



Site Preference Worksheet
Experiential Education
Advanced Practice Experience

(Complete this form, meet and discuss selections with your advisor. Enter your site preferences into PEMS in December of your P3 year and submit the hard copy to the Director of Experiential Education.)

Student Name: _____ **Telephone No.** _____

Social Security Number: _____ **E-mail:** _____

Combined programs? JD MBA

Immunization Trained? Yes No

Diabetes Concentration? Yes No

Please indicate your top **three** choices for **each of the rotation categories in the option** you selected – **do not duplicate** your selections in any area.

These four categories are MANDATORY – please make three choices in all four areas:

Community Practice		Hospital Practice	
1		1	
2		2	
3		3	
Ambulatory Care		Acute Care	
1		1	
2		2	
3		3	

These categories are electives – please make three choices in four of the six categories offered:

Ambulatory Care		Non-Patient Care Elective (optional)	
1		1	
2		2	
3		3	
Specialty Care		Specialty Care	
1		1	
2		2	
3		3	
Specialty Care		Specialty Care	
1		1	
2		2	
3		3	

To increase the number of different opportunities you have and increase the validity of the assessment tool used during the experiential year, you may not select rotations at sites in which you are or have been employed. This policy may be waived if a pharmacist other than your former or current supervisor acts as the preceptor.

PROFESSIONAL INTEREST PROFILE

From the list provided, please numerically rank your top 8 professional interest areas in the box to the left of each category. Please choose areas in which you have a genuine desire to explore professionally and that may help you achieve your individual professional goals. **NOTE: the areas listed below do not necessarily represent an actual rotation but are intended to assist in assigning a rotation schedule that meets the overall professional interests of students.**

Management(type)_____	Oncology
Managed Care	Home Infusion Therapy
Nuclear Pharmacy	Specialty Compounding
Pharmaceutical Sales	Pediatrics
Pharmacokinetics	Hospice Care
Long Term Care/Geriatrics	Drug Information
Psychiatry	General Medicine
Surgical Medicine	Pharmaceutical Care
Cardiology	Infectious Disease
Nutrition Support	Ambulatory Medicine
Critical Care	Diabetes
Other Interests:	

Please refer to the enclosed map of Iowa and indicate below at least one region outside of the central Iowa area, in which you would be willing to complete one or more rotation experiences (circle all that apply):

NE NW SE SW

List the rotations that you have selected that will satisfy the DIVERSITY requirement:

List additional information you wish to be taken into consideration during the scheduling process:

Advisor's signature

Date