

FLORIDA A&M UNIVERSITY

EXPERIENTIAL FACULTY APPOINTMENT CHECKLIST

Appointee Name: Dept./ _____

School/College: _____ Telephone No.: _____

Pharmacy Practice Center: _____ Director: _____

INSTRUCTIONS:

1. Check the appropriate blocks to indicate the forms that are included in the new courtesy packet.
2. Review each section carefully and complete the appropriate forms
3. Submit the completed forms to the Office of Academic Affairs

SECTION I: To be completed by all new appointees

- Collection of Social Security Number (In compliance with the provisions of Section 119.071(5), Florida Statutes) (*Signed and dated*)
- Copy of Social Security Card (all other, if military need front and back copy of military ID)
- Preceptor Profile (*Signed and dated*)
- Copy of curriculum vitae/resume
- Duty to inform

Appointee's Signature: _____ Date: _____

SECTION II: Appointment packet

The faculty appointment packet contains:

- Copy of letter granting appointment from Provost's Office
- Appointment certificate signed and dated by Pharmacy Practice Center Director and the Dean of the College
- Rattler Card
- Non-Discrimination Policy and Discrimination and Harassment Complaint Procedures

Director

Signature

Date



*Florida A&M University
Office of Human Resources*

Collection of Appointee Social Security Numbers

In compliance with the provisions of Section 119.071(5), Florida Statutes, the Florida Agricultural and Mechanical University, Office of Human Resources collects an individual employee's social security number for legitimate business purposes, as specifically authorized by law and in the performance of the duties and responsibilities for the following reasons:

- Issued University property
- Workers' Compensation Claims (FCCRMC and Department of Labor)
- Accessing iRattler System

The social security numbers collected by the Office of Human Resources will not be used for any purpose other than the purposes stated above.

I understand the above information and have been given a copy of this document.

New Appointee Signature

Date



College of Pharmacy and Pharmaceutical Sciences

Duty to Inform

I, _____, understand that it is my responsibility to inform the Florida A&M University College of Pharmacy in writing my intention to terminate my role as an Advanced Pharmacy Practice/Introductory Pharmacy Practice Experience preceptor within 30 days of that termination.

I understand with my notification that I will relinquish immediately all rights and privileges granted to me through my courtesy faculty appointment issued by the University.

Name

Signature

Date



College of Pharmacy and Pharmaceutical Sciences

Termination of Preceptor Status

This serves as formal notification of my intent to terminate my role as an Advanced Pharmacy Practice Experience/Introductory Pharmacy Practice Experience preceptor for the Florida A&M University College of Pharmacy and Pharmacy and Pharmaceutical Sciences.

I understand with this decision I relinquish immediately all rights and privileges granted to me through my courtesy faculty appointment.

Preceptor's Name

Signature

Effective Date

Received:

Director

Date

Received:

Mildred Petty Brickler, DPT
Director of Experiential Programs

Date