

Mentee:	Mentor:	Date Completed/ Mentor Initial
Requirements		
1	Develop a teaching portfolio/self evaluation	
	- Include copy of all requirements and evaluations of EVERY requirement	
	-Include a statement of your teaching philosophy and goals for the APP	
	- Include self evaluation of the program (what you have learned, future goals) at the end	
	- This needs to be completed and turned into your mentor by June 1	
2	Meet with faculty mentor quarterly	
	Q1 (Must be complete by last week in September)	
	Q2 (Must be complete by first week in January)	
	Q3 (Must be complete by last week in March)	
	Q4 (Must be complete by June 1st)	
3	Attend 80 % Academic Preparation Program Seminar Series (sign attendance sheet)	
4	Two hours of didactic lectures (with exam questions) include date:topic	
	-One must use active learning	
	-Provide dates/times to mentor ONE MONTH PRIOR to lecture	
	-Your mentor must approve experience	
	-Faculty mentor will evaluate each lecture (or someone approved by your mentor)	
	in addition to your preceptor for the lecture	
	Provide 5 questions/hour to your mentor and Dr. Jean Nappi (nappijm@muscd.edu) prior to lecture	
	10 multiple choice questions total with rationale for correct and incorrect foils	
	1.	
	2.	
5	Small group facilitation or lab participation x5 include date:name of group	
	-Provide faculty mentor with dates/time ONE MONTH prior to performing (mentor must approve)	
	-Someone must evaluate (your faculty mentor or someone approved by your mentor)	
	1.	
	2.	
	3.	
	4.	
	5.	
6	Submission of an abstract to a Professional meeting -Include state, regional, national meetings (SERC will count but abstract must be rewritten to include results)	
7	Precept pharmacy students x 2 months	
	Contact preceptors in beginning of year to determine which rotation these can be completed	
	Your mentor must approve. Your preceptor must agree to their requirements.	
	- You must be able to:	
	A. Interact with the student daily, including providing an orientation to the student	
	B. Perform verbal and written midpoint and final evaluation of the student (using eValue)	
	Your preceptor must agree to provide verbal feedback regarding your precepting skills. Send student email address to nappijm@muscd.edu so the student can be sent an evaluation form.	
	1.	
	2.	
8	Evaluate pharmacy student oral presentations and provide WRITTEN feedback x 5 (list name and date) Include copies of evaluation forms in portfolio	
	1.	
	2.	
	3.	
	4.	
	5.	
9	Write a manuscript suitable for publication	
10	Position following residency:	
	Mentors: Please review the above requirement check off sheet.	
	If mentee has met the above requirements please sign below and forward to Jean Nappi	
	I certify that the mentee has completed all the requirements for the academic preparation certificate.	
	MENTOR SIGN and DATE	