UW SCHOOL OF PHARMACY
ENTRY LEVEL PHARM D PROGRAM
CLINICAL INSTRUCTOR APPLICATION
(REV 11/26/2018)

NAME_____
Last Middle Initial First

DOB_____ GENDER_____SS#_____
(DOB required) **(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: Director of Experiential Education
UW School of Pharmacy
777 Highland Avenue Room 1020
Madison WI 53705 ……..OR FAX TO 608-890-3648.

MAK_____
TMR _____
C:
S:
PC:
R:
D:
V: