## Section I. Site Descriptive Data

<table>
<thead>
<tr>
<th>Pharmacy Responses to Site Descriptive Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Name of Site:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2. Street Address:</strong></td>
<td></td>
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<tr>
<td><strong>3. City:</strong></td>
<td></td>
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<tr>
<td><strong>4. State:</strong></td>
<td></td>
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<tr>
<td><strong>5. Zip Code:</strong></td>
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</tr>
<tr>
<td><strong>6. Telephone Number:</strong></td>
<td></td>
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<tr>
<td><strong>7. Fax Number:</strong></td>
<td></td>
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<tr>
<td><strong>8. Type of Practice (check all that apply):</strong></td>
<td></td>
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<tr>
<td>8A. Academic Medical Center</td>
<td></td>
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<tr>
<td>8B. Community</td>
<td></td>
</tr>
<tr>
<td>8C. Other: (please specify)</td>
<td></td>
</tr>
<tr>
<td><strong>9. Hours of Operation:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10. Name of Primary Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10A. Title of Primary Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10B. Primary Contact’s Degree(s) in Pharmacy Obtained:</strong></td>
<td></td>
</tr>
<tr>
<td>10B. BS</td>
<td></td>
</tr>
<tr>
<td>10B. PharmD</td>
<td></td>
</tr>
<tr>
<td>10B. MS</td>
<td></td>
</tr>
<tr>
<td>10B. PhD</td>
<td></td>
</tr>
<tr>
<td><strong>10C. Telephone Number of Primary Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10D. E-mail address of Primary Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10E. Fax Number of Primary Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10F. Cell Phone Number of Primary Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11. Website Available?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. Age (percentage allocation) of Patient Population:</strong></td>
<td></td>
</tr>
<tr>
<td>12A. % Pediatric/Neonatal</td>
<td></td>
</tr>
<tr>
<td>12B. % Geriatric</td>
<td></td>
</tr>
<tr>
<td>12C. % Adolescent</td>
<td></td>
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<tr>
<td>12D. % Adult</td>
<td></td>
</tr>
<tr>
<td><strong>13. Method of Payment (percentage allocation) by Patient Population:</strong></td>
<td></td>
</tr>
<tr>
<td>13A. % Private Insured</td>
<td></td>
</tr>
<tr>
<td>13B. % Medicaid</td>
<td></td>
</tr>
<tr>
<td>13C. % Medicare</td>
<td></td>
</tr>
</tbody>
</table>
14. Language of Primary Patient Population (may check more than one):

- English
- Spanish
- Cantonese Chinese
- Mandarin Chinese
- French
- German
- Vietnamese
- Italian
- Korean
- Russian
- Arabic
- Polish
- Other: (please specify)

15. Site Resources (check all that apply):

- On site library
- Access to internet
- Other: (please specify)

16. Regulatory Compliance (check all that apply):

- State Board of Pharmacy Licenses/Registrations are in Good Standing:
  - YES (Provide License Number: )
  - NO
  - Not Applicable
- State Controlled Substance Pharmacy Licenses/Registrations are in Good Standing:
  - YES (Provide License Number: )
  - NO
  - Not Applicable
- DEA Controlled Substance Registrations are in Good Standing:
  - YES
  - NO
  - Not Applicable
- Last Joint Commission Accreditation (if applicable):

17. Number of Staff Pharmacists (FTEs):

18. Number of Clinical Pharmacists (FTEs):

19. Number of Pharmacy Technicians (FTEs):

20. Number of Pharmacy Residents (FTEs):

21. Automation (check all that apply):

- Dispensing Robotics
- IV Automation System
- Medication Dispensing Cabinets
- Other: (please specify)

22. Staff Development Efforts:

- On Site Training and Education Available
- Off Site Training and Education Supported

