

HOWARD UNIVERSITY - COLLEGE OF PHARMACY EXPERIENTIAL PROGRAM

Preceptor Form

Title _____ First Name _____ Middle _____ Last Name _____

Credentials _____ RPh _____ PharmD _____ PhD _____ Other _____

Personal Information

Personal E-Mail Address _____

Experiential Site Information

Experiential Site Name _____

Web Address _____ Department/Clinic _____

Site Address _____

Site Address #2 _____

City _____ State _____ Zip _____

E-Mail Address _____ Telephone Number _____

Job Title _____

Professional Responsibilities _____

Board Certification and/or Specialty, if applicable _____

Professional Organizations _____

Type of Pharmacy Practice Experience (please check all that applies):

Community Pharmacy Experience:	Introductory Pharmacy Practice Experience I _____	Advanced Pharmacy Practice Experience: _____
Ambulatory Care Experience	_____	Area of specialty/Patient type: _____
Inpatient Medicine	_____	
Clinical Specialty	_____	Area of specialty/Patient type: _____
Health Systems (i.e. hospital management/leadership)	_____	
Elective	_____	Type of Elective _____

Introductory Pharmacy Practice Experience II	_____	

Please complete form and return with Curriculum Vitae and a copy of your pharmacy license to

Dr. Jamila J Jordan – Director Experiential Programs

Fax (202) 806-9186 E-mail – jamila.jordan@howard.edu