



UNIVERSITY OF  
CHARLESTON

SCHOOL OF PHARMACY

Office of Experiential Education

**PRECEPTOR APPLICATION**



Thank you for your interest in serving as a preceptor for the University of Charleston School of Pharmacy (UCSOP). In order to affiliate with our program and become an official UCSOP Experiential Preceptor, please complete the following application and return to the Office of Experiential Education along with a copy of your Resume or CV and U.S. Pharmacy License.

The Office of Experiential Education will review the enclosed information and contact you to confirm approval. Additional information regarding access to PharmAcademic, preceptor orientation materials, and an initial quality assurance site visit, prior to student assignment, will be provided at that time.

- All UCSOP preceptors must maintain an active, unrestricted license to practice pharmacy in the United States and have a minimum of 1 year of pharmacy practice experience. Quality non-pharmacist preceptors may be considered for Advanced Pharmacy Practice Experience Electives (e.g., research faculty members serving as preceptors for research rotations, other health professionals precepting pharmacy students in unique practice environments, and non-pharmacists precepting pharmacy students in an academic rotation or in team-based competency development).
- A signed affiliation agreement must be on file for all experiential sites prior to final preceptor approval and student assignment. The Office of Experiential Education will provide additional information if a current, fully executed agreement is not on file at the time of application.

*Information can be returned via mail, e-mail or fax to:*

Attn: Dr. Julie Testman (Director of Experiential Education)  
Office of Experiential Education  
University of Charleston School of Pharmacy  
2300 MacCorkle Avenue SE | Charleston, WV 25304  
Email: [julietestman@ucwv.edu](mailto:julietestman@ucwv.edu)  
(304) 357-4918 | Fax: (304) 357-4868

**Destination.** HEALTHCARE.  
[ucwv.edu/Pharmacy](http://ucwv.edu/Pharmacy)

***Please complete the following information:***

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

Credentials: (Pharm.D., B.S. Pharm, Other) \_\_\_\_\_

Position/Title: \_\_\_\_\_

Pharmacy School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Site Name (and store number if applicable): \_\_\_\_\_

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

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

Primary Email\*\*: \_\_\_\_\_

Primary Phone\*\*: \_\_\_\_\_

Primary Fax\*\*: \_\_\_\_\_

*\*\* (for student and school communications)*

Please provide a brief description of your proposed rotation in the space provide below and return this application along with a copy of your resume/CV and pharmacy license:

*If practice site or job responsibilities change, please contact the Office of Experiential Education.  
An updated application form will be required.*

**Please indicate your interest in the following opportunities for preceptor engagement:**

YES	NO	Affiliation with the University of Charleston as Adjunct Clinical Faculty (provides access to full UC Library Resources)  <i>If yes, please submit the following in addition to your resume/CV and pharmacist license: a clear copy of your driver's license (front and back), official SOP transcripts, and proof of malpractice insurance. Your information and request for an adjunct clinical faculty appointment will be forwarded to the School of Pharmacy Dean and University Provost for review. Upon approval, a letter will be mailed to the address provided on this application with request for signature. A signed copy of the letter must be returned to the University in order to finalize the appointment.</i>
YES	NO	Participation in UCSOP Office of Experiential Education Preceptor Advisory Council
YES	NO	Participation in UCSOP Committees
YES	NO	Participation in UCSOP Prospective Student Interviews

### ***Internal Office of Experiential Education Use Only***

Rotation Name \_\_\_\_\_

Pharmacy License (Date added to PharmAcademic) \_\_\_\_\_

Resume/CV (Date added to PharmAcademic) \_\_\_\_\_

Site Affiliation Agreement (Date added to PharmAcademic) \_\_\_\_\_

Preceptor Application (Date Added to PharmAcademic) \_\_\_\_\_

#### ***Experiential Scheduling Group(s) (Select all that apply)***

- IPPE 1 Community
- IPPE 2 Community
- IPPE 3 Institutional
- IPPE 4 Clinical Patient Care
- P4 APPE

#### ***Rotation Category (Select all that apply)***

- IPPE 1 Community
- IPPE 2 Community
- IPPE 3 Institutional
- IPPE 4 Clinical Patient Care
- APPE Acute Care Internal Medicine
- APPE Ambulatory Care
- APPE Community Care
- APPE Institutional Practice
- APPE Selective Clinical
- APPE Selective Management
- APPE Elective