

**2014-2015 Academic Year
Advanced Practice Availability**

Preceptor _____

Site _____

Phone Number _____

E-mail _____

Experience (Please see below for Options)	2013				2014			
	APPE 1 09/08-10/10	APPE 2 10/13-11/14	APPE 3 11/17-12/19	APPE 4 01/05-01/09	APPE 5 01/12-02/13	APPE 6 02/16-03/20	APPE 7 03/23-04/24	APPE 8 05/11-06/12
				ON CAMPUS				
Maximum # of Students/Block								

Advanced Practice Options:

Ambulatory Care...	Advanced Community	Med. Specialty...	Non-Patient Care (NPC)...
Ambulatory Care		Cardiology	Administration
Compounding		Critical Care	Drug Information
Family Practice	Advanced Institutional	Endocrinology	Managed Care
Home Infusion		Gastroenterology	Manufacturing
Infectious Disease		Geriatrics	Marketing
Oncology	Internal Medicine	Infectious Diseases	Nuclear
Pulmonology		Nephrology	
Veterinary Medicine		Nutrition	

For **Savannah Campus**: Please fax completed form to
(912) 201-8153, e-mail as an attachment to
ltucker@southuniversity.edu, or mail ASAP to:

Dr. Rusty Fetterman or Lindsey Tucker
South University School of Pharmacy
709 Mall Blvd.
Savannah, GA 31406
FAX:(912) 201-8153

Or

For **Columbia Campus**: Please fax completed form to
(803) 935-4564, e-mail as an attachment to
wwynn@southuniversity.edu, or mail ASAP to:

Dr. William Wynn or Dana D Lindsey
South University School of Pharmacy
10 Science Court
Columbia, SC 29203
FAX: (803) 935-4565

For office use only:

I _____ spoke to preceptor _____ on _____ and was given the above availability.

Preceptor Availability entered into E*VALUE on _____ by _____.