****

**Preceptor Academic and Professional Record\***

|  |
| --- |
|  |
| Full Name and Credentials:  |
|  |
| Position or Title:  |
|  |
| Are you a Residency Program Director (RPD)? [ ]  Yes [ ]  No If yes, for which type of program are you RPD?[ ]  PGY1 [ ]  PGY2 (specialty area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization/Training Site:  |
| Title of Learning Experience(s) Precepted: |

|  |
| --- |
| **ELIGIBILITY** |

**EDUCATION:**

|  |  |  |
| --- | --- | --- |
| College or University | Dates | Degree/Major |
|  |  |  |
|  |  |  |
|  |  |  |

**ASHP-ACCREDITED RESIDENCY TRAINING** – **Standard 4.2 (if RPD)/Standard 4.5 (if preceptor)**

|  |  |  |  |
| --- | --- | --- | --- |
| Specific Type of Postgraduate Training | Organization | Program Director | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROFESSIONAL EXPERIENCE** (List your experience in pharmacy practice for the last five years, most recent record first.) – **Standard 4.2 (if RPD)/Standard 4.5 (if preceptor)**

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Site | Location | Position and Practice Area | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **QUALIFICATIONS** |

**Briefly describe your contributions/experiences in the following sections:**

**If PGY2 RPD, Please Complete This Section. If not, skip to next section.**

**BPS Certification in advanced practice area - Standard 4.3a**

|  |  |
| --- | --- |
| BPS Certification type | Expiration date |
|  |  |
|  |  |

**Preceptors and RPDs who also serve as preceptors:**

**Content knowledge/expertise in the area(s) of pharmacy practice precepted - Standard 4.6a**

 Note: At least one example in this section must be addressed.

* Any active BPS certification(s)

|  |  |
| --- | --- |
| BPS Certification type | Expiration date |
|  |  |
|  |  |

* Post-graduate fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, MHA, PhD)
	+ Type:
* Completion of Pharmacy Leadership Academy (DPLA)
	+ Date completed:
* Pharmacy-related certification in the area precepted recognized by the Council on Credentialing in Pharmacy (CCP):

*Note: This does not include Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS)*

|  |  |
| --- | --- |
| Certification Type | Expiration date |
|  |  |
|  |  |

* For non-direct patient care areas, nationally recognized certification in the area precepted (see Standard and Guidance for examples)

|  |  |
| --- | --- |
| Certification Type | Expiration date |
|  |  |
|  |  |

* Certificate of completion in the area precepted (minimum 14.5 contact hours or equivalent college credit) from an ACPE-accredited certificate program or accredited college/university (must be obtained or renewed in the last four years)

|  |  |  |
| --- | --- | --- |
| Name of certificate program | Certificate provider | Completion date |
|  |  |  |
|  |  |  |

* Privileging for advanced practice granted by preceptor’s current organization (must include peer-review as part of the renewal process). Privileging for therapeutic substitution protocols or pharmacokinetic protocols WILL NOT be accepted. See Standard and Guidance for privileging criteria required:

|  |  |
| --- | --- |
| Privileging Type | Date granted |
|  |  |
|  |  |

*Note: if privileging is used to meet this section, one copy of organization’s privileging policy, example application packet, and applicable collaborative practice agreements/protocols must be included in packet for ASHP residency accreditation surveys.*

* Subject matter expertise as demonstrated by:

[ ]  Completion of PGY2 residency training in the area precepted PLUS at least **2 years** of practice experience in the area precepted

***OR***

[ ]  Completion of PGY1 residency training PLUS at least **4 years** of practice experience in the area precepted

***OR***

[ ]  Completion of PGY2 residency training NOT in the area precepted PLUS at least **4 years** of practice experience in the area precepted

***OR***

[ ]  At least **5 years** of practice experience in the area precepted

|  |
| --- |
| **contributions to Pharmacy practice** |
| **RPDs and Preceptors:****Contribution to pharmacy practice - Standard 4.3b (if RPD)/Standard 4.6b (if preceptor)*** At least one example in at least one section must be demonstrated.

**AND*** Examples are from the last four years of practice - Examples older than 4 years will NOT be considered.

 **AND*** Do NOT include examples that occurred prior to licensure and/or during residency training – they will NOT be considered.
 |

**Contribution to the development of clinical or operational policies/guidelines/protocols**

* for preceptors, this must be related to the practice area precepted
* for RPDs this can include maintenance and development of residency policies

|  |  |
| --- | --- |
| Narrative | Date of contribution |
|  |  |
|  |  |

**Contribution to the creation/implementation of a new clinical or operational service**

* for preceptors, this must be related to the practice area precepted

|  |  |
| --- | --- |
| Narrative | Date of contribution |
|  |  |
|  |  |

**Contribution to an existing service improvement**

* for preceptors, this must be related to the practice area precepted

|  |  |
| --- | --- |
| Narrative | Date of contribution |
|  |  |
|  |  |

**In-services or presentations to pharmacy staff/other health professionals at organization.** This can be at least 3 different in-services/presentations given in the past 4 years OR a single in-service/presentation given at least annually within the past 4 years.

|  |  |  |
| --- | --- | --- |
| Name of In-service/Presentation | Audience | Date |
|  |  |  |
|  |  |  |
|  |  |  |

 ***(Preceptors CAN use this to meet this section; RPD’s can NOT use this to meet this section – RPDs must meet this in the following section):***

