Form for Pharmacist Facilitator Appointment at UBC Faculty of Pharmaceutical Sciences

PERSONAL CONTACT INFORMATION (PLEASE PRINT CLEARLY) UBC Employee ID (only required if currently appointed at UBC): _____ (PLEASE NOTE YOUR NAME SHOULD BE AS GIVEN IN YOUR LEGAL DOCUMENT) First Name: Prefix: Middle Name: Last Name: Home Address: City: _____ Province: ____ Postal Code: _____ Home Telephone: _____ Mobile Phone: _____ Email address: _____ **POST SECONDARY EDUCATION** University/Institution Degree Subject Area Dates **EMPLOYMENT RECORD** Place of Employment Rank or Title Dates

CERTIFICATIONS

Please list any/all c	ertificates	or special	qualifications	s that r	elate to	the jol	b (ie.	Injection	certific	ation,
diabetes educator,	etc.)									

Type/Name of Certification	Dates Awarded

If you have the injection certificate are you willing to teach in the injection course:

PREVIOUS EXPERIENCE

Please list all previous experience(s) that you have working in courses at UBC or as a preceptor

Courses/Experience	Dates				

TEACHING SKILLS

Please answer the following questions:

1. Why are you interested in teaching?

2. What qualities/experiences make you an effective teacher?

3. What is your approach to teaching?

AVAILABILITY

Please check all that apply

Monday 8:00 am – 12:00 pm (yr 3)

Monday 1:30 pm - 5:30 pm (yr 3)

Tuesday 8:00 am - 12:00 pm (yr 3)

Tuesday 1:30 pm - 5:30 pm (yr 1)

Wednesday 8:00am-12:00pm (yr 1)

Would you prefer:

• Regular Shifts

• Relief Shifts

I have access to a computer:

How did you hear about us?

Wednesday 1:30 pm - 5:30 pm (yr 1)

Thursday 8:00 am - 12:00 pm (yr 2)

Thursday 1:30 pm - 5:30 pm (yr 2)

Friday 8:00 am - 12:00 pm (yr 2)

Notes:

- This application does not guarantee a position with the faculty.
- You must be licensed to practice pharmacy in British Columbia to be considered for a position
- Please submit this completed form *along with a copy of your CV* to lia.hughes@ubc.ca.