

Preceptor Agreement Form

Dear distinguished colleague, we really appreciate and express our gratitude for accepting the responsibility of instructing our students throughout the mandatory summer training time. We commend your diligent oversight of them throughout the training time. To familiarize yourself with the responsibilities expected of you throughout the training time, please scan the enclosed barcode to access the duties assigned to the trainer pharmacist.



I, -----The responsible pharmacist of
-----pharmacy agree to supervise the pharmacy
training of ----- for the summer training program. I will
provide guidance and ensure the student receives comprehensive and compliant training
experience.

- **Pharmacy Name:**
- **Pharmacy location:**
- **Pharmacy phone:**
- **Preceptor Name:**
- **Preceptor License Number:**
- **Years of Experience:**