



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