

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

Preceptor Signature

Printer Name of Preceptor

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.