UT IPPE Availability Request

I can accommodate the following number of students each semester from UT College of Pharmacy:

☐ _____ New student(s) each Fall (September – January)

☐ _____ New student(s) each Spring (January – May)

☐ _____ New student(s) each Summer (May – August)

I practice in the following setting:

☐ Community/Retail Practice Setting

☐ Institutional/Hospital Practice Setting

Preceptor Name __________________________________________

Preceptor E-mail Address ___________________________________

Site name _______________________________________________

Site Address _____________________________________________

Site Phone Number ________________________________________

Site Fax Number _____________________________

☐ I am unable to accommodate UT IPPE students at this time

Please return the completed form via fax, email, or mail to:

The University of Toledo College of Pharmacy
2801 W. Bancroft St, MS 609
Toledo, OH  43606

Fax:  419-530-1950

Email:  IntroPharmacyPracticeExp@utoledo.edu