



## Advanced Pharmacy Practice Experience (APPE) Student Goals/Expectations

APPE # and date \_\_\_\_\_

APPE Title \_\_\_\_\_

### I. My Goals for this Rotation

These are five goals I would like to achieve during this rotation. After each goal I have listed at least one thing I am planning to do during the rotation to help achieve this goal.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. Site Specific Requirements

6. What is the dress code? \_\_\_\_\_

7. What is my schedule? (location, hours, days of the week, on-call, travel required, etc.) \_\_\_\_\_

8. Can I use my cell phone? If yes, when? \_\_\_\_\_

9. Can I use other electronic devices (laptop, iPad, etc.)? If yes, when? \_\_\_\_\_

10. Who will be my primary preceptor if I have questions/concerns about the rotation and what is that person's contact information?

\_\_\_\_\_

11. What is the policy on absences? \_\_\_\_\_

12. What happens if I do not meet my goals? \_\_\_\_\_

13. What happens if I do not abide by the site requirements? \_\_\_\_\_

I have reviewed my goals with my preceptor and understand the site specific requirements associated with this APPE.

\_\_\_\_\_  
*Student Signature*                      *date*

\_\_\_\_\_  
*Preceptor Signature*                      *date*