

CHICAGO STATE UNIVERSITY

College of Pharmacy Introductory and Advanced Pharmacy Practice Experience Site Profile

Section I. Site Descriptive Data	Pharmacy Responses to Site Descriptive Data
1. Name of Site:	1.
2. Street Address:	2.
3. City:	3.
4. State:	4.
5. Zip Code:	5.
6. Telephone Number:	6.
7. Fax Number:	7.
8. Type of Practice(check all that apply):	8A. <input type="checkbox"/> Academic Medical Center 8B. <input type="checkbox"/> Community 8C. <input type="checkbox"/> Other: (please specify)
9. Hours of Operation:	9.
10. Name of Primary Contact:	10.
10A. Title of Primary Contact:	10A.
10B. Primary Contact's Degree(s) in Pharmacy Obtained:	10B. <input type="checkbox"/> BS <input type="checkbox"/> PharmD <input type="checkbox"/> MS <input type="checkbox"/> PhD
10C. Telephone Number of Primary Contact:	10C.
10D. E-mail address of Primary Contact:	10D.
10E. Fax Number of Primary Contact:	10E.
10F. Cell Phone Number of Primary Contact:	10F.
11. Website Available?	11A. <input type="checkbox"/> YES 11B. <input type="checkbox"/> NO
12. Age (percentage allocation) of Patient Population:	12A. % Pediatric/Neonatal 12B. % Geriatric 12C. % Adolescent 12D. % Adult
13. Method of Payment (percentage allocation) by Patient Population:	13A. % Private Insured 13B. % Medicaid 13C. % Medicare

	13D. % Self Pay 13E. % Indigent
14. Language of Primary Patient Population (may check more than one):	14A. <input type="checkbox"/> English 14B. <input type="checkbox"/> Spanish 14C. <input type="checkbox"/> Cantonese Chinese 14D. <input type="checkbox"/> Mandarin Chinese 14E. <input type="checkbox"/> French 14F. <input type="checkbox"/> German 14G. <input type="checkbox"/> Vietnamese 14H. <input type="checkbox"/> Italian 14I. <input type="checkbox"/> Korean 14J. <input type="checkbox"/> Russian 14K. <input type="checkbox"/> Arabic 14L. <input type="checkbox"/> Polish 14M. <input type="checkbox"/> Other: (please specify)
15. Site Resources (check all that apply):	15A. <input type="checkbox"/> On site library 15B. <input type="checkbox"/> Access to internet 15C. <input type="checkbox"/> Other: (please specify)
16. Regulatory Compliance (check all that apply):	16A. <i>State Board of Pharmacy Licenses/Registrations are in Good Standing:</i> <input type="checkbox"/> YES (Provide License Number:) <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable 16B. <i>State Controlled Substance Pharmacy Licenses/Registrations are in Good Standing:</i> <input type="checkbox"/> YES (Provide License Number:) <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable 16C. <i>DEA Controlled Substance Registrations are in Good Standing:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable 16D. <i>Last Joint Commission Accreditation(if applicable):</i>
17. Number of Staff Pharmacists(FTEs):	17.
18. Number of Clinical Pharmacists(FTEs):	18.
19. Number of Pharmacy Technicians(FTEs):	19.
20. Number of Pharmacy Residents(FTEs):	20.
21. Automation (check all that apply):	21A. <input type="checkbox"/> Dispensing Robotics 21B. <input type="checkbox"/> IV Automation System 21C. <input type="checkbox"/> Medication Dispensing Cabinets 21D. <input type="checkbox"/> Other: (please specify)
22. Staff Development Efforts:	22A. <input type="checkbox"/> On Site Training and Education Available 22B. <input type="checkbox"/> Off Site Training and Education Supported
23. Implemented Continuous Quality Improvement (CQI) Program?	23A. <input type="checkbox"/> YES 23B. <input type="checkbox"/> NO
24. Documentation System Implemented for Patient-Centered Pharmacy Care Services and Interventions?	23A. <input type="checkbox"/> YES 23B. <input type="checkbox"/> NO
25. Average Daily Census:	25.
26. Patient-Centered Pharmacy Care Services Provided (check all that apply):	26A. <input type="checkbox"/> Medication Therapy Management 26B. <input type="checkbox"/> Diabetes DSM 26C. <input type="checkbox"/> Asthma DSM 26D. <input type="checkbox"/> Hyperlipidemia DSM 26E. <input type="checkbox"/> Anticoagulation DSM 26F. <input type="checkbox"/> Hypertension DSM 26G. <input type="checkbox"/> Immunizations/Vaccinations 26H. <input type="checkbox"/> Smoking Cessation 26I. <input type="checkbox"/> Compounding 26J. <input type="checkbox"/> OTC Consultations

