

PRECEPTOR PROFILE
FOR USE AT COLLEGE OF PHARMACY STUDENT ORGANIZATION EVENTS



Thank you for volunteering to be a pharmacist preceptor at a College of Pharmacy Student Organization event. You are providing a vital service to students within the college by helping students make the transition from classroom knowledge to worksite experience.

Please type directly onto this form in the shaded areas.

COLLEGE OF PHARMACY
THE UNIVERSITY OF TEXAS AT AUSTIN

UT EID _____
Texas Pharmacist
Registration No. _____

Texas Preceptor? Yes

(1) Name _____

(2) Business Address _____
(Pharmacy Name) _____
(Address Line 1) _____
(Address Line 2) _____
(City) _____ (State) _____ (Zip) _____

(3) Business Telephone _____ Business Fax _____

(4) E-mail Address _____

(5) Current Position _____ Since _____
(Mo./Yr.)

(6) Preferred Mailing
Address
(if different from above) _____
(Street) _____
(City) _____ (State) _____ (Zip) _____

(7) Other Phone _____

EVENT INFORMATION: TO BE FILLED OUT BY STUDENT

(8) Event Name _____

(9) Event Address _____ Date of Event _____
(Contact Person's Name) _____ (MM/DD/YY) _____
(Address Line 1) _____
(Address Line 2) _____
(City) _____ (State) _____ (Zip) _____

(10) Business Telephone _____ Business Fax _____

For Office Use Only:

License and Preceptor Status Verified by ASP Advisor.
Print and attach license verification to this form.
Verification available at:

Date: _____ http://www.tsbp.state.tx.us/DBSEARCH/pht_search.asp Advisor Initials: _____