

Preceptor Information Form

PERSONAL INFORMATION

PREFERRED Name: First: _____ Mid: _____ Last: _____
LEGAL Name: First: _____ Mid: _____ Last: _____
Other Names (*i.e. Maiden Name*): _____
Degree 1: _____ Year: _____ School: _____
Degree 2: _____ Year: _____ School: _____
Mobile Phone: _____ Home Phone: _____

PRACTICE SITE INFORMATION

Practice Site Name: _____ Store#: _____
Site Address: _____ Suite#: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Department: _____
Business Phone: _____ Business Fax: _____

EMAIL

Personal Email: _____ Preferred _____ Personal Email
Business Email: _____ Contact: _____ Business Email

PROFESSIONAL LICENSURE AND OBLIGATIONS

I understand that I must be a licensed professional in good standing with my practice state's licensing authority. My practice site must be in good standing with the licensing authority in the state in which it is located.

I am in good standing: Yes No (*Make special arrangements with the College of Pharmacy*).

My site is in good standing: Yes No

List states where you practice: _____

List other schools for which you are a preceptor: _____

All preceptors are required to complete the Preceptor Development Core Modules prior to precepting students:

I have completed the core modules. Completion Date: _____

I will complete the core modules in the next 3 weeks Expected Completion Date: _____

For returning preceptors: Preceptors must participate in ongoing professional development every 3 years.

I have participated in preceptor development in the last 3 years. Completion Date: _____

Development type: _____ Program Name: _____

I will participate in preceptor development in the next 3 weeks. I plan to participate in the following:

Development type: _____

Program Name: _____ Expected Completion Date: _____

ADDITIONAL NOTES/COMMENTS

Signature: _____ Today's Date: _____

By signing this form, I certify all information is true and correct to the best of my knowledge.

NEXT STEPS: Submit this form **and your curriculum vitae/resume** to the Professional Experience Programs Office.

Email (preferred): cop-iowa-prof-exp@uiowa.edu. Fax and Address information in header.