XAVIER UNIVERSITY OF LOUISIANA
College of Pharmacy
PROFESSIONAL EXPERIENCE PROGRAM
1 Drexel Drive *New Orleans, Louisiana 70125-1098
Office (504) 520-7605 Fax (504) 520-7486
E-mail: xupec@xula.edu

XUCOP PRECEPTOR PROFILE

Last Name: ________________________________ First Name: ________________________________

Pharmacy License #: __________________________ State: __________________________

Academic Degree: __________________________ Other Credentials: __________________________

Site Information (Please attach a brief description)

Site Name: ______________________________________________________________________

Site Address: ____________________________________________________________________

City: __________________________ State: ___________ Zip: __________

Telephone #: __________________________ Fax #: __________________________

Site License #: __________________________ Renewal Date: __________________________

Type of Practice: (Check One)

Community (Chain): _____ Community (Independent): _____ Institutional (Hospital): _____

Long Term Care: _____ AmCare: _____ Government Pharmacy: _____ Home Infusion: _____

Internal Medicine: _____ Other: (Please Describe) ________________________________

Approximate number of prescriptions/medication orders filled daily: __________________________

Hours of Pharmacy Operation: ________________________________

Maximum number of APPE students you can precept per 6 week period: __________________________

Maximum number of IPPE students you can precept per semester (16 weeks): __________________________

Do you have internet access at your pharmacy? No: _____ Yes: _____

E-mail address: ________________________________________________________________

How long have you been involved in the Professional Experience Program at Xavier? ____________

Are you a preceptor for any other Pharmacy School? No: _____ Yes: _____

If yes, give name of school(s): ________________________________________________

Please include a copy of your current registration with this form and send both to the Professional
Experience Program office by fax @ (504) 520-7486.

Signature: __________________________ Date: __________________________

*I agree to perform online student evaluations as required according to the XUCOP Rotation Calendar.