LIU Pharmacy

ELECTIVE ACTIVITY REQUEST FORM

Name of Event: _____ Date of event: _____

Description of Event:

Sponsoring Organization: _____

Event Coordinator's Name: _____

Event Coordinator's Email: _____

Which pharmacy year will receive co-curricular credit for this event?

- ☐ P3
- ☐ P4
- ☐ P5
- ☐ P6

Co-Curricular Category

Please choose all co-curricular categories that apply to your event

- ☐ Political Advocacy
- ☐ Outreach- Educational
- ☐ Outreach- Direct Patient Care
- ☐ Outreach- Fundraiser
- ☐ Research
- ☐ Leadership
- ☐ Professional Training
- ☐ Career Preparation
- ☐ Other:

Learning Outcomes:

Please choose the learning outcome(s) to be met by your event

- ☐ 4.1 Self-aware
- ☐ 4.2 Leader
- ☐ 4.3 Innovator
- ☐ 4.4 Professional

How will participants meet the learning outcome(s) noted above? _____

Is this an on-campus event?

- ☐ Yes:
- ☐ Other: _____

Start time _____ End time _____

Pharmacist/Event Preceptor Name: _____

Pharmacist/Event Preceptor Contact:_____

Will the pharmacist /event preceptor be attending?

- ☐ Yes
- ☐ No

Anticipated number of participants: _____

*****Do not use this form for Professional Development Programs*****