



PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD*

Full Name and Credentials:

Position or Title:

Organization/Training Site:

Title of Rotation(s) Precepted:

EDUCATION

College or University	Dates	Degree/Major

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

Specific Type of Postgraduate Training	Organization	Program Director	Dates

PROFESSIONAL EXPERIENCE (List experience in pharmacy practice for the last ten years, most recent record first.)

Practice Site	Location	Position and Title	Dates

Briefly describe your contributions/experiences in the following sections, which correspond to Residency Directors' Qualifications or Preceptors' Qualifications, and can be found in Standard 3 of the *ASHP Accreditation Standard for International Pharmacy Practice Residency Programs*. Refer to the *Guidance Document for the ASHP Accreditation Standard for International Pharmacy Practice Residency Programs* for additional information on residency program director and preceptor qualifications.

1. Recognition in the area of pharmacy practice for which you serve as a preceptor. (A minimum of one example in this section must be addressed)

Active BPS Certification(s): _____

Active Multidisciplinary Certification(s): _____

Fellow Status: _____

Awards/Recognition: _____

Additional Degrees related to practice area (e.g., MS, MBA, MHA): _____

Other certifications/traineeships related to practice area: _____

Describe skills and experience that led to you being selected as a preceptor for the areas precepted: _____

2. An established, active practice for which you serve as preceptor. (A minimum of one example in this section should have been demonstrated within the past 5 years)

Contribution to the development of clinical or operational policies/guidelines/protocols (Narrative):

Contribution to the creation/implementation of a new clinical service or service improvement initiative (Narrative):

Appointments to drug policy and other committees of the organization (e.g., practice setting, college of pharmacy):

Committee	Activities	Chair or participant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Ongoing professionalism, including your personal commitment to advancing the profession.**
(At a minimum one example in this section must be demonstrated within the past 5 years)

Membership and Service in National, State, and/or Local Professional Associations:

Association	Member, Office Held, or Committee Served	Dates

Publications, Presentations, Posters, Other Productions (Self or Co-Authored) within the past 5 years:

Title	Citation/Meeting (Journal, Organization)	Month/Year

Regular reviewer of contributed papers, grants, or manuscripts submitted for publication within the past 5 years:

Journal Name/Type	Numbers of Reviews	Date(s)

Regular moderator or evaluator at a regional residency conference or other meetings, or other similar roles within the past 5 years:

Conference/Meeting	Description	Date(s)

Pharmacy Student/Technician/Staff/Healthcare Provider/Preceptor Development/Patient/Consumer Education Teaching Experience within the past 5 years:

Audience Members	(Rotation/Course/In-service/Lecture)	Date(s)

Faculty/Instructor Appointment

Date	Name of Institution

Teaching Certificate Program, Sponsor and Date, if completed:

Participant in Wellness Programs, Health Fairs, or other Disease Prevention Programs:

Type of Program	Sponsor or Setting	Dates or Frequency

Other Service to the Health Care Organization(s) or Academic Institution(s) (Narrative):

4. **For Preceptors-in-training only: a preceptor development plan has been created for this individual to meet eligibility, responsibility, and qualifications requirements in two years and is attached to this form.**

List the qualified preceptor(s) assigned as an advisor or coach:

5. **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) (Narrative):**
