



# UNION UNIVERSITY

COLLEGE of PHARMACY

## Preceptor Information Form

### Demographic Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_

Pharmacist License # \_\_\_\_\_

Gender: ☐ Male ☐ Female

Degree (mark all that apply)

☐ B.S. Pharm. ☐ Pharm.D. ☐ Ph.D. ☐ MS ☐ Other: \_\_\_\_\_

Credentials: (please circle) BCPS BCACP BCNSP BCOP BCPP BCCCP CDE  
BC-ADM Other (please list) \_\_\_\_\_

### Practice Site Information

Title \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Practice Type

- ☐ Acute Care  
☐ Acute Care Internal Medicine  
☐ Chain Community Practice  
☐ Independent Community Practice  
☐ Institutional Practice  
☐ Ambulatory Care  
☐ Management  
☐ Specialty Practice Describe: \_\_\_\_\_

### Pharmacy Mailing Address (if different than street address)

Pharmacy Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_



# UNION UNIVERSITY

## COLLEGE of PHARMACY

***Please answer the following questions regarding your practice.***

Location (Please circle the best description of your location):

Urban

Rural

Patient age groups (Please circle those commonly seen in your practice):

0-11 months

1-3 yrs

4-12 yrs

13-18 yrs

19-40 yrs

41-65 yrs

66-85 yrs

>85 yrs

Ethnicities (Please circle those commonly seen in your practice):

African American

Asian

American Indian

Caucasian

Hispanic

Middle Eastern

Pacific Islander

Other (please list) \_\_\_\_\_

Insurance (Please circle those commonly seen in your practice):

Private insurance

Medicare

Medicaid

Uninsured

Other (please list): \_\_\_\_\_

Interprofessional Interactions (Please circle the health professionals with whom your STUDENTS commonly interact):

MD/DO

ANP/FNP

PA

BSN/RN

LCSW

PT/OT

CRT/RRT

Other (list): \_\_\_\_\_

Additional services offered (Please circle those that commonly occur at your site, if applicable):

Immunizations

MTM

Compounding

Point-of-care testing

Disease management

Other: (please describe) \_\_\_\_\_