Preceptor Biographical Information

Site Information

○ Community ○ Institution ○ Ambulatory ○ Other

Pharmacy/Institution Name: _____

Address Street: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Preceptor Information

Name: _____ Title: _____

Email: _____ Cell **(optional)**: _____

Pharmacy Degree: _____ College/Institution: _____

Year of Graduation: _____ Specialty: _____

Pharmacy License Number: _____ State: _____

Expiration Date: _____

Preferred Method of Contact: ○ Email ○ Practice Phone ○ Cell

Office of Experiential Affairs
Western New England University College of Pharmacy
1215 Wilbraham Road, Springfield, MA 01119
Phone 413-796-2046
Fax 413 796-2266
E-Mail joanne.moore@wne.edu
www.wne.edu/pharmacy

Pharmacy Practice Experience

1. Does your IPPE/APPE rotation include direct patient interaction?

   ○ Yes ○ No

2. Does your IPPE/APPE rotation include interaction with diverse patient populations with regards to (**please check all that apply**):

   ☐ Disease States
   ☐ Age
   ☐ Race/Ethnicity

3. Does your IPPE/APPE rotation involve collaboration with other healthcare profession students?

   ○ Yes ○ No

4. Does your IPPE/APPE rotation involve collaboration with other healthcare professionals?

   ○ Yes ○ No

Thank You!

On behalf of WNE Experiential Affairs, thank you for your interest in participating in the education and training of our learners.