

# IPPE/APPE Student Introduction Form

Student Name: \_\_\_\_\_

Year in School (P1, P2, P3, P4): \_\_\_\_\_

1. Previous pharmacy volunteer experience (including site name, length of time, and hours/week):
  
2. Previous pharmacy work experience (including site name, length of time, and hours/week):
  
3. Previous IPPE/APPE rotation experience (include site name and total rotation hours):
  
4. Pharmacy-related areas in which I feel most confident:
  
5. Pharmacy-related areas in which I feel least confident:
  
6. My strengths:
  
7. My weakness and/or challenges:
  
8. Areas in pharmacy in which I am most interested:
  
9. My plans/goals after graduation:
  
10. Overall, this is what I would like to gain from this rotation:
  
11. Any other information my preceptor should know to best individualize the rotation (e.g. personal issues, scheduling/transportation issues, etc):