



## Preceptor Affiliation Agreement

Preceptor's Printed Name: \_\_\_\_\_

Preceptor Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Husson University School of Pharmacy agrees to work closely with individual preceptors to support their needs as volunteer pharmacy practice preceptors. The Chair of the Department of Pharmacy Practice, or the Operations Manager of Experiential Education (EE), will manage efforts for scheduling students each year with the Preceptor. Husson University School of Pharmacy will also provide a direct link with the University and its resources (preceptor development training programs, on-line resources, and standard rotation manuals). If any questions or concerns arise, please contact any one of us: Ronald Reed, BS, RPh, PharmD, Professor and Chair, at 207-992-1957, or Katie Braggins, EE Operations Manager at 207-992-1974, or Greg Cameron, BS, RPh, 207-592-8272.

I agree to serve as a Preceptor for the School of Pharmacy, Husson University.

Circle One

☐ I will commit to take 1; 2; >2 students annually for introductory pharmacy practice experiences (IPPE).

Circle One

☐ I will commit to take 1; 2; >2 students annually for advanced pharmacy practice experiences (APPE).

In accordance with this agreement, I understand and agree to the following expectations:

1. I will provide an orientation for the student, includes the facility/personnel/review of a rotation manual.
2. I will provide site-specific learning objectives, in concert with those provided by the Chair or Operations Manager, EE.
3. I will perform a Mid-point & Final evaluation of the student, both verbally and in writing, using Forms from Husson.
4. I *may* be asked to grade the student based on the assessment tools provided, with help of a member of the EE office.
5. I will ensure that less than twenty percent of the student's time will be spent in dispensing/technician functions (advanced practice experiences only).
6. This agreement shall automatically renew annually unless one or both parties agree to termination.

Husson University School of Pharmacy values the role of the pharmacy practitioner in the provision of excellent real-world experiences for our students. Your participation as a preceptor is vital to our program and greatly appreciated.

\_\_\_\_\_  
Preceptor Signature (Date)

\_\_\_\_\_  
Member, Experiential Education Office (Date)

**SCHOOL OF PHARMACY**  
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