

PORTFOLIO CHECKLIST

(This form must be used for each rotation and should be first item after each partition)

Rotation # _____ Rotation Title: _____ Rotation Site: _____

Type of Rotation: **Acute Care** **Institutional** **Ambulatory** **Selective/Elective**

Documentation of Required Rotation Portfolio Components

Copy of Completed Intern Evaluation Form (Required for all rotations)
Copy of Completed Internship Hour Sheet (Required for all rotations)

Preceptor Initials	Student Initials

Acute Care Rotation

Portfolio Required Rotation Components	Documentation Required*	Preceptor Initials	Student Initials
One Formal Case Presentation	Copy of your presentation handout and evaluation form		
Six (6) Patient Care Interventions	Copy of minimum 6 patient care intervention forms (provided to student)		
Six (6) Informal Case Presentations	Summary of informal case presentation form (provided to student)		
Two (2) miscellaneous activities; list below	See "P4 Student Internship Portfolio", p.4 for examples of documentation		

Ambulatory Pharmacy Practice Rotation

Portfolio Required Rotation Components	Documentation Required	Preceptor Initials	Student Initials
Ten (10) Clinical Intervention Documentation for Ambulatory Pharmacy Practice Rotation	Copy of minimum 10 "Clinical Intervention Documentation for Ambulatory Pharmacy Practice Rotation" form (provided to student)		

Institutional Pharmacy Practice Rotation

Portfolio Required Rotation Components	Documentation Required	Preceptor Initials	Student Initials
Six (6) Patient Care Interventions	Copy of minimum 6 patient care intervention forms; p. D46 of Internship Guide		

Selective Rotation

Portfolio Required Rotation Components	Documentation Required	Preceptor Initials	Student Initials
Six (6) Patient Care Interventions	Copy of minimum 6 patient care intervention forms		

Elective Rotation

Portfolio Required Rotation Components	Documentation Required	Preceptor Initials	Student Initials
None required	Optional		

I have reviewed the portfolio and found it to be complete for this rotation to the best of my knowledge, and have completed the "Longitudinal Assessment of ACPE Professional Outcomes".

Preceptor Signature: _____ Date: _____

I have reviewed the portfolio and found it to be complete and accurate for this rotation, and have completed the "Longitudinal Assessment of ACPE Professional Outcomes".

Student Signature: _____ Date: _____

Do not write below this line: For Regional Internship Personnel Only

Regional Internship Personnel

Date

** ALL patient information included in the portfolio must be de-identified.*