

Philadelphia College of Pharmacy
Advanced Pharmacy Practice Experience (APPE) Faculty

2008 – 2009 Participation Estimate

Preceptor Name:	[M] [F]
Facility (site):	
Department:	
Title:	
Facility Address:	
City, State, ZIP:	
Office Phone:	
Office FAX:	
E-Mail	
Rotation Type:	
Speciality:	

The following rotation periods will be acceptable for student assignments at my facility:

Check line:

SUMMER 2008
__ Rotation #1 (5/19 – 6/20, 2008) and maximum student load _____
__ Rotation #2 (6/23 – 7/25, 2008) and maximum student load _____
__ Rotation #3 (7/28 – 8/29, 2008) and maximum student load _____

FALL 2008
__ Rotation #4 (9/01 – 10/3, 2008) and maximum student load _____
__ Rotation #5 (10/6 – 11/7, 2008) and maximum student load _____
__ Rotation #6 (11/10 – 12/12, 2008) and maximum student load _____

HOLIDAY BREAK

SPRING 2009
__ Rotation #7 (1/12 – 2/13, 2009) and maximum student load _____
__ Rotation #8 (2/16 – 3/20, 2009) and maximum student load _____
__ Rotation #9 (3/23 – 4/24, 2009) and maximum student load _____

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