23. Implemented Continuous Quality Improvement (CQI) Program?

- YES
- NO

24. Documentation System Implemented for Patient-Centered Pharmacy Care Services and Interventions?

- YES
- NO

25. Average Daily Census:

26. Patient-Centered Pharmacy Care Services Provided (check all that apply):

- Medication Therapy Management
- Diabetes DSM
- Asthma DSM
- Hyperlipidemia DSM
- Anticoagulation DSM
- Hypertension DSM
- Immunizations/Vaccinations
- Smoking Cessation
- Compounding
- OTC Consultations
Durable Medical Equipment
Other: (please specify)

27. Successful Billing for MTM Services?
   27A. YES
   27B. NO

28. Lab Data Obtained by Practice Site (check all that apply):
   28A. BP and vital signs
   28B. Lipid Panel
   28C. Blood Glucose
   28D. HbA1C
   28E. Bone Density
   28F. INR
   28G. Other: (please specify)

Section II. Preceptor Information

29. Preceptor #1 (name):

29A. Degree(s) in Pharmacy:
   - BS
   - PharmD
   - MS
   - PhD

29B. License in Good Standing:
   - YES
   - NO

29C. Residency/Fellowship:
   - Pharmacy Practice
   - Specialty:
   - Fellowship:

29D. Certification:
   - BCPS
   - BCPP
   - CDM
   - CGP
   - CACP
   - Other:

29E. Professional Honors:
   - FACCP
   - FASHP
   - FAPhA
   - FASCP
   - Other:

29F. Years of Practice Experience:
   - < 1 yr
   - 1-3 yrs
   - 4-6 yrs
   - 7-10 yrs
   - 10-20 yrs
   - >20 yrs

29G. Years of Precepting Students:
   - < 1 yr
   - 1-3 yrs
   - 4-6 yrs
   - 7-10 yrs
   - 10-20 yrs
   - >20 yrs

29I. Professional Membership:
   - ASHP
   - APhA
   - ACCP
   - ASCP
   - NCPA
   - AMCP
   - Other:

30. Preceptor #2 (name):

30A. Degree(s) in Pharmacy:
   - BS
   - PharmD
   - MS
   - PhD

30B. License in Good Standing:
   - YES
   - NO

30C. Residency/Fellowship:
   - Pharmacy Practice
   - Specialty:
   - Fellowship:

30D. Certification:
   - BCPS
   - BCPP
   - CDM
   - CGP
   - CACP
   - Other:

30E. Professional Honors:
   - FACCP
   - FASHP
   - FAPhA
   - FASCP
   - Other:

30F. Years of Practice Experience:
   - < 1 yr
   - 1-3 yrs
   - 4-6 yrs
   - 7-10 yrs
   - 10-20 yrs
   - >20 yrs

30G. Years of Precepting Students:
   - < 1 yr
   - 1-3 yrs
   - 4-6 yrs
   - 7-10 yrs
   - 10-20 yrs
   - >20 yrs

30I. Professional Membership:
   - ASHP
   - APhA
   - ACCP
   - ASCP
   - NCPA
   - AMCP
   - Other:

31. Preceptor #3 (name):

31A. Degree(s) in Pharmacy:
   - BS
   - PharmD
   - MS
   - PhD

31B. License in Good Standing:
   - YES
   - NO

31C. Residency/Fellowship:
   - Pharmacy Practice
   - Specialty:
   - Fellowship:

31D. Certification:
   - BCPS
   - BCPP
   - CDM
   - CGP
   - CACP
   - Other:

31E. Professional Honors:
   - FACCP
   - FASHP
   - FAPhA
   - FASCP
   - Other:

31F. Years of Practice Experience:
   - < 1 yr
   - 1-3 yrs
   - 4-6 yrs
   - 7-10 yrs
   - 10-20 yrs
   - >20 yrs

31G. Years of Precepting Students:
   - < 1 yr
   - 1-3 yrs
   - 4-6 yrs
   - 7-10 yrs
   - 10-20 yrs
   - >20 yrs

31I. Professional Membership:
   - ASHP
   - APhA
   - ACCP
   - ASCP
   - NCPA
   - AMCP
   - 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

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   □ APPROVED □ NOT APPROVED □ Additional Info Needed: