



XAVIER UNIVERSITY OF LOUISIANA
 College of Pharmacy
PROFESSIONAL EXPERIENCE PROGRAM
 1 Drexel Drive *New Orleans, Louisiana 70125-1098
 Office (504) 520-7605 Fax (504) 520-7486
 E-mail: xupep@xula.edu

XUCOP PRECEPTOR PROFILE

Last Name: _____ First Name: _____

Pharmacy License #: _____ State: _____

Academic Degree: _____ Other Credentials: _____

Site Information (Please attach a brief description)

Site Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Site License #: _____ Renewal Date: _____

Type of Practice: (Check One)

Community (Chain): _____ Community (Independent): _____ Institutional (Hospital): _____

Long Term Care: _____ AmCare: _____ Government Pharmacy: _____ Home Infusion: _____

Internal Medicine: _____ Other: (Please Describe) _____

Approximate number of prescriptions/medication orders filled daily: _____

Hours of Pharmacy Operation: _____

Maximum number of **APPE** students you can precept per 6 week period: _____

Maximum number of **IPPE** students you can precept per semester (16 weeks): _____

Do you have internet access at your pharmacy? No: _____ Yes: _____

E-mail address: _____

How long have you been involved in the Professional Experience Program at Xavier? _____

Are you a preceptor for any other Pharmacy School? No: _____ Yes: _____

If yes, give name of school(s): _____

Please include a copy of your current registration with this form and send both to the Professional Experience Program office by fax @ (504) 520-7486.

Signature: _____ Date: _____

****I agree to perform online student evaluations as required according to the XUCOP Rotation Calendar.***