

P3 Introductory Pharmacy Practice Experience (IPPE) Verification Form

For the student: You are required to have IPPE hours from three of the four core categories bolded below. You are responsible to have at least three different core categories in order to progress to your P4 year.

For the Pharmacist: Your signature certifies that the student has satisfactorily completed an IPPE of the type marked below (Please check one).

- **12th Street or North Street Clinic**¹ (please circle)
 - Other free clinic _____ Location
- **Health Fair/Screening** _____ Event name
- **Shadowing** _____ Location
- **MTM/Medication Review** _____ Location
- Other²: please describe _____

Pharmacist's Signature: _____

Pharmacist's Name (Print): _____

Date: _____

Student: _____

Number of Hours: _____

¹ A minimum of 4 hours must be completed at one of these two clinics. **All other free clinics** count in the **same category** and can only have **up to 20** hours credited altogether.

² "Other" must have **prior approval** of the Experiential Coordinator and do not count toward the three of the four required categories, which are **bolded**.

This form should be completed and signed at the conclusion of the experience. It must then be turned into the Office of Experiential Education (Ed II 6/137). Please see the P3 IPPE Guidelines for specifics.