# event details

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| * Event name: Click here to enter text.
* Event type (e.g. brown bag, immunization, health fair, etc): Click here to enter text.
* Date and time of event: Click here to enter a date.
* Shifts Available: Click here to enter text.
* Location: Click here to enter text.
* Contact information: Click here to enter text.
 |
| * Additional information:

 - Preceptor to student ratio and total number of preceptors needed: Choose an item. - Pharmacy school affiliation of student volunteers: Click here to enter text. - Academic year of student volunteers (P1, P2, P3, P4): Click here to enter text. |

# Student role and expectations

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| Please check the skills that students will be performing at the event: |
|[ ]  Heart rate and blood pressure check |
|[ ]  Blood glucose screening using glucometer-type of device if known: Click here to enter text. |
|[ ]  Patient interview and/or medication history |
|[ ]  Patient medication counseling |
|[ ]  Administration of immunizations -types of immunizations to be given: Click here to enter text. |
|[ ]  Other: Click here to enter text.  |

# Preceptor role and expectations

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| Please check any required training/certification and expectations of preceptors for the event: |
|[ ]  Preceptor license required |
|[ ]  Immunization certification required |
|[ ]  Active BLS certification (or other advanced life support training) required |
|[ ]  Ensure pharmacy student is professional (i.e. attire, hygiene, positive attitude, respectful) |
|[ ]  Ensure medication recommendations are safe and appropriate |
|[ ]  Ensure immunization and/or measurement technique and documentation is correct |
|[ ]  Other: Click here to enter text. |

Please return completed form to the OSHP office, mail@oshp.org at least 30 days prior to event. Include any event specific flyers to be used for promotion of the event. The Profession Relations Committee will review the request for approval prior to release to OSHP membership.