

**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 \_\_\_\_\_

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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](http://www.tsbp.state.tx.us/DBSEARCH/pht_search.asp) Advisor Initials: \_\_\_\_\_