**Advanced Pharmacy Practice Experience Student Information Sheet**

**Student Name:**

**Student Email Address:**

**School of Pharmacy:**

**Clinical Areas of Interest:**

*(May leave blank if no specific interests)*

**Most Recent Pharmacy Intern Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Dates** | **Total Months Worked** | **Duties** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Indicate any of the following potential post-graduate interests. Check all that apply:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Retail/Community Pharmacy Practice |  |  | Post-Graduate PharmacyResidency Training |  |
| Ambulatory Pharmacy Practice |  |  | Pharmaceutical Industry |  |
| Hospital Pharmacy Practice |  |  | Additional Post-Graduate Degree Program (Please specify, e.g. MBA, MD, PhD) |  |

|  |  |
| --- | --- |
| **Requested APPE’s***(List in Order of Preference and any other special requests)* |  |

|  |  |
| --- | --- |
| **Available Time Blocks for APPE’s:** |  |