

Mercer University College of Pharmacy and Health Sciences
Office of Experiential Education
3001 Mercer University Drive
Atlanta, GA 30341-4155
Office: 678-547-6224
Fax: 678-547-6364

Affiliate Profile

Date _____

First Name _____ MI _____ Last Name _____

Job Title _____ Gender M _____ F _____

Facility _____

Work Address _____

City _____ State _____ ZIP _____

Office Phone _____ FAX _____

Pager _____ PIN _____ Cell _____

Preferred Email Address _____

Alternate Email Address _____

Type of practice (e.g. Community, Primary Care, Inpatient, etc) _____

Specialty (Community, Oncology, Critical Care, etc) _____

Education/Degrees

Institution Attended	Dates Attended	Degree

Post Graduate Training (Residency, Fellowship, etc)

Post-Graduate Program	Dates Attended	Completion Date

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Employment History

Position	Employer	Dates

Professional Licensure – Please provide a copy with this form.

State Where Licensed to Practice	License Number

Site Information (Highlight or check your response)

Does your site have Internet access? Yes No

Are you a preceptor for other schools or colleges of Pharmacy? Yes No

If yes, which schools or colleges _____

Time the student is expected to be at the site (e.g. Mon-Fri- 7:00-5:00) _____

Do you provide a work/study area for the student? Yes No

Do you provide an area for the students to store belongings? Yes No

Average amount of time you have to spend with the student on a daily basis _____

Please provide descriptive information about your practice site so students can make informed choices about rotation assignments. Briefly describe the type of experience a student would have at your site and indicate any special features that make your rotation experience unique.

List 3 major learning objectives that your rotation can provide students.

1.	
2.	
3.	

Skip this section if your site already has our students on rotations.

Personnel with whom student will rotate on your rotation. Highlight or check all that apply →	BS Pharmacist	Pharm Techs
	Pharm D	Clerks
	Pharm Resident/Fellows	MD
	MS	PA or NP
	PhD	Others - specify
Clinical/Professional Services Highlight or check the area(s) that you provide service in: →	Ambulatory care clinic	Pharmaceutical Industry
	Community Hospital	Critical Care Unit
	Teaching Hospital	Health Department
	Tertiary Hospital	Physician's office
	Chain Pharmacy	Government
	Independent Pharmacy	Mental Health Facility
	Long term care facility	Pharmacokinetic monitoring
	Clinical research	P&T Committee functioning
	Drug information center	Pharmacy newsletter
	Drug utilization reviews	Poison Control Center
	Health screening clinic	OTC counseling
	Patient discharge consult	Disease state management
	Pharmacist involved on code teams	Immunizations
	Pharmacist involved on daily rounds	Nutrition support
	Pediatrics – inpatient	Oncology
	Pediatrics – outpatient	Cardiology
Medicine service	Consultant Rx	
Primary Care	Nuclear	
	Other services:	
IV Admixture Programs Highlight or check your responses →	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable to this site Computer supported <input type="checkbox"/> Yes <input type="checkbox"/> No TPN Compounding <input type="checkbox"/> Yes <input type="checkbox"/> No Approximate # Units/Day <input type="checkbox"/> <50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-200 <input type="checkbox"/> 200-300 <input type="checkbox"/> >300	
	Approximate # of orders/prescriptions filled per/day If applicable Highlight or Check Your Responses →	
	<input type="checkbox"/> <50 <input type="checkbox"/> 301-500 <input type="checkbox"/> 50-100 <input type="checkbox"/> >500 <input type="checkbox"/> 101-300 <input type="checkbox"/> N/A	
Number of RPh's per shift responsible for the above orders/prescriptions:		
Number of techs per shift responsible for the above orders/prescriptions:		
Distribution Systems Highlight or Check All That Apply →	<input type="checkbox"/> Computer supported <input type="checkbox"/> Unit Dose <input type="checkbox"/> Floor stock <input type="checkbox"/> Robotics <input type="checkbox"/> Bulk packaged, multiple days supply sent to nursing unit for each patient	

Thank you. Please email (stevens_jm@mercer.edu) or fax (678-547-6364) to us along with a copy of your current state pharmacist's license and your CV.