

2017 - 2018 Academic Year Introductory Practice (IPPE) Availability

Preceptor _____

Site _____

Phone Number _____

E-mail _____

IPPE Experience Type (List <i>Community</i> or <i>Institutional</i>)	2017		
	Module I Jun 12 to July 7 4 Weeks	Module II July 10 to Aug 4 4 Weeks	Module III Aug 7 to Sep 1 4 Weeks
Enter Maximum Number of Students per Block >>>			

For **Savannah Campus**: Please email completed form as attachment to **jfetterman@southuniversity.edu** or fax to **(912) 201-8153**, or mail ASAP to:

Dr. Rusty Fetterman
South University, Savannah - School of Pharmacy
709 Mall Blvd.
Savannah, GA 31406
Phone: (912) 201-8129

For **Columbia Campus**: Please fax completed form to **(803) 935-4564**, or e-mail as an attachment to **wwynn@southuniversity.edu**, or mail ASAP to:

Dr. William Wynn
South University, Columbia - School of Pharmacy
9 Science Court
Columbia, SC 29203
Phone: (803) 935-9705

For office use only:
I _____ spoke to preceptor _____ on _____ and was given the above availability.
Preceptor Availability entered into Pharmacademic on _____ by _____