EXPERIENTIAL PHARMACY EDUCATION PROGRAM

Preceptor Biographical Profile

The following preceptor data will be used by the Faculty Affairs Committee to consider appointment or reappointment of adjunct faculty preceptors at the proposed rotation site.

Please complete this data form and return to:

Denise Soltis, R. Ph.
Director of Pharmacy and Experiential Programs
Drake College of Pharmacy
2507 University Avenue
Des Moines, IA 50311
Fax: 515.271.4569

General Information

Date	
First Name*	
M.I.*	
Last Name*	
Maiden Name	
Title	
Employer/Practice Site	
Address	
City, State, Zip	
Work Phone	
Fax	
Email	
Home Address*	
City, State, Zip*	
Home Phone*	
Date of Birth*	
Banner ID (if available)*	

Education

	Degree	Institution	Dates Attended
Undergraduate			
Graduate			
Certifications			

Licensure

State	License #

*This information must be included to be eligible to receive a Banner ID for adjunct privileges at Drake University.

Teaching Experience (include dates, student precepting, other teaching experience)

Dates	***Description***

Research Experience

Dates	***Description***

Publications

Dates	***Description***

Professional Activities (membership in professional associations, membership on association committees, service with health boards or agencies, etc.)

Dates	***Description***

Community Services (voluntary activities for charity organizations, community organizations, etc.)

Dates	***Description***

Presentations

Dates	***Description***

Honors/Awards Received

Dates	***Description***

Please attach additional information as needed or submit a current CV to address categories above.