

**ADVANCED PHARMACY PRACTICE EXPERIENCE (APPE)**  
**SITE PREFERENCES**

Name: \_\_\_\_\_

**Phar 579 Community Pharmacy APPE (4 weeks, required in Montana sites)**

First Choice City: \_\_\_\_\_

Second Choice City: \_\_\_\_\_

1. Pharmacy \_\_\_\_\_

1. Pharmacy \_\_\_\_\_

2. Pharmacy \_\_\_\_\_

2. Pharmacy \_\_\_\_\_

**Phar 580 Hospital Pharmacy APPE and 581 Inpatient APPE (8 weeks, required in Montana sites)**

First Choice City: \_\_\_\_\_

Second Choice City: \_\_\_\_\_

1. Hospital \_\_\_\_\_

1. Hospital \_\_\_\_\_

2. Hospital \_\_\_\_\_

2. Hospital \_\_\_\_\_

**Phar 582 Ambulatory Care APPE (8 weeks, required in Montana sites)**

First Choice City: \_\_\_\_\_

Second Choice City: \_\_\_\_\_

1. Site \_\_\_\_\_

1. Site \_\_\_\_\_

2. Site \_\_\_\_\_

2. Site \_\_\_\_\_

**Elective APPE (4 rotations, 4 weeks each)**

Electives may be done outside Montana if appropriate sites can be found

First Choice **Rotation:** \_\_\_\_\_

Fourth Choice **Rotation:** \_\_\_\_\_

**City:** \_\_\_\_\_

**City:** \_\_\_\_\_

Second Choice **Rotation:** \_\_\_\_\_

Fifth Choice **Rotation:** \_\_\_\_\_

**City:** \_\_\_\_\_

**City:** \_\_\_\_\_

Third Choice **Rotation:** \_\_\_\_\_

Sixth Choice **Rotation:** \_\_\_\_\_

**City:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Please submit along with a one page description of your pharmacy experience to date and future plans, and your petition, if needed, by October 5, 2009, to Karen in SB 323. Failure to turn in your preference form by this date will move you to the end of the list for assignments.**