

# Introductory Pharmacy Practice Experience (IPPE) Community Service Fall 2017 - Verification Form

MUST BE COMPLETED IN INK AND FILLED OUT COMPLETELY

Student Name (print): \_\_\_\_\_ EID: \_\_\_\_\_

Pharmacy Year (circle one): P1 P2 P3

Event Type (check one):  KYM or Project Collaborate  other\* (please describe)

\*Other must be a previously approved event. The sponsor of the program or the student must submit the proper request at least 3 weeks prior to the event. See CANVAS or your Syllabus for further clarification.

Event name: \_\_\_\_\_

Location: \_\_\_\_\_

Date of experience: \_\_\_\_\_ Total hours claimed: \_\_\_\_\_

Preceptor Initials (approving hours): \_\_\_\_\_

**For the Pharmacist/Organizer:** Your signature certifies that the student has satisfactorily participated in this activity and the dates and times attended are accurate. *(Please initial hours above)*

This student was not paid for the time he/she participated in this activity.

Signature: \_\_\_\_\_

Preceptor's Name (Print Clearly): \_\_\_\_\_

**For the student:** By signing this form, I verify my attendance at this activity and the accuracy of the hours documented. **I have NOT counted these hours toward the requirements of any other course.**

Student's Signature: \_\_\_\_\_

*This form should be completed and signed at the conclusion of the experience. Upload to the appropriate assignment in CANVAS by the due date indicated in the syllabus. Incomplete documents will not be accepted. Please see the course syllabus and FAQs for specifics.*