



PHARMACY PRECEPTOR RECOGNITION DINNER & CONTINUING EDUCATION: “Personalized Precepting: One Learner at a Time”

DESCRIPTION

Please join us for an evening of preceptor recognition, dinner, and continuing education. The Asheville Region Preceptor of the Year will be announced and prizes will be raffled. Network with your colleagues in the region.

This session will provide preceptors with information that will help them to maximize rotation learning experiences for their students/residents. During this presentation, the speaker will provide strategies that preceptors can use to personalize the experience for their learners. Strategies will target how to get to know your learners prior to the rotation, how to tailor feedback/learning activities to the individual learners, and how to recognize when to utilize others to ensure an excellent rotation experience.

FREE TO ATTEND, BUT YOU MUST REGISTER!

LOCATION

MAHEC Education Building
121 Hendersonville Road, Asheville, NC 28803

DATE

Thursday, November 16, 2023

REGISTRATION & DINNER

5:30 pm–6:00 pm

CONTINUING EDUCATION

6:00 pm–7:30 pm

**REGISTER
ONLINE**

OBJECTIVES

Upon completion of this knowledge-based educational activity, participants will be able to:

- Recognize the relationships between learners, preceptors, and their learning environments and their collective impact on the quality of experiential training
- Discuss strategies that can be used to personalize the experiential learning for both learners and preceptors
- Describe effective feedback strategies that preceptors can utilize to create a culture of feedback for their individual learners

MAHEC assumes permission to use audio, video, and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.

PROVIDED BY

MAHEC
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UNC
ESHELMAN
SCHOOL OF PHARMACY

SPEAKER

Craig D. Cox, PharmD, FCCP, BCPS

President, American Association
of Colleges of Pharmacy (AACCP)

Professor of Pharmacy Practice and
Vice Chair for Experiential Programs

Texas Tech University Health Sciences Center
Jerry H. Hodge School of Pharmacy, Lubbock, TX

PHARMACY CREDIT



ACPE: UNC Eshelman School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. ACPE program

0046-9999-23-219-L99-P provides **1.0** contact hours of continuing pharmacy education credit.

To receive credit, participants must verify attendance and complete the evaluation form(s) for this program. Participants must provide their name, email address, NABP e-Profile ID, and date of birth (MMDD) to receive credit. Statements of credit can be viewed and printed in CPE Monitor in approximately 2-3 weeks. It is the participant's responsibility to check CPE Monitor to verify credit has been uploaded. If credit is not shown, please contact the provider within 60 days of the program date. No partial session credit will be given.

PLANNING COMMITTEE

Bill Hitch, PharmD, BCPS, CPP

Mountain Area Health Education Center, Asheville, NC

Jordan Masterson, PharmD, BCPS

Mission Health, Asheville, NC

Charlene Williams, PharmD, BCACP, CDCES

UNC Eshelman School of Pharmacy, Asheville, NC

Send completed registration to: MAHEC Registration
121 Hendersonville Road, Asheville, NC 28803

Fax completed registration to: 828-257-4768

HAVE A QUESTION?

Program Planner

Dina Gillespie
828-771-4216 | dina.gillespie@mahec.net

Registration Phone

828-257-4475

Registration Fax

828-257-4768

Online Registration

mahec.net/events



Special Services

828-771-3490

Email

registration@mahec.net

Mail

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121 Hendersonville Road
Asheville, NC 28803

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REGISTRATION FORM

**REGISTER
ONLINE**

*This program is free to attend,
but registration is required.*

Updated contact information

Event #72068

Name _____

Credentials _____

Occupation _____

Email Address _____

*Program announcements will be sent to your email
unless you opt out from receiving MAHEC emails.
We never share our mailing lists.*

Please remove me from the MAHEC mailing list

Home Address _____

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Home # _____ Work # _____

Employer _____

Department _____

Employer's Address _____

City _____ State _____ ZIP _____

Work County _____

Dietary Preference (if applicable)

Vegetarian Gluten-free Vegan