The primary goal of the Pharmacy Practice program is to develop students into practitioners competent in the provision of pharmaceutical care. To accomplish this, students should develop the following skills and knowledge:

1. **Application of Academic Knowledge**
   - To provide on-the-job educational experience in pharmacy’s equivalent to a “clinical” setting.
   - To provide an opportunity to apply academic knowledge to kinetic learning (learning by doing).

2. **Development of Judgment Skills**
   - To afford the student an opportunity to participate in the decision making process regarding the provision of health care products and information.

3. **Development of Managerial Skills**
   - To provide the student with instruction in all aspects of the operation and management of a pharmacy.

4. **Improvement of Communication Skills**
   - To afford the student an opportunity to communicate with a variety of health professionals—physicians, dentists, nurses, pharmacists, etc.—and with patients, in order to improve this important aspect of professional practice.

5. **Improvement of Mechanical Skills**
   - To provide instruction and kinetic learning opportunities in all aspects of prescription dispensing.

6. **Development of Professional Ethics**
   - To develop in the student an understanding of and appreciation for the services provided by pharmacists, and the intangible rewards associated with the provision of pharmaceutical service.

7. **Development of Self-Discipline**
   - To develop in the student a sense of responsibility to the patient, other health professionals and pharmacy, and to develop the self-discipline necessary to carry out this responsibility.

Pharm.D. Professional Experience is an integral part of our curriculum. It will be necessary for many of you to accept the inconvenience of re-locating. Each student will complete preferences for two semesters of Professional Experience rotations. The two semesters will include a total of nine (9) professional experience rotations. The nine (9) rotations will be; three (3) medicine, one (1) ambulatory care, two (2) selective, two (2) community and an one (1) institutional rotation. You should have two (2) of the following 4 rotations each semester; Med. A, B, C, AmCare (Ambulatory Care). The other 5 rotations may be either semester. You will be making your preference selections for all nine (9) rotations through the EMS data base. **Selecting preferences does not mean that you will be assigned to one of your choices.** Students who fail to enter preferences by the required date will be assigned rotations by computer choice.
All didactic coursework must be completed before going on Professional Experience Rotations.

Students will not be permitted to complete rotations at practice sites in which they have been employed prior to going on rotations.

Any rotation completed outside the state of Oklahoma will not receive concurrent hours turned in by SWOSU College of Pharmacy. Students assigned to out of state rotations are responsible for obtaining an intern license in that state and turning in any experiential hours to that state board of pharmacy.

Assignments for the Fall Semester will be made in April.

Assignments for the Fall Semester will be released to you in April.

Assignments for the Spring Semester will be made in October.

Assignments for the Spring Semester will be released to you in November.

Once you have been assigned a practice site no change in that assignment will be made unless a request is submitted in writing and approved by the Experiential Program Coordinator. Requests for change of practice site should be made only when there is a genuine need.

For additional information, contact:
Christy F. Cox, M. Ed., Pharm. D.
Experiential Program Coordinator
SWOSU Pharmacy Practice Department
Pasteur Medical Building
1111 North Lee, Suite #241
Oklahoma City, OK 73103
(405) 601-8335
Fax: (405) 601-1201
christy.cox@swosu.edu
APPLICATION FOR PHARM.D. PROFESSIONAL EXPERIENCE PLACEMENT

DIRECTIONS: Provide all the information requested below. If you do not have an updated degree plan, contact your advisor and make arrangements to get one. The completed Application for PharmD. Professional Experience Placement should be delivered to Leshia Keeton in the COP office. Forms must be hand delivered no later than the application due date on the experiential web page. READ THE FACULTY BULLETIN BOARD FOR ANNOUNCEMENTS CONCERNING PRACTICE.

PERSONAL DATA:

Name ___________________________________________ Intern number ____________
(Last) (First) (Middle)

School Address ___________________________ Permanent Address ___________________________

Phone ___________________________ Phone ___________________________

E-Mail Address: ___________________________
APPLICATION FOR PHARM. D. PROFESSIONAL EXPERIENCE PLACEMENT

NAME ____________________________________________

1. What City were you assigned for rotations?
   ________________________________________________

2. Do you plan to relocate to the city in which you will do your medicine rotations?
   Yes __________________________ No __________________________

   If no, what city will you reside in? ______________________________

3. Do you already have living arrangements? Please provide major cross streets and address.

   ________________________________________________

   ________________________________________________

   ________________________________________________
APPLICATION FOR GENERAL SELECTIVE PLACEMENT

NAME ____________________________________________

4. Do you have any areas of special interest in an area of pharmacy? (explain) ________________

____________________________________________________________________________________

____________________________________________________________________________________

5. Do you have specific plans for after graduation? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

6. Pharmacy related work experience:  (Approximate hours of intern experience)

   Community Pharmacy ___________  Institutional Pharmacy ___________

   Other (explain) ____________________________

List all Pharmacy related employment sites: Give name of store/hospital and city with a description of
duties performed (including prescription volume, bed size, etc.).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

7. Anticipated place of employment during rotations: (Please list address if available)

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____________________________________________________________________________________

____________________________________________________________________________________

8. Please list your three highest areas of interest for a general selective experience.

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____________________________________________________________________________________

____________________________________________________________________________________
APPLICATION FOR MEDICINE SELECTIVE PLACEMENT

NAME ________________________________

1. Do you have any areas of special interest in an area of pharmacy? (explain) ______

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2. Do you have specific plans for after graduation? _____________________________

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3. Anticipated place of employment during rotations: (Please list address if available)

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4. Please list your three highest areas of interest for a medicine experience.

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