



# APPEL

An Chleamhnacht um Fhoighilim ó  
Theithi Chleamhnadh na Cúiseocheála | Affiliation for Pharmacy  
Practice Experiential Learning

1<sup>st</sup> Floor Ardilaun House Block B

111 St Stephens Green

Dublin 2, Ireland

Tel: +353 1 402 5129

Fax: +353 1 402 2272

ops@appel.ie

## Preceptor Registration Form

Each student matched to a Training Establishment must be assigned a Preceptor pharmacist to oversee their placement. Please provide the details below of the Preceptor pharmacist(s) who will be overseeing your student(s) on placement. Please note that although each Preceptor can supervise up to a maximum of 3 students, each student must have one named preceptor only.

### **Name of Training Establishment:**

\_\_\_\_\_

### **Preceptor 1:**

Student Name(s) – maximum 3: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor PSI Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Preceptor Contact Number: \_\_\_\_\_

### **What are the requirements of a Preceptor?**

<b>Preceptor requirements</b>	Employed by the training establishment for a minimum of 3 days/week or equivalent. Will complete/has completed APPEL training.
<b>Supervisory requirements</b>	Minimum 1 meeting per 4 weeks with each student and as required, of which 2 sessions must be face to face.
<b>Registration requirements of Preceptor Pharmacist</b>	PSI Registered Pharmacist.
<b>Preceptor Role</b> The Preceptor is responsible for overseeing the learning experience and verifying the student's competence appraisal. The Preceptor must be available to the student for guidance and direction but is not required to directly supervise the student. A non-pharmacist Supervisor can be responsible for the day-to-day supervision of the student in conjunction with the Preceptor.	

*If you are registering more than one Preceptor please continue to supply Preceptor details below – multiple forms may be used if required.*

### **Preceptor 2:**

Student Name(s) - maximum 3: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor PSI Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Preceptor Contact Number: \_\_\_\_\_



**APPEL**

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**Name of Training Establishment:**

\_\_\_\_\_

**Preceptor 3:**

Student Name(s) – maximum 3: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor PSI Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Preceptor Contact Number: \_\_\_\_\_

**Preceptor 4:**

Student Name(s) – maximum 3: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor PSI Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Preceptor Contact Number: \_\_\_\_\_

**Preceptor 5:**

Student Name(s) – maximum 3: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor PSI Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Preceptor Contact Number: \_\_\_\_\_

**Preceptor 6:**

Student Name(s) – maximum 3: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Preceptor PSI Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Preceptor Contact Number: \_\_\_\_\_