



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

| Specific Type of Postgraduate Training | Organization | Program Director | Dates |
|--|--------------|------------------|-------|
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PROFESSIONAL EXPERIENCE (List experience in pharmacy practice for the last ten years, most recent record first.)

| Practice Site | Location | Position and Title | Dates |
|---------------|----------|--------------------|-------|
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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 |
|-------------|--|-------|
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Publications, Presentations, Posters, Other Productions (Self or Co-Authored) within the past 5 years:

| Title | Citation/Meeting (Journal, Organization) | Month/Year |
|-------|--|------------|
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Regular reviewer of contributed papers, grants, or manuscripts submitted for publication within the past 5 years:

| Journal Name/Type | Numbers of Reviews | Date(s) |
|-------------------|--------------------|---------|
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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) |
|--------------------|-------------|---------|
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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) |
|------------------|--------------------------------------|---------|
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Faculty/Instructor Appointment

| Date | Name of Institution |
|-------|---------------------|
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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 |
|-----------------|--------------------|--------------------|
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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):**
