



HUSSON

Preceptor Affiliation Agreement

Preceptor: _____

Site: _____

Address: _____

City: State: Zip: _____ Contact #: _____

Email: _____

Husson University School of Pharmacy agrees to work closely with individual preceptors to support their needs as volunteer pharmacy practice preceptors. The Director of Experiential Education will coordinate efforts for scheduling students each year and provide a direct link with the University and its resources (preceptor development training programs, on-line resources, and standard rotation manuals). If questions or concerns arise please contact Dr. Ahmed Abdelmageed at 207-992-1960.

Please feel free to fax this form back to 207-992-1954.

I agree to serve as a preceptor for Husson University School of Pharmacy.

Circle One

I will commit to take a minimum of students annually for practice introductory experiences (IPPE).

Circle One

I will commit to take a minimum of students annually advanced 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 that includes orientation to the facility and personnel and review of the rotation manual.
2. I will provide site specific learning objectives.
3. I will perform a Mid-point and Final evaluation of the student. This evaluation will be done both verbally and in writing.
4. I will grade the student based on the assessment tools provided.
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)

Director of Experiential Education (Date)