

Appendix A

Application for becoming a UTEP School of Pharmacy Preceptor

Thank you for your interest in becoming a preceptor for the UTEP School of Pharmacy. Your commitment is important to the development of our students and advancement of our program. Please complete Sections A and B and send electronically to Adrianna Leyva at amleyva@utep.edu.

Section A

Name and specialty:	
Date of Birth (mm/dd/yyyy)*:	UTEP Alumni*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address*:	Business Site:
Home Phone Number:	Business Address:
Preferred Email:	Business Phone Number
Preferred communication: <input type="checkbox"/> Home <input type="checkbox"/> Business	
I am interested in hosting P1/P2 students during the Introductory Professional Practice Experience (IPPE) : <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer is yes, please indicate which IPPE you would like to host students in: <input type="checkbox"/> Inpatient <input type="checkbox"/> Community <input type="checkbox"/> Other: _____	
I am interested in hosting P3/P4 students during the Advanced Professional Practice Experience (APPE) : <input type="checkbox"/> YES <input type="checkbox"/> NO If the answer is yes, please indicate which APPE you would like to host students in: <input type="checkbox"/> Inpatient General Medicine <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Hospital Pharmacy <input type="checkbox"/> Elective (please list type of rotation): _____	

*Per UTEP Human Resources, this field is required in order to grant preceptor access to UTEP resources. During this process, you may be contacted by Human Resources to provide additional information (i.e., social security number)

Section B

Send an updated copy of your Curriculum Vitae or resume

Thank you for your commitment to our students and dedication to the advancement of pharmacy practice!

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