



UNT SYSTEM COLLEGE OF PHARMACY

**Preceptor Profile Form**

**Please complete and send via:**

Mail: Assistant Dean for Experiential Education  
UNT System College of Pharmacy  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107

Fax: 817-735-2603  
Email: ([Lisa.Worrall@unthsc.edu](mailto:Lisa.Worrall@unthsc.edu))  
Office: 817-735-2084

Name:		
Place of Employment/Position/Title:		
Business Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Home Address:		
City:	State:	Zip:
Phone:	Cell Phone:	Email:
Prefer contact via:		
Current TX License Number:		Certified preceptor in TX:
Other State Pharmacist License Number(s):		
How many years of pharmacy practice experience have you had?		
How many years of experience do you have precepting pharmacy students?		
What types of experiential rotations have you precepted?		
Please list any dates you will be unavailable to precept students:		

**EDUCATION AND TRAINING**

List degree(s) in pharmacy with university name and year of graduation	
Name, location and dates of training program:	
Type of program:	ASHP accredited:
Name, location and dates of training program:	
Type of program:	ASHP accredited:
List any certifications with time period or expiration date:	
List any certificate training programs you have completed (CPR/ACLS, Immunizations) with time period or expiration date:	
Please list current memberships in professional pharmacy organizations:	
Please list any professional honors or achievements:	