 **Appointments to drug policy or other committees of the organization or enterprise** (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) other residency-related committees:

|  |  |
| --- | --- |
| Committee | Date appointment ended (if not current) |
|  |  |
|  |  |

|  |
| --- |
| **Appointments to Committees (RPDs ONLY)** |
| **Ongoing committee participation - Standard 4.3c**Note: Must include at least one current example |

**Appointments to drug policy or other committees of the organization or enterprise** (e.g., practice setting, college of pharmacy, independent pharmacy) – does not include membership on Residency Advisory Committee (RAC) or other residency-related committees:

|  |  |
| --- | --- |
| Committee | Date appointment ended (if not current) |
|  |  |
|  |  |

|  |
| --- |
| **professional engagement (RPDS and Preceptors)** |
| **Role models ongoing professional engagement - Standard 4.3d (if RPD)/Standard 4.6c (if preceptor)*** At least one example in 3 different sections must be demonstrated

 **AND*** With the exception of examples in the “Lifetime Achievement” section, **all examples must have occurred within the past 4 years** – activities older than 4 years will not be considered.

**AND*** **Do not include examples that occurred prior to licensure and/or during residency training** – they will not be considered (even if within the past 4 years). Exceptions:
	+ Completion of a Teaching Certificate Program may be completed during residency training (provided it was completed within the past 4 years).
	+ Under “Publications in peer-reviewed journals”, publishing your residency project WILL be considered if published post-residency AND you are the lead author (provided it was published within the past 4 years).
 |

**Lifetime Achievement:**

Note: example(s) in the Lifetime Achievement section must designate professional excellence over a career; therefore, the year conferred does not need to be within the past 4 years to count. Examples that constitute Lifetime Achievement include: Fellow status for a national organization or Pharmacist of the Year recognition at state/regional level.

|  |  |
| --- | --- |
| Achievement | Awarding body |
| *Example: FASHP* | *ASHP* |
|  |  |

**Primary preceptor for pharmacy APPE/IPPE students** (does not include precepting residents):

|  |  |
| --- | --- |
| Learning Experience Precepted | Most recent year precepted |
|  |  |
|  |  |

**Classroom/lab teaching experiences for healthcare students** (does not include lectures/topic discussions provided to pharmacy IPPE/APPE students as part of their learning experience at the site)**:**

|  |  |  |
| --- | --- | --- |
| Audience Members | Course/Lecture | Date(s) |
|  |  |  |
|  |  |  |
|  |  |  |

**Service (beyond membership) in national, state, and/or local professional associations:**

|  |  |  |
| --- | --- | --- |
| Name of Association | Office Held, Committee Served  | Date(s) |
|  |  |  |
|  |  |  |
|  |  |  |

**Presentations or posters at local, regional, and/or national professional meetings** (co-authored posters with students/residents are acceptable). Do not include presentations or posters during residency training.:

|  |  |  |
| --- | --- | --- |
| Title | Professional Meeting | Month/Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Completion of a teaching certificate program** *(may be completed during residency if completed within the last 4 years).*

|  |  |  |
| --- | --- | --- |
| Name of Program | Sponsor | Date completed |
|  |  |  |

**Providing preceptor development to other preceptors at the site:**

|  |  |
| --- | --- |
| Title | Month/Year |
|  |  |
|  |  |
|  |  |

**Evaluator at state/regional residency conferences; poster evaluator at professional meetings; evaluator at other local/regional/state/national meetings; CV reviewer/mock interviewer for local/regional/state/national organizations; and/or ASHP RPD Mentor (RPD only)**:

|  |  |
| --- | --- |
| Conference/Meeting | Date(s) |
|  |  |
|  |  |
|  |  |

**Publications in peer-reviewed journals or chapters in textbooks:**

|  |  |  |
| --- | --- | --- |
| Title | Name of Journal/Book | Month/Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Formal reviewer of submitted grants or manuscripts.** (Do not include review of posters/presentations/publications authored by staff/residents within your organization):

|  |  |
| --- | --- |
| Journal Name/Type | Date(s) |
|  |  |
|  |  |
|  |  |

**Participant in the provision of a wellness program(s), health fair(s), health-related consumer education class(es), and/or employee wellness/disease prevention program(s)** (e.g., can be within the organization, community, schools, places of worship):

|  |  |  |
| --- | --- | --- |
| Type of Program | Sponsor or setting | Date of last participation |
|  |  |  |
|  |  |  |
|  |  |  |

**Community service related to professional practice** (e.g., free clinic, medical mission trip):

|  |  |
| --- | --- |
| Type of activity | Dates |
|  |  |
|  |  |
|  |  |

**Professional consultation to other health care facilities or professional organizations** (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor):

|  |  |
| --- | --- |
| Type of activity | Dates |
|  |  |
|  |  |
|  |  |

**Awards or recognitions at the organization or higher level for patient care, quality, or teaching excellence not included in any other section** (please describe type and date of recognition and the approximate number of recipients per year):

|  |  |  |  |
| --- | --- | --- | --- |
| Award/recognition | Awarding body | Date | Number of recipients per year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
|  |

**For preceptors that do not meet Standards 4.6a, 4.6b, and/or 4.6c (Qualifications, Contributions to [Pharmacy] Practice, and/or Professional Engagement):** attach individualized preceptor development plan showing how this preceptor will meet Standards 4.6a, 4.6b, and 4.6c within two years **- Standard 4.6d.**