

Adjunct Faculty Information Sheet

Name		Employer			
Home Address		Address			
City	State	ZIP	City	State	ZIP
Home Email:		Work Email:			
D.O.B.		Last 4 of your S.S.#:			
Educational Background	<input checked="" type="checkbox"/>	Degree	School		Year
		BS			
		PharmD			
		MS			
		PhD			
		Other			
Residency/Fellowship	Program		Year	Training Site	
Additional Training	<input type="checkbox"/> Immunizations <input type="checkbox"/> MTMS <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Dyslipidemias <input type="checkbox"/> Heart Failure <input type="checkbox"/> Other				
Licensure	List States				
Certifications	<input type="checkbox"/> BCPS <input type="checkbox"/> BCPP <input type="checkbox"/> CDM <input type="checkbox"/> CGP <input type="checkbox"/> CACP <input type="checkbox"/> Other:				
Professional Honors	<input type="checkbox"/> FACCP <input type="checkbox"/> FASHP <input type="checkbox"/> FAPhA <input type="checkbox"/> FASCP <input type="checkbox"/> Other:				
Years in Practice	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20				
Years as Preceptor	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> >20				
Professional Association Memberships	<input type="checkbox"/> ASHP <input type="checkbox"/> APhA <input type="checkbox"/> ACCP <input type="checkbox"/> ASCP <input type="checkbox"/> ACA <input type="checkbox"/> NCPA <input type="checkbox"/> Other:				
Participation in organization activities (officer, committee work)					

Return Information Sheet To:
 Office of Experiential Education/#124
 Temple University School of Pharmacy
 3307 North Broad Street
 Philadelphia, PA 1914