



*DRAKE UNIVERSITY COLLEGE OF PHARMACY  
EXPERIENTIAL PHARMACY EDUCATION PROGRAM*

**Statement of Commitment to Rotation Schedule**

I have reviewed my schedule in PEMS and I agree to participate in the rotations as assigned. I understand it is my responsibility to contact my preceptor one month in advance to confirm my arrival and receive initial instructions about my work schedule, parking, housing, and other related matters. I understand that I am responsible for additional expenses such as housing and transportation while participating in these rotations.

I also understand that under certain circumstances the Director of Experiential Programs may be required to modify my rotation schedule. These circumstances include but are not limited to the following: loss of a practice site, loss of a faculty member, or issues related to student progression. Any changes in the schedule may not be able to accommodate location and/or rotation type of previous site.

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Print Name

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Signature

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Date