

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **INSTITUTIONAL** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Institutional PRCT 554 Drug Information Question

Directions: During your five-week rotation, answer at least 2 drug information questions from patients or other health professionals. Document the question below along with your answer. Discuss your answers to these questions with your preceptor.

Question 1 (Question 1 of 5 - Mandatory)

Question 2 (Question 2 of 5 - Mandatory)

Question 3 (Question 3 of 5)

Question 4 (Question 4 of 5)

Question 5 (Question 5 of 5)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.