

## **PRECEPTOR APPLICATION**

### **Preceptor Requirements:**

- Pharmacist licensure is current and in good standing with the Texas State Board of Pharmacy (TSBP) or Board of Pharmacy in the state of licensure.
- Preceptor's actively practices in the same setting in which the student is being trained.

### **Expectations of Preceptors:**

- Positive role model for students and profession
- Committed to student learning
- Maintains communication with the Fisch College of Pharmacy Office of Experiential Education and students
- Utilizes direct instruction, modeling, coaching, and facilitating when precepting
- Provides a meaningful rotation
- Provides a learning environment that is respectful, inclusive, and supportive of student learning
- Provides adequate and regular feedback
- Submits availability on an annual basis to maintain active preceptorship
- Completes and submits evaluations in a timely fashion

### **Required Paperwork:**

- Completed Preceptor Information Form
- Completed Site Information Form
- Current CV/Resume

**Submit completed documents to:**  
**Amber Billion | [abillion@uttyler.edu](mailto:abillion@uttyler.edu)**

**Questions? Call 903.565.5784**

## Preceptor Selection Criteria:

Preceptors are evaluated based on the below criteria. Please provide your initials indicating adherence with the following criteria:

- \_\_\_\_\_ Licensed pharmacist in good standing with the Board of Pharmacy, as required by the practice environment, with no current restrictions or sanctions placed on their license.
- \_\_\_\_\_ Registered with the Board of Pharmacy as a preceptor and maintain active preceptor license.
- \_\_\_\_\_ Agrees to abide by the affiliation agreement set forth between The Ben and Maytee Fisch College of Pharmacy and the experiential site in which the preceptor is employed.
- \_\_\_\_\_ Agrees to abide by the policies and procedures set forth in The Ben and Maytee Fisch College of Pharmacy Experiential Education Manual.
- \_\_\_\_\_ Participates in preceptor training programs, as appropriate, that are supported by The Ben and Maytee Fisch College of Pharmacy at The University of Texas at Tyler.
- \_\_\_\_\_ Appropriately supervises (General vs. Direct definition(s) are given by the Texas State Board of Pharmacy) pharmacist interns and are solely responsible for their activities and functions while students are participating in The Ben and Maytee Fisch College of Pharmacy experiences.
- \_\_\_\_\_ Demonstrates a commitment to professional development and life-long learning through involvement in continuing education sessions and/or local, state and national professional organizations.
- \_\_\_\_\_ Interacts with students regularly, is readily available to the student, uses good communication skills when teaching students, provides adequate and timely feedback in a professional manner, provides and completes evaluations in a timely manner.
- \_\_\_\_\_ Agrees to adhere to the highest code of ethical conduct and pharmacy professional standards, and displays excellent character and attitudes that are appropriate in the presence of students.
- \_\_\_\_\_ Demonstrates no discrimination based on race, color, religion, national origin, sex, age or disability.
- \_\_\_\_\_ Displays a commitment to student learning, the profession of pharmacy, quality patient-care, and interprofessional practice

## PRECEPTOR INFORMATION FORM

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credentials \_\_\_\_\_ RPh \_\_\_\_\_ PharmD \_\_\_\_\_ PhD \_\_\_\_\_ Other \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### Site Information

Experiential Site Name: \_\_\_\_\_

Web Address: \_\_\_\_\_ Department/Clinic: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Professional Responsibilities: \_\_\_\_\_

Have you completed preceptor training? (i.e. Live CE, Pharmacist Letter, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain, including dates: \_\_\_\_\_

Board Certification and/or Specialty, if applicable: \_\_\_\_\_

Professional Organizations: \_\_\_\_\_