Site Availability for Advanced Pharmacy Practice Experiences (APPE)
Marshall University School of Pharmacy 2015-2016

Site Name & Site Address	
Contact Person **Phone #** **E-mail address**	
Additional Information (i.e. only 2 students per month, housing available, prerequisites, etc)	

Instructions:

1. Enter rotation type (General Medicine, Ambulatory Care/Primary Care, Advanced Community, Advanced Institutional, Geriatrics, Diverse Populations, or elective (Pediatrics, ICU/CCU, Drug Information, Organizational Management, Pharmacy Management, etc.)
2. Designate pharmacist preceptor responsible for rotation
   a. List yourself if you want all student contact to come through you
   b. If there is more than one preceptor for rotation type, please list their availability on a second, third, or other line.
   c. Designate number of rotations available for each month making sure to mark a 0 for the months you cannot take students
3. Return completed form via email attachment (ricerh@marshall.edu, craig.kimble@marshall.edu, or rstanton@marshall.edu), phone **(304-696-7353)** or fax **(304-696-7309),** or through the mail.
4. Please also send a rotation description or syllabus (if site specific).

Rotation Type	**Preceptor Name**	**Block 1** 5/18/15 – 6/19/15	**Block 2** 6/22/15 – 7/24/15	**Block 3** 7/27/15 – 8/28/15	**Block 4** 8/31/15 – 10/2/15	**Block 5** 10/5/15 – 11/6/15	**Block 6** 11/9/15 – 12/11/15	**Block 7** 1/11/16 – 2/12/16	**Block 8** 2/15/16 – 3/18/16	**Block 9** 3/21/16 – 4/22/16
Example: Hospital Pharmacy	Example: John Doe, R.Ph.	0	0	1	1	1	0	0	1	1