PRECEPTOR APPLICATION

Preceptor Requirements:

- Texas License: current and in good standing with the Texas State Board of Pharmacy (TSBP)
- Approved and certified with the TSBP (license and preceptor certificate displayed according to Board guidelines)
- One year of experience as a pharmacist; or
- Six (6) months of residency training in a program accredited by the American Society of Health-System Pharmacists
- Three (3) hours of preceptor training provided by an ACPE approved provider, a Texas College of Pharmacy, or TCEP approved program
- Availability on site to precept students
- Willingness to work with a diverse student population

Expectations of Preceptors:

- Knowledgeable in practice area
- Role model for students and profession
- Committed to student learning
- Maintains communication; provides detailed and thorough instruction and feedback during rotation
- Provides a meaningful rotation

Required Paperwork:

- Completed Preceptor Information Form
- Current CV/Resume

Submit required paperwork to:
Jeneane Cremers
jcremers@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 intern trainees/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 several times per week, is readily available to the student, uses good communication skills when teaching students, provides constructive 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: ______________________________________________________________