



# AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

*Pharmacists in health systems helping people make the best use of medications*

## PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD\*

Duplicate as needed. *Please type or print all information.*

Date: \_\_\_\_\_

Full Name and Credentials: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Name of Training Site: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### EDUCATION

College or University	Dates	Degree/Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### POSTGRADUATE TRAINING (e.g., residency, fellowship)

Specific Type of Postgraduate Training	Organization	Program Director	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*NOTE:** Please provide **only** the information requested. **DO NOT** submit any other materials (e.g., curriculum vitae or copies of publications) unless asked specifically to do so. Thank you.

**PROFESSIONAL EXPERIENCE**

List your experience in pharmacy practice for the last ten years, most recent record first.

<b>Practice Site</b>	<b>Location</b>	<b>Position and Title</b>	<b>Dates</b>

**Briefly describe your contributions/experiences in the following areas, which correspond to Qualifications of the Residency Program Director and Preceptors, and which can be found in Principle 5 of the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies or the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residencies, as applicable. Program directors and preceptors must demonstrate they have accomplishments in at least 4/7 areas to be professionally qualified preceptors.**

1. Improvements in and contributions to pharmacy practice: (e.g., developing, implementing new services.)

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2. Appointments to drug policy and other committees of the organization:

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3. Recognition by peers as a model practitioner (e.g., board certification, fellow status):

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**4. PUBLICATIONS, PRESENTATIONS, PRODUCTIONS**

<b>Title</b>	<b>Citation/Meeting (Journal, Organization)</b>	<b>Month/Year</b>

5. Regular reviewer of the following (e.g., contributed papers or manuscripts submitted for publication):

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**6. MEMBERSHIP AND SERVICE IN NATIONAL, STATE, AND LOCAL PROFESSIONAL ASSOCIATIONS**

<b>Association</b>	<b>Member, Office Held, or Committee Served</b>	<b>Dates</b>

7. Teaching experience (e.g., precepting residents and/or pharmacy students, inservice lectures, presentations at professional meetings):

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8. **For Residency Program Directors only:** ability to direct and manage a pharmacy practice residency (e.g., prior experiences as a program director and/or preceptor):

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