

INTRODUCTORY EXPERIENTIAL EDUCATION RANKING FORM

This form must be filled out *prior* to starting your rotation and submitted to the Office of Experiential Education. Duplicate copies of these forms can be found on the pharmacy website as well as in the Experiential Office.

INTRODUCTORY EXPERIENTIAL EDUCATION RANKING FORM 50 IPPE Hours at One Site

Circle One: P3 P4 P5

Fall, 2010 _____ Spring, 2011:

Student Name: _____ Student Email Address: _____

First Ranked Choice:

Second Ranked Choice:

Name of Preceptor: _____

Name of Preceptor: _____

Preceptor Phone Number: _____

Preceptor Phone Number: _____

Site Name: _____

Site Name: _____

Site Address: _____

Site Address: _____

UF Approval: _____

UF Approval: _____

Disclaimer: I acknowledge that necessary information such as date of birth and last four digits of my social security number, background check or other related personal information may be required by a site and the Experiential Education office will provide that information as requested to the site.

Student Signature: _____ Date: _____

Office Use: AA _____ App on File _____ RXP _____ Contacted _____