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| **Preceptor Recommendation Form**    A colleague of yours has shown interest in becoming a preceptor for University of Houston College of Pharmacy students on Advanced Pharmacy Practice Experiences (APPEs) and/or Introductory Pharmacy Practice Experiences (IPPEs). Please complete the following recommendation form with information about the potential preceptor. This information will be very useful to the Office of Experiential Programs in making sure we have knowledgeable, qualified pharmacists as preceptors for our students.    **This recommendation is for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Reference Writer Contact Information  Reference’s Name (last, first, credentials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you a Registered TX Pharmacy Preceptor? YES or NO  I have known the applicant for approximately \_\_\_\_\_\_\_\_\_\_\_\_ MONTHS or YEARS  I know the applicant: Very Well Moderately Well Well I do not know this applicant  My relationship to the applicant was (or is) in the following capacity:  FRIEND COLLEAGUE PRECEPTOR MANAGER  OTHER (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please fill out the following table with your assessment of the applicant for each of the characteristics listed below. The characteristics should be evaluated based on how the applicant compares to what you would expect out of a knowledgeable, appropriate and effective preceptor. (Place “X” in appropriate column) | | | | | |
| Characteristic Evaluated | Exceeds Expectations | Appropriate | Fails to Meet Expectations | N/A or Not observed |
| Pharmacy Knowledge base |  |  |  |  |
| Oral Communication Skills |  |  |  |  |
| Written Communication Skills |  |  |  |  |
| Leadership/Mentoring Skills |  |  |  |  |
| Teaching Abilities |  |  |  |  |
| Professionalism |  |  |  |  |
| Emotional stability and maturity |  |  |  |  |
| Pharmacy Motivation |  |  |  |  |
| *Please use this space to provide any additional information about this applicant, or to comment on any of the characteristics from the table above.*    **Please email completed form to uhcopexp@uh.edu** | | | | |