

IPPE/APPE STUDENT INTRODUCTION FORM

Student Name: _____

Year in School (P2, P3, P4): _____

1. Previous pharmacy volunteer experience (including site name, length of time, and hours/week):
2. Previous pharmacy work experience (including site name, length of time, and hours/week):
3. Previous IPPE/APPE rotation experience (include site name and total rotation hours):
4. Pharmacy-related areas in which I feel most confident:
5. Pharmacy-related areas in which I feel least confident:
6. My strengths:
7. My weaknesses and/or challenges:
8. Areas of pharmacy in which I am most interested:
9. My plans/goals after graduation:
10. Overall, this is what I would like to gain from this rotation:
11. Any other information my preceptor should know to best individualize the rotation (e.g. personal issues, scheduling/transportation issues, etc):