



FLORIDA BOARD OF PHARMACY
 P.O. Box 6320 • Tallahassee, FL 32314-6320
 Phone: (850) 245-4292
www.floridaspharmacy.gov

ITEM #3 – PRECEPTOR EVALUATION FORM

Please print or type legibly.

1. Applicant Information				
Last Name		First Name		Middle Initial
Mailing Address		City		State Zip Code
Home Phone Number			Business Phone Number	
2. Consultant Pharmacist (Preceptor) Information				
Last Name		First Name		Middle Initial
Mailing Address		City		State Zip
Home Phone			Work Phone	
3. Preceptor's Florida License Numbers				
Pharmacist License: PS _____				
Consultant Pharmacist License: PU _____				
4. Certification of Assessment and Evaluation				

The applicant above completed a minimum of 40 hours of assessment and evaluation under my supervision, which began on ___/___/___ and ended on ___/___/___ and the training included the following as mandated by Rule 64B16-26.300(3)(c), Florida Administrative Code.

- 1) Regimen review, documentation, and communication (24 hours).
- 2) Facility review (8 hours).
- 3) Committees and Reports (2 hours).
- 4) Policy and Procedures (2 hours).
- 5) Principles of Formulary Management (2 hours).
- 6) Professional relationships (2 hours)

Preceptor Name (Printed)

Date

Preceptor Signature

Preceptor License Number