

Signature

UNIVERSITY OF CONNECTICUT OFFICE OF EXPERIENTIAL EDUCATION INFORMATION FORM FOR CONSIDERATION OF GRATIS ADJUNCT FACULTY APPOINTMENT

C.D.	
f Preceptor:	
onal Degree(s):	
Site	Specialty Area(s):
Address:	
	State Zip:
***************************************	Date of Birth
Some of the Benefits of B Discounts (50%) on UConn Scl Discounts at the UConn Co-Op Free online access to the UConn Access to preceptor developme Letter Preceptor Training Reso Receive recognition and awards Involve student pharmacists in services Keep abreast of current medical Meet potential employees Give back to the profession of I Attain personal satisfaction and ry Resources and Support niversity of Connecticut will issue	ecoming an UConn Adjunct Faculty Member mool of Pharmacy sponsored CE programs n online library resources and programs including free membership to the Pharmacists ources Network (PTRN) as for good performances as a preceptor developing and maintaining new or expanded clinical tion and treatment modalities
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