

### Preceptor Demographics and Eligibility Criteria

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Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Current Practice Setting**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City State and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Patient census: \_\_\_\_\_ Prescriptions / day: \_\_\_\_\_  
(If applicable) (If applicable)

Please provide a brief description of the practice site and your rotation. Please give specifics on patient population Ex: Approx percentages Gender, Race, Age:

#### **Education**

College or University	Dates	Degree / Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### **Post-graduate Training** (Residency, Fellowship, etc)

Specialty	Institution	Dates
_____	_____	_____

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**Professional Licensure**

Discipline	State	Certificate #	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Board Certification**

Specialty	State	Certificate #	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

**Certificate and Recognition of Special Merits**

Type	Granting Agency	Dates
_____	_____	_____
_____	_____	_____

**Presentations and Publications** *(within the past 5 years)*

**Precepting Experience**

Briefly describe your past precepting experience to include practice site, type of rotation, number of students precepted per year, and corresponding dates.

### Preceptor Eligibility Criteria

1. The preceptor agrees to abide by all requirements set forth in the D'Youville College Affiliation Agreement and exhibits a philosophy of education which is consistent with the educational and patient-care missions of the D'Youville College School of Pharmacy.
2. The preceptor must be licensed and in good standing with their state board (if applicable).
3. The preceptor will be a graduate of an accredited school within their profession (if applicable).
4. The preceptor will adhere to a code of ethical conduct and must have a history of exemplary professional and personal conduct.
5. The preceptor must have practiced in their current position for at least 6 months.
6. The preceptor must be able to communicate effectively with all members of the multidisciplinary healthcare team, students, patients and patients' families (where applicable).
7. The preceptor must have the desire, time, and support (technical, administrative, and staff) to facilitate the student's learning process and to assess the student's performance.
8. The preceptor (or his/her designee) should be available to the student at all times while the student is at the rotation site.
9. The preceptor should engage in professional growth and life-long learning through continuing education and active participation in professional organizations.
10. The preceptor should provide learning experiences that stress the responsible provision of pharmaceutical care and the optimization of patient medication outcomes.
11. Preceptors are encouraged to participate in preceptor training initiatives sponsored by the D'Youville College School of Pharmacy.

**I affirm that I have read the aforementioned information and have completed the questionnaire accurately. I meet eligibility criteria for D'Youville College School of Pharmacy.**

**Please attach a current copy of your pharmacy license to this form if licensed outside New York State**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date