

**University of Southern Nevada College of Pharmacy  
Site Description Form**

Please complete the following and submit electronically to: Darla Zarley, PharmD; Advanced Experience Coordinator; Phone: 702-968-2005; [dzarley@usn.edu](mailto:dzarley@usn.edu)

Site Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Rotation Coordinator: \_\_\_\_\_

Other Pharmacist Preceptors:

_____	_____
_____	_____
_____	_____
_____	_____

Hours of Operation:

Sunday: \_\_\_\_\_  
Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_

Type of Practice (select all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chain Pharmacy                | <input type="checkbox"/> Independent Pharmacy            | <input type="checkbox"/> Mail Order Facility     |
| <input type="checkbox"/> Hospital Practice Centralized | <input type="checkbox"/> Hospital Practice Decentralized | <input type="checkbox"/> Nuclear Pharmacy        |
| <input type="checkbox"/> Home Health                   | <input type="checkbox"/> Long-Term Care                  | <input type="checkbox"/> Ambulatory Care Clinic  |
| <input type="checkbox"/> Professional Organization     | <input type="checkbox"/> Pharmacy Industry               | <input type="checkbox"/> Drug Information Center |
| <input type="checkbox"/> Pharmacy Benefit Manager      | <input type="checkbox"/> Federal / Government Agency     | <input type="checkbox"/> Consultant              |
| <input type="checkbox"/> Other: _____                  |  |  |

Please provide a brief description of the practice environment, patient populations serviced, and any areas of specialization. The information will be used to categorize the practice site for the purpose of student site selection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Prescriptions/Medication Orders Per Week: \_\_\_\_\_

Are compounding services provided?  Yes  No

What other services are routinely provided to patients at this site (Durable Medical Equipment, Nutritional Consultations, Disease State Management, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Will students have access to drug information references and / or a library?  Yes  No

Will students have access to patient information?  Yes  No

Will students have an opportunity to interact with or counsel patients?  Yes  No

Will students have access to other health care professionals?  Yes  No

Will students be involved with pharmaceutical care and provide therapeutic recommendations?  
 Yes  No

Does the site currently offer rotations for other schools / colleges of pharmacy?  
 Yes  No

How much time do the preceptors at this site typically spend with students?

\_\_\_\_\_ hours / day  
\_\_\_\_\_ hours / week

What other activities, projects, or assignments are required of students?  
\_\_\_\_\_  
\_\_\_\_\_

What if any limits/conditions/constraints/concerns exist with respect to precepting students at this practice site?  
\_\_\_\_\_  
\_\_\_\_\_