuracy, physical assessment, dispensing, compounding, and participation in classroom discussions. Your level of participation will be based on your availability, area of expertise, and the curricular needs.

I am interested in providing content expertise in campus based classes.

☐ Yes ☐ No

Area of Expertise	**Description of experience or training in this area**

Student Mentoring Opportunities

All students will be assigned to a full-time faculty advisor who will assist with course selection and registration, evaluation of career opportunities, selection and appraisal of elective experiential prospects, and professional placement prior to graduation. Additionally, students who identify a specific area of interest in the pharmacy profession will be paired with pharmacist mentors who can guide the student along their career path. A pharmacist mentor may provide shadowing experiences, career advising, or engage the student in projects associated with the pharmacist advisors work.

I am interested in serving as a pharmacist mentor for Regis Pharmacy Students.

☐ Yes ☐ No

Specialty	Description of experience in this area (Please include years of experience)

Other Opportunities

The School of Pharmacy will have a variety of other opportunities for preceptors to become involved with our pharmacy program including committee involvement, student applicant interviews, career days, or student organization presentations

I am interested in participating in other opportunities at Regis School of Pharmacy.

☐ Yes ☐ No

For School of Pharmacy Use Only

Approved by Experiential Education Director? (please circle) Yes No	
Approved by Chair of Pharmacy Practice? (please circle) Yes No	
Comments: □ IPPE IPPE Rotation Type: _____ □ APPE APPE Rotation Type: _____	
Recommended Preceptor Level:	EAC Approved Preceptor Level:
Printed Name of Experiential Education Director:	
Signature of Experiential Education Director:	Date

Division of Registrations
Colorado State Board of Pharmacy
(303) 894-7800 / FAX (303) 894-7692
www.dora.state.co.us/registrations

Application for Approval
PRECEPTOR PHARMACIST
No fee

To be approved to serve as a **Preceptor Pharmacist**, you must:

- The Intern Manual may be obtained online at www.dora.state.co.us/pharmacy
- Complete this form, attaching any required supporting documentation. For a name change, provide a copy of the legal document.
- Return the completed form and any required documentation to: Colorado State Board of Pharmacy, 1560 Broadway, Suite 1310, Denver, Colorado, 80202.

APPLICANT INFORMATION

Colorado Pharmacist License Number _____ Date License Issued _____

Last Name _____ First Name _____ Middle Name _____

Previous Name(s) _____

Preferred Mailing Address (PO Box, Street, City, State, ZIP) _____ *This is a:* ☐ *Home* ☐ *Business*

Daytime Telephone Number _____ E-mail Address _____

EXPERIENCE

Name of Pharmacy (current employment): _____

Address: _____

_____

Have you been licensed and practicing as a Pharmacist for two or more years? ☐ YES ☐ NO

If your license is outside Colorado, please list the state(s), license number(s), and issue date(s).

_____

Have you had any disciplinary action taken against your license or pending against you in any state? ☐ YES ☐ NO

▶ If the answer is YES, please enclose a letter of explanation and copies of all available documents.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in Colorado Revised Statutes 18-8-503, that the information contained in this application is true and correct to the best of my knowledge.

I further certify that I will notify the Board if I become employed at any pharmacy other than the above-named.

I affirm that I have read the intern manual, am familiar with its contents, and will ensure that the interns I supervise will be familiarized with the subjects required therein.

_____ Applicant's Signature _____ Date

12/2005