



Preceptor Availability Form

Pharmacy Practice Experience: Academic Year 2021-2022

Return to: MBKU College of Pharmacy, Office of Experiential Education

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1. Site Information			
Site Name:		*Store/Site Number:	
Physical Address:		City, State, Zip:	
*Mailing Address:		City, State, Zip:	
Site Phone:		Site Fax:	
*Rx Director/Manager:		Email Address:	
*Clinical Coordinator:		Email Address:	

* = If applicable

2. Preceptor Information			
Primary Preceptor:		**Secondary Preceptor:	
Degree/Position:		Degree/Position:	
License Number:		License Number:	
Email Address:		Email Address:	
Phone:		Phone:	

** = Please enter the information for a secondary preceptor if they will assist you with student supervision.
If they are willing to take their own students, then they should complete a separate form.

Contact for onboarding forms/site documents (leave blank if not applicable):

Name: _____ Phone: _____

Email: _____

3. Introductory Pharmacy Practice Experience (IPPE): 4 weeks, 160 hours		
Specify Rotation Type and Site Type: <div style="display: flex; justify-content: space-around;"> <div style="text-align: left;"> <input type="checkbox"/> IPPE Community <input type="checkbox"/> Retail <input type="checkbox"/> Independent </div> <div style="text-align: left;"> <input type="checkbox"/> IPPE Institutional <input type="checkbox"/> Hospital <input type="checkbox"/> Healthcare System </div> </div>		
Rotation Block:	Block 1: 06/07/21 – 07/02/21	Block 2: 07/05/21 – 07/30/21
# of Students:		

Please provide a brief description of the environment and IPPE activities at your site:

Please see reverse side for APPE schedule.

4. Advanced Pharmacy Practice Experience (APPE): 6 weeks, 240 hours

Please enter information for the rotation type(s) offered and availability per block.

APPE Community Pharmacy Practice

Specify Site Type: <input type="checkbox"/> Retail <input type="checkbox"/> Independent <input type="checkbox"/> Other: _____					Specialty/Description: _____			
Rotation Block:	Block 1: 05/17/21 – 06/25/21	Block 2: 06/28/21 – 08/06/21	Block 3: 08/16/21 – 09/24/21	Block 4: 09/27/21 – 11/05/21	Block 5: 11/08/21 – 12/17/21	Block 6: 01/03/22 – 02/11/22	Block 7: 02/14/22 – 03/25/22	Block 8: 04/04/22 – 05/13/22
# of Students:								

APPE Health Systems Pharmacy

Specify Site Type: <input type="checkbox"/> Hospital <input type="checkbox"/> Healthcare System <input type="checkbox"/> Other: _____					Specialty/Description: _____			
Rotation Block:	Block 1: 05/17/21 – 06/25/21	Block 2: 06/28/21 – 08/06/21	Block 3: 08/16/21 – 09/24/21	Block 4: 09/27/21 – 11/05/21	Block 5: 11/08/21 – 12/17/21	Block 6: 01/03/22 – 02/11/22	Block 7: 02/14/22 – 03/25/22	Block 8: 04/04/22 – 05/13/22
# of Students:								

APPE Inpatient/Acute Care General Medicine

Specify Rotation Type(s): <input type="checkbox"/> Cardiology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Pediatric <input type="checkbox"/> Surgical Care <input type="checkbox"/> Critical Care <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other: _____ <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Oncology <input type="checkbox"/> Pulmonology								
Rotation Block:	Block 1: 05/17/21 – 06/25/21	Block 2: 06/28/21 – 08/06/21	Block 3: 08/16/21 – 09/24/21	Block 4: 09/27/21 – 11/05/21	Block 5: 11/08/21 – 12/17/21	Block 6: 01/03/22 – 02/11/22	Block 7: 02/14/22 – 03/25/22	Block 8: 04/04/22 – 05/13/22
# of Students:								

APPE Ambulatory Care Pharmacy

Specify Rotation Type(s): <input type="checkbox"/> Specialty/Description: _____ <input type="checkbox"/> Other: _____								
Rotation Block:	Block 1: 05/17/21 – 06/25/21	Block 2: 06/28/21 – 08/06/21	Block 3: 08/16/21 – 09/24/21	Block 4: 09/27/21 – 11/05/21	Block 5: 11/08/21 – 12/17/21	Block 6: 01/03/22 – 02/11/22	Block 7: 02/14/22 – 03/25/22	Block 8: 04/04/22 – 05/13/22
# of Students:								

APPE Elective Rotation

Specify Rotation Type(s): <input type="checkbox"/> Academia <input type="checkbox"/> Drug Information <input type="checkbox"/> MTM <input type="checkbox"/> Renal <input type="checkbox"/> Administrative <input type="checkbox"/> Entrepreneurism <input type="checkbox"/> Mental Health/Psych <input type="checkbox"/> Research <input type="checkbox"/> Cardiology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Nuclear <input type="checkbox"/> SOT/Nephrology <input type="checkbox"/> Compounding <input type="checkbox"/> International <input type="checkbox"/> Oncology <input type="checkbox"/> Specialty <input type="checkbox"/> Critical Care <input type="checkbox"/> Long-Term Care/Home Infusion <input type="checkbox"/> Pharmaceutical Industry <input type="checkbox"/> Sterile Compounding <input type="checkbox"/> Dialysis <input type="checkbox"/> Managed Care <input type="checkbox"/> Pediatric <input type="checkbox"/> Veterinary Medicine <input type="checkbox"/> Other: _____								
Rotation Block:	Block 1: 05/17/21 – 06/25/21	Block 2: 06/28/21 – 08/06/21	Block 3: 08/16/21 – 09/24/21	Block 4: 09/27/21 – 11/05/21	Block 5: 11/08/21 – 12/17/21	Block 6: 01/03/22 – 02/11/22	Block 7: 02/14/22 – 03/25/22	Block 8: 04/04/22 – 05/13/22
# of Students:								

Please provide a brief description of the environment and APPE activities at your site: