

# ADVANCED PHARMACY PRACTICE EXPERIENCE PROPOSAL

## FORM INSTRUCTIONS

- Please provide a description of your proposed advanced pharmacy practice experience, using the following format.
- Complete additional supporting documents included in Advanced Pharmacy Practice Experience Proposal packet (see attached).
- Send the completed proposal, preceptor resume, and additional supporting documents to:

Raquel Rodriguez, Ph.D.  
Office of Experiential Education  
College of Pharmacy  
5-120 Weaver-Densford Hall  
308 Harvard Street SE  
Minneapolis, MN 55455

- If you have questions, please contact:

Raquel Rodriguez, Ph.D.  
Director, Office of Experiential Education  
Office: 612-626-1163  
E-mail: [rodre001@umn.edu](mailto:rodre001@umn.edu)

## PROPOSAL FORMAT

### INSTITUTION INFORMATION

- Physical facility
- Description of services provided
- Student work space
- Access to data/libraries
- Journal club/support groups
- Other (break areas and amenities, parking)

### PRECEPTOR INFORMATION

- Include copy of RESUME/CURRICULUM VITAE
- Current position
- Past work experience
- One-on-one teaching time (i.e., 25%)
- Physical location of preceptor to student on site

### LEARNING GOALS AND OBJECTIVES

- Detailed list of learning goals and objectives

## **LEARNING ACTIVITIES AND RESPONSIBILITIES**

- Detailed list of learning activities that DIRECTLY relate to Learning Goals and Objectives.

## **STUDENT ASSESSMENT**

- Description of ongoing method of student evaluation
- Minimum requirement: Final Evaluation (formal)
- Desired: Midpoint Evaluation (informal)

## **ADDITIONAL INFORMATION**

- Advanced Practice Experience prerequisites
- Hours student will be expected to be on site (i.e., daytime/evening hours, weekday/weekend hours)
- Student on-call responsibilities
- Student vehicle/transportation requirements
- Preceptor contact information (i.e., name, office address, phone number, e-mail address)
- Directions to Advanced Practice Experience site