HOWARD UNIVERSITY - COLLEGE OF PHARMACY EXPERIENTIAL PROGRAM

Preceptor Form		
TitleFirst Name	Middle	_Last Name
CredentialsRPhPharm	DPhD	Other
Personal Information		
Address		
City	State	Zip
E-Mail Address	Teleph	none Number
Experiential Site Information		
Experiential Site Name		
Web Address	Depar	tment/Clinic
Site Address		
City	State	Zip
E-Mail Address	_Telephone Number	Fax Number
Job Title		
Professional Responsibilities		
Have you ever completed any preceptor training? (i.e. Live CE, Pharmacist Letter, etc.) Yes No		
Please Explain(Include Dates)		
Board Certification and/or Specialty, if applicable		
Professional Organizations		
Board Certification and/or Specialty, if applicable		

Please complete form and return with Curriculum Vitae to
Dr. Tamara Foreman - Co-Director Experiential Programs
Fax (202) 806-4478 E-mail – tamara.foreman@howard.edu