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## **Nomination Form for the Scott R. Drab Preceptor of the Year Award** **UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY**

### **Background**

**Purpose of the Award:** These awards are presented by student pharmacists to recognize preceptors for outstanding teaching contributions during the introductory and advanced experiential learning portions of the professional curriculum. The award is sponsored annually by the University of Pittsburgh School of Pharmacy. Awards will be given to:

- Introductory Pharmacy Practice Experience (IPPE) Preceptor of the Year (1 award)
  - May be faculty or volunteer preceptor
- Advanced Pharmacy Practice Experience (APPE) Preceptor of the Year (2 awards)
  - One faculty and one volunteer preceptor

**Award Criteria:** Nominees must meet the following criteria: 1) serve as an experiential learning preceptor at any site affiliated with the School of Pharmacy's professional program; and 2) demonstrate excellence in precepting and serve as an exceptional role model for Pitt Pharmacy students.

**Nomination and Selection Process:** Students may submit a letter (or this completed form via e-mail) to the Experiential Learning Committee (c/o Anna Schmotzer, 904 Salk Hall) nominating a preceptor they have had during the introductory or advanced pharmacy practice experiences in the first, second, third, or fourth professional year. Letters must include a statement of the specific accomplishments or contributions on which the recommendation is based and the reasons for making the nomination. The Committee will review each nomination letter received by the deadline and all individual preceptor evaluations from students. The award recipients are determined by a vote of the Committee. An individual faculty member or volunteer preceptor cannot win the award in two consecutive years.

### **Nomination Letter**

Name of Preceptor: \_\_\_\_\_ Phone or Email \_\_\_\_\_

Site Location/Rotation: \_\_\_\_\_

Award being nominated:

- Introductory Pharmacy Practice Experience (circle one) \_\_\_ P1 \_\_\_ P2 \_\_\_ P3
- Advanced Pharmacy Practice Experience (P4 year) \_\_\_\_\_

Nominated by (student): \_\_\_\_\_ Dates of Rotation: \_\_\_\_\_

Description of the preceptor's accomplishments and contributions that substantiate the recommendation: