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):