	26K. <input type="checkbox"/> Durable Medical Equipment 26L. <input type="checkbox"/> Other: (please specify)
27. Successful Billing for MTM Services?	27A. <input type="checkbox"/> YES 27B. <input type="checkbox"/> NO
28. Lab Data Obtained by Practice Site (check all that apply):	28A. <input type="checkbox"/> BP and vital signs 28B. <input type="checkbox"/> Lipid Panel 28C. <input type="checkbox"/> Blood Glucose 28D. <input type="checkbox"/> HbA1C 28E. <input type="checkbox"/> Bone Density 28F. <input type="checkbox"/> INR 28G. <input type="checkbox"/> Other: (please specify)
Section II. Preceptor Information	Pharmacy Responses for Preceptor Information
29. Preceptor # 1 (name):	29.
29A. Degree(s) in Pharmacy:	<input type="checkbox"/> BS <input type="checkbox"/> PharmD <input type="checkbox"/> MS <input type="checkbox"/> PhD
29B. License in Good Standing:	<input type="checkbox"/> YES (Provide License Number:) <input type="checkbox"/> NO
29C. Residency/Fellowship:	<input type="checkbox"/> Pharmacy Practice <input type="checkbox"/> Specialty: <input type="checkbox"/> Fellowship:
29D. Certification:	<input type="checkbox"/> BCPS <input type="checkbox"/> BCPP <input type="checkbox"/> CDM <input type="checkbox"/> CGP <input type="checkbox"/> CACP <input type="checkbox"/> Other:
29E. Professional Honors:	<input type="checkbox"/> FAccP <input type="checkbox"/> FASHP <input type="checkbox"/> FAPhA <input type="checkbox"/> FASCP <input type="checkbox"/> Other:
29F. Years of Practice Experience:	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 7-10yrs <input type="checkbox"/> 10-20yrs <input type="checkbox"/> >20yrs
29G. Years of Precepting Students:	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 7-10yrs <input type="checkbox"/> 10-20yrs <input type="checkbox"/> >20yrs
29I. Professional Membership:	<input type="checkbox"/> ASHP <input type="checkbox"/> APhA <input type="checkbox"/> ACCP <input type="checkbox"/> ASCP <input type="checkbox"/> NCPA <input type="checkbox"/> AMCP <input type="checkbox"/> Other:
30. Preceptor #2 (name):	30.
30A. Degree(s) in Pharmacy:	<input type="checkbox"/> BS <input type="checkbox"/> PharmD <input type="checkbox"/> MS <input type="checkbox"/> PhD
30B. License in Good Standing:	<input type="checkbox"/> YES (Provide License Number:) <input type="checkbox"/> NO
30C. Residency/Fellowship:	<input type="checkbox"/> Pharmacy Practice <input type="checkbox"/> Specialty: <input type="checkbox"/> Fellowship:
30D. Certification:	<input type="checkbox"/> BCPS <input type="checkbox"/> BCPP <input type="checkbox"/> CDM <input type="checkbox"/> CGP <input type="checkbox"/> CACP <input type="checkbox"/> Other:
30E. Professional Honors:	<input type="checkbox"/> FAccP <input type="checkbox"/> FASHP <input type="checkbox"/> FAPhA <input type="checkbox"/> FASCP <input type="checkbox"/> Other:
30F. Years of Practice Experience:	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 7-10yrs <input type="checkbox"/> 10-20yrs <input type="checkbox"/> >20yrs
30G. Years of Precepting Students:	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 7-10yrs <input type="checkbox"/> 10-20yrs <input type="checkbox"/> >20yrs
30I. Professional Membership:	<input type="checkbox"/> ASHP <input type="checkbox"/> APhA <input type="checkbox"/> ACCP <input type="checkbox"/> ASCP <input type="checkbox"/> NCPA <input type="checkbox"/> AMCP <input type="checkbox"/> Other:
31. Preceptor #3 (name):	31.
31A. Degree(s) in Pharmacy:	<input type="checkbox"/> BS <input type="checkbox"/> PharmD <input type="checkbox"/> MS <input type="checkbox"/> PhD
31B. License in Good Standing:	<input type="checkbox"/> YES (Provide License Number:) <input type="checkbox"/> NO
31C. Residency/Fellowship:	<input type="checkbox"/> Pharmacy Practice <input type="checkbox"/> Specialty: <input type="checkbox"/> Fellowship:
31D. Certification:	<input type="checkbox"/> BCPS <input type="checkbox"/> BCPP <input type="checkbox"/> CDM <input type="checkbox"/> CGP <input type="checkbox"/> CACP <input type="checkbox"/> Other:
31E. Professional Honors:	<input type="checkbox"/> FAccP <input type="checkbox"/> FASHP <input type="checkbox"/> FAPhA <input type="checkbox"/> FASCP <input type="checkbox"/> Other:
31F. Years of Practice Experience:	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 7-10yrs <input type="checkbox"/> 10-20yrs <input type="checkbox"/> >20yrs
31G. Years of Precepting Students:	<input type="checkbox"/> < 1 yr <input type="checkbox"/> 1-3 yrs <input type="checkbox"/> 4-6 yrs <input type="checkbox"/> 7-10yrs <input type="checkbox"/> 10-20yrs <input type="checkbox"/> >20yrs
31I. Professional Membership:	<input type="checkbox"/> ASHP <input type="checkbox"/> APhA <input type="checkbox"/> ACCP <input type="checkbox"/> ASCP <input type="checkbox"/> NCPA <input type="checkbox"/> AMCP <input type="checkbox"/> Other:
Additional comments (optional):	

Please mail, fax, or email this form to:

Chicago State University College of Pharmacy, Douglas Hall 206, 9501 S King Drive, Chicago, IL 60628

Attn: Dana Blanton, Experiential and Continuing Professional Education, 773-821-2217 (fax), dblanton@csu.edu

FOR OFFICE USE ONLY: Reviewed by _____ Date: _____ APPROVED NOT APPROVED Additional Info Needed: