We have a strong focus on developing leaders within pharmacy practice. To better understand your patient care experiences in the community thus far, please answer the following questions listed below:

**Medication Therapy Management Experience**

Comprehensive Medication Reviews (CMRs) or Targeted Medication Reviews (TMRs)

*Estimate the number of CMRs and/or TMRs you have assisted with using the Outcomes or Mirixa platforms, and write the number next to the appropriate platform.*

____ Outcomes

____ Mirixa

____ Other platforms: __________________________________________________________________

____ Additional Comprehensive Medication Management Experience (outside of an MTM platform):

_________________________________________________________________________________

**Immunization experience**

Have you completed APhA Immunization Training?                              Yes   No

Were you able to immunize as a student pharmacist?                          Yes   No

If yes, how many immunizations have you administered?                      ______

Other than the influenza vaccine, please list the other vaccines you have administered?

__________________________________________________________________________

Have you have the opportunity to participate in the provision of immunizations by a licensed pharmacist?                       Yes   No

If yes, describe your level of involvement:

Did you have the opportunity to participate in an immunization clinic?         Yes   No

If yes, how many clinics?                                                 ______

What immunizations were given?__________________________________________________________________________________

**Community Pharmacy Staffing Experience**

Were you or are you currently a registered intern at a community pharmacy site?       Yes   No

If yes, what is the average daily or weekly prescription volume at your site?_______

If you do not intern at a community pharmacy site, do you intern in a different pharmacy setting?
(i.e. hospital, managed care, specialty)                                Yes   No

If applicable, approximately how many total hours have you staffed overall as an intern? _______

How many IPPE hours were you able to work in a community pharmacy? _______

How many APPE hours were you able to work in a community pharmacy? _______

**Initiating Patient Care Services**

Have you participated in initiating or expanding a patient care service? If so, please provide a brief description of the service and the role you played.