

University of California San Diego
Skaggs School of Pharmacy and Pharmaceutical Sciences
Report of IPPE Activity

Course: SPPS XXXX Introductory Pharmacy Practice Experiences

Student Name: _____ PID Number: _____

Date(s) of Activity: _____ Number of Hours: _____

Location of Activity: _____

Number of Patients Seen: _____

Brief description of activity: _____

Brief Description of educational benefit derived from participation in the activity:

Student Signature

Date

Pharmacist Preceptor Signature

Printed Name of Preceptor

Pharmacist Preceptor License Number

Please turn in this form to the Office of Experiential Education mail box in the student mail room within 5 school days of completing the activity.