

Kaiser Permanente Department of Pharmacy Services
Pharmacy Student Rotation Inquiry Form

Contact Information:
Name :
Address :
Soc. Sec. No. (required for KP computer access) :
Date of Birth:
Cell Phone number ;
Email address ;
Pharmacy school attending ;
Is this a Non-traditional Pharm.D. program? ;
Expected date of graduation ;
Pre-Pharmacy degrees?
Current school year level ;
Current GPA ;
General Information:
Do you have a local residence in our area? ;
Address:
Do you/will you have transportation?
I have pharmacy work experience in the following areas:
School of Pharmacy Experiential Coordinator:
Name :
Phone number ;
Email Address ;
Does your school provide you with learning objectives that our preceptors will need to follow for your required rotation? :
Does your school provide you with evaluation tools that our preceptors need to evaluate you with? :