

UW SCHOOL OF PHARMACY
CLINICAL INSTRUCTOR APPLICATION
(REV 7/14/2020)

NAME _____
Last Middle Initial First

DOB _____ GENDER _____ SS# _____
(DOB and SS# required)

NAME OF PRACTICE SITE* _____

*IF SITE IS AN INSTITUTION – PLEASE SPECIFY UNIT _____

YOUR POSITION _____

_____ Home Address Work Address

_____ City/State/Zip City/State/Zip

_____ Telephone Telephone

_____ **Email Address REQUIRED** Fax

*Our distribution list uses email addresses

ACADEMIC DEGREES UNIVERSITY DATE CONFERRED

ADDITIONAL TRAINING OR CERTIFICATION (eg Residency, BLS, Immunization)

AREA OF EXPERTISE

PROFESSIONAL ORGANIZATIONS

PROFESSIONAL LICENSE _____ (RPh, RN, MD, OTHER)

LICENSE NUMBER _____ STATE _____

ORIGINAL DATE OF LICENSURE _____ (month/year)

I have / have not (please circle) previously been appointed as a UW Clinical Instructor.

PLEASE INDICATE ALL THAT APPLY TO YOU:

X = YES

- Have a pharmacist license for at least one year (exception for residents)
- Practiced at your pharmacy site for at least 6 months (exception if moved within the same organization)
- Practice full time (32 hours / week)
- Obtained 30 hours of CE in the past 24 months

PLEASE INDICATE ALL THAT APPLY TO YOUR PRACTICE SITE:

X = YES

- Maintain electronic patient medication profiles
- Access to electronic medical records
- Provide patient consultation
- Provide consultation to other health care providers
- Maintain a pharmacy reference library
- Pharmacy conforms to all legal and ethical standards of pharmacy practice
- Pharmacy has been licensed for at least one year
- Student housing is available; If yes Contact name and email: _____

PLEASE INDICATE WHICH CLERKSHIP (S) YOU WOULD LIKE TO APPLY FOR:

X = YES

- APPE Acute Inpatient Clerkship
- APPE Health-System Pharmacy Clerkship
- APPE Ambulatory Clerkship
- APPE Community Pharmacy Clerkship
- APPE Elective Pharmacy Practice Clerkship
- IPPE Hospital Clerkship
- IPPE Community Clerkship
- IPPE Elective Clerkship
- Resident – Integrated Pharmacotherapy Skills Lab

I certify the above information is true to the best of my knowledge.

Signed

Date

Please allow 7-10 days for your application to be processed.

Please return to: UW School of Pharmacy - Experiential Education

Call Tina Rundle at 608-262-4842 for
directions on submitting until July 27, 2020
**STARTING JULY 27, 2020 FAX TO
608-265-5421 which is a secure fax number.**

MAK _____

TMR _____

C:

S:

PC:

R:

D:

V: