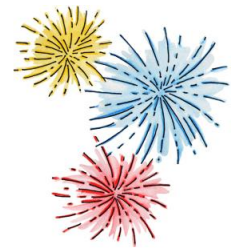




New Preceptor Instructional Package



PRECEPTOR GUIDELINES

1. The preceptor should instill the principles of professional ethics and serve as a role model.
2. The preceptor should be in good standing with a Board of Pharmacy or appropriate licensing board if other healthcare professional and hold current licensure in the state in which he/she practices. Pharmacy preceptors employed by the Veterans Administration or other government agency may hold a current pharmacy license from another state.
3. The preceptor should be in a position to expose the student to all aspects of professional practice and serve to facilitate learning experiences.
4. The preceptor should ensure objectives of the student experience are understood by all employees to avoid misunderstanding and conflict about the students' role.
5. The preceptor-student relationship is one that is built on trust, communication, respect and understanding. A preceptor should portray these qualities. A preceptor must be willing to mentor the student.
6. The preceptor must supervise the students' activities at all times; however, the preceptor may delegate this responsibility to another pharmacist or health care professional.
7. The preceptor should conduct or should arrange for an orientation for student(s) assigned to complete an advanced practice experience at the site. Topics to cover during orientation should include, but are not limited to preceptor expectations, standard operating procedures, and expected activities the student should participate in.
8. The preceptor should determine the students' pharmacy competency and background by reviewing the students' C.V., and by discussion, observation and experience during the orientation process.
9. The preceptor is expected to utilize the College's electronic experiential scheduling system. Students are not allowed to contact preceptors to schedule their own experiences. Any and all student initiated experience change requests must go through the Director of Experiential Education of the student's assigned site and/or the Assistant Dean of Experiential Education and Student Services.
10. The preceptor is responsible for evaluation of student progress. Critique should be in the form of constructive feedback, and conveyed to the student in private, whenever possible. Feedback should be given on an ongoing basis. **The preceptor must provide the student with a midpoint evaluation during the experience and the final evaluation upon completion of the experience. These evaluations must be documented in the electronic evaluation systems (PEPrx for IPPEs and SUCCESS 2.0 for APPEs).**
11. The preceptor must certify the students' hours for each experience on the Certification of Hours form. Provide license number if licensed health care professional.
12. The preceptor can terminate the experience at any time due to poor professional conduct or other serious event.
13. Preceptors must maintain a commitment to pharmacy education and Nova Southeastern University, College of Pharmacy students. Preceptors who continuously drop students from their experience may be asked to resign their clinical affiliate position with the College.
14. Preceptors are expected to maintain a representative portfolio of student work completed at the site.
15. The preceptor is encouraged to attend one preceptor training conference per year provided by NSU College of Pharmacy Experiential Education Directors. These may be conducted live or via electronic preceptor development modules

16. The preceptor may use his/her discretion in allowing off-site experiences such as Continuing Education seminars, local and/or state pharmacy conferences, Board of Pharmacy meetings, etc. to count toward the experience requirements.
17. Preceptors must have email addresses and Internet access.
18. The pharmacist preceptor must have been engaged in the practice of pharmacy for a minimum of two (2) years.
19. The preceptors must agree to assist NSU College of Pharmacy in the achievement of the educational goals, objectives, and outcomes set forth and to provide a professional environment for the training of the students. .
20. The preceptors must provide evidence of a desire to continue the broadening of his/her professional education and of an active involvement in a patient-oriented practice.
21. The preceptor may expect quality assurance visits from faculty members or Directors of Experiential Education at a time that is acceptable to both parties. These visits are to ensure quality training of students and communication with the College.

PRECEPTOR GUIDELINES FOR ORIENTATION MEETING

1. Schedule an Orientation for students on day 1 or 2 of the experience.
2. Develop a schedule with the student that is agreeable. For APPEs this should be for **no less than 40 hours per week over at least 5 days**. For Community IPPE during the fall/winter semesters this should be for 4 hours per week for a total of 15 weeks each semester totaling 120 hours and during the summer semesters for no less than 40 hours per week totaling 120 hours. For Health-System and Pharmacy Services IPPE during the fall/winter semester this should be for 8 hours per week for a total of 15 weeks and during the summer semesters for no less than 40 hours per week totaling 240 hours.
3. Provide the student with safety information about the area and site, including the facility safety office phone and emergency number (if applicable).
4. Provide information regarding preceptor expectations and expected activities the student should participate in.
5. Provide the student with other general information about the facility.
6. Discuss the student's previous pharmacy experiences.
7. Tour the facility and introduce the student to those individuals with whom they will be interacting.
8. Orient the student to the general operation of the pharmacy and facility. Orient the student to your policy and procedures.
9. Orient the student to the duties of other personnel in the facility.
10. Orient the student to the communication system within the facility (telephones, computers, messenger service, etc.) Provide the student with information about emergency numbers on site.
11. Orient the student to cafeteria, personal care areas and library facilities (if available). Include guidelines on the use and availability to students for each of these areas.
12. Explain the facility's record keeping system if applicable.
13. Explain the facility's inventory control system if applicable.
14. Explain the guidelines for patient contact in the facility if applicable.

PRACTICE SITE CRITERIA

1. The practice site must meet all standards set by appropriate governmental, regulatory, and accrediting agencies.
2. The practice site must have a signed affiliation agreement with Nova Southeastern University, College of Pharmacy.
3. All practice sites must reflect a professional image.
4. **The advanced pharmacy practice experience sites that provide core experiences should have facilities to provide a wide range of pharmaceutical services such as, but not limited to:**
 - a) Dispensing services or a contemporary drug distribution system:
The pharmacy should employ and maintain an inventory system (regular and systematic means of reviewing stock levels; system for ordering direct from manufacturer and/or from wholesaler; method of determining most economical turnover of stock for various sections of the pharmacy; etc.)
 - b) Patient profile review mechanisms:
The pharmacy must maintain and utilize patient or family medication record systems for drug therapy monitoring purposes and, in addition, should have an area set aside for patient consultation.
 - c) Drug information resources:
Appropriate reference materials must be available for use in supplying drug information to the patient, physician or allied professionals. The pharmacy should provide a current educational program for nurses, physicians, and clients. The pharmacy should supply drug and health related information for the needs of its patients, perhaps by literature or brochure displays, mailings to clients, etc. Access to the Internet, Microsoft Office and Excel, or equivalent is recommended, as well as access to scientific periodicals (i.e., American Journal of Health System Pharmacy, Annals of Internal Medicine, Annals of Pharmacotherapy, Clin-Alert, Medical Letter on Drugs and Therapeutics) and textbooks (i.e., Remington's Pharmaceutical Sciences, USP-NF, USP-DI, Facts & Comparisons, AHFS Drug Information, Handbook of Non-Prescription Drugs, Applied Therapeutics, Florida Pharmacy Law & Information Manual, Merck Manual, Drug Information Handbook, Red Book, Washington Manual, Trissel's Handbook for Injectable Drugs or King's Guide to Parenteral Admixtures, Natural Standard. These and other pertinent resource specific to the population served by the pharmacy are available to students and preceptors online via the Nova Southeastern University Health Professions Library.
 - d) Sites that offer clinical pharmacy services:
The pharmacy should strive to achieve outcomes that improve patients' quality of life and are fiscally responsible. These outcomes include:
 - ♦ Cure of disease

- ♦ Elimination or reduction of symptoms
 - ♦ Arresting or slowing of a disease process
 - ♦ Prevention of disease
 - ♦ Cost containment to the patient and healthcare system
5. To achieve these outcomes, the pharmacist detects, resolves, and prevents obstacles throughout the course of therapy. Where applicable, the scope of clinical pharmacy services should include:
 - a) Participating in drug therapy decisions
 - b) Selecting the drug product dosage form
 - c) Determining the dose and dosage schedule
 - d) Monitoring the patient to maximize compliance with therapy instructions
 - e) Monitoring the patient to minimize adverse drug reactions and drug interactions
 - f) Monitoring the patient to enhance the probability that therapy proceeds with established therapeutic objectives
 - g) Providing patients with effective transitions of care, thus minimizing adverse drug events from occurring when patients transition from one level of care to another
 9. Where applicable, the pharmacy should have procedures to provide for the handling of investigational drugs and oversee their proper use.
 10. Where applicable, the pharmacy should have procedures to provide for the appropriate handling of pharmaceutical waste.
 11. Where applicable, the site should utilize and actively maintain a formulary system.
 12. Where applicable, the pharmacy should have provisions for handling third party payment programs.
 13. Sites that offer advanced non-direct patient care experiences such as Industry and Drug Information, should provide a professional environment that requires a student to interact with other industry professionals, problem solve, provide education or present seminars as appropriate and encourages the students to become lifelong learners.
 14. The individual who serves as the primary preceptor must meet the Preceptor Requirements and Guidelines.
 15. Where appropriate, the preceptor should provide direct patient care services as a member of an interdisciplinary team of health care practitioners.
 16. The preceptor should have been licensed/practiced for a minimum of two (2) years.

POLICY ON OUT-OF-FLORIDA EXPERIENCES

Policy Statement:

Students may do previously approved elective advanced pharmacy practice experiences (APPEs) outside of the State of Florida or the USA.

Policy and Procedures:

Students may take only previously approved elective APPEs outside the State of Florida. All core APPE's must be completed in the United States.

Students may do THREE (3) previously approved experiences outside the State of Florida, excluding Indian Health Service (IHS) and the Public Health Service (PHS).

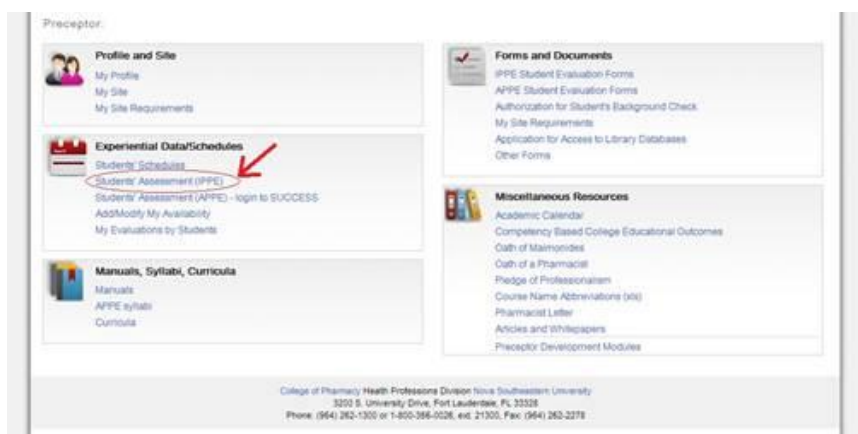
No site or preceptor for an out-of-State APPE will be approved unless both the site and preceptor are already affiliated with an ACPE accredited School or College of Pharmacy and meet the preceptor and site requirements stated in the APPE manual.

All documents (affiliation agreement, syllabus, preceptor application, preceptor availability, and licenses) and approval must be completed at least one (1) month prior to the scheduling of APPE's. Scheduling of APPE's for the next academic year begins on the first day of the December APPE.

PEPrx Tutorial

Here's a quick tutorial on how to grade your students for their Midterm and Final Exam evaluations. (This tutorial applies for the IPPE students, for APPE student grading please refer to SUCCESS). Your PEPrx User ID is "**ENTER USERID HERE**". If you still have trouble, please feel free to email me at kcolebrooke@nova.edu.

1. To start, first go to <https://cfsecure.nova.edu/PEPrx/>.
You'll come to a log in screen, select "**Preceptor**", and then type in your USERID (your USER ID is "**ENTER USERID HERE**").
2. Once logged in, you'll see your home screen:



3. From the home screen, you'll want to select "**Students' Assessment**", which will lead you to a screen like the following:



4. From here, you can choose to "**Perform Midterm**", "**Perform Final**", or "**Edit/Print Final**", right under to the "**Midterm Evaluation**" and "**Final Evaluation**" columns.

- From there, you have 4 links to choose from. We will start with “Final Oral Prescription Exam Grade”:

PHRC5580 (082012-110912) | [Assess] | [Edit/Print Midterm] | [Edit/Print Final]

PHRC5580 (010713-042613) | [Assess] | [Perform Midterm] | [Perform Final]

TOTAL FINAL EVALUATION OF: 4.4 / 5.0

Course: PHRC5580, 2012-2013

Preceptor: [Preceptor Name]

THESE FORMS ARE TO BE COMPLETED AT THE END OF THE INTRODUCTORY PHARMACY PRACTICE EXPERIENCE.

- Final Oral Prescription Exam Grade ✓
- Final Evaluation (Competencies)
- Effort in Achieving and Developing Competencies
- Final Competency Score (Not completed)

1. Final Oral Prescription Exam Grade for [Preceptor Name] [Printable Form](#)

Preceptor: Please fill in grade for each prescription completed in table below (max. 10 each entry)

| | | |
|-------------------------|--------------------------|--------------------------|
| 1. <input type="text"/> | 6. <input type="text"/> | 11. <input type="text"/> |
| 2. <input type="text"/> | 7. <input type="text"/> | 12. <input type="text"/> |
| 3. <input type="text"/> | 8. <input type="text"/> | 13. <input type="text"/> |
| 4. <input type="text"/> | 9. <input type="text"/> | 14. <input type="text"/> |
| 5. <input type="text"/> | 10. <input type="text"/> | 15. <input type="text"/> |

RX Exam Grade is calculated by adding grades #1 through #15. The RX Exam Grade cannot exceed more than 150 points.

[Calculate RX Exam Grade](#) | RX Exam Grade: _____

Final Oral Prescription Exam Grade = RX Exam Grade / 15

Final Oral Prescription Exam Grade: 14.4 out of 15

Comments:

- Here you'll assign the student up to 10 points for each slot.
- After grading the Oral Prescription Exam, you can move on to Part 2: “2. Final Evaluation (Competencies)”.

PEP_{RX}
Nova Southeastern University College of Pharmacy Professional Experience Program

NOVA COLLEGE OF PHARMACY
SCHOOL OF PHARMACY

Menu | Profile/Portfolio | Availability/Schedule | Manuals/Syllabi | Forms | Miscellaneous | Sign Out

Student Schedules | Student Assessment | My Availability | My Evaluations

Preceptor: [Preceptor Name]

Assessment in academic year: 2012 - 2013

IPPE COMMUNITY (2012-2013)

| Course (time period) | Student Name | Midterm Evaluation | Final Evaluation |
|--------------------------|--------------|----------------------|--------------------|
| PHRC5580 (082012-110912) | [Assess] | [Edit/Print Midterm] | [Edit/Print Final] |
| PHRC5580 (010713-042613) | [Assess] | [Perform Midterm] | [Perform Final] |
| PHRC5580 (082012-110912) | [Assess] | [Edit/Print Midterm] | [Edit/Print Final] |
| PHRC5580 (010713-042613) | [Assess] | [Perform Midterm] | [Perform Final] |

TOTAL FINAL EVALUATION OF: 1.4 / 5.0

Course: PHRC5580, 2012-2013

Preceptor: [Preceptor Name]

THESE FORMS ARE TO BE COMPLETED AT THE END OF THE INTRODUCTORY PHARMACY PRACTICE EXPERIENCE.

- Final Oral Prescription Exam Grade ✓
- Final Evaluation (Competencies)
- Effort in Achieving and Developing Competencies
- Final Competency Score (Not completed)

College of Pharmacy Health Professionals Division Nova Southeastern University
3200 S. University Drive, Fort Lauderdale, FL 33308
Phone: (954) 262-1300 or 1-800-356-8306, ext. 21300, Fax: (954) 262-2278

- Click on **"2. Final Evaluation (Competencies)"** as pictured above, and you'll come to a page like the picture below:

4. Final Competency Score (8/8 completed)

2. Final Evaluation on Competencies for [redacted]

| Competency Area | Finishes the task correctly and thoroughly, with little supervision. (5 pts.) | Capable of completing the task correctly most of the time with supervision. (3.5 pts.) | Student is NOT capable of completing the task correctly and requires much supervision. (0 pts.) |
|---|---|--|---|
| 1. Collect accurate and comprehensive patient information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Record all patient information accurately, legibly, and succinctly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Evaluate patient characteristics that may influence the choice of a drug delivery system. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Determine if the product is packaged in compliance with legal requirements and bears no signs of tampering. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Assess the appropriateness of delivery system of product for the patient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Clarify, add and correct prescription order information when necessary. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Accurately prepare prescriptions, including reconstitution and attaching appropriate auxiliary labels. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Observe legal and ethical guidelines for protecting the confidentiality of patient information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Comply with federal, state and local laws and related regulations that affect the practice of pharmacy. (OBRA, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Discuss OTC medication mechanisms and use with preceptor and patient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Define inventory and explain methods and procedures for maintenance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Integrate basic management principles into practice as directed by preceptor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Give the well being of the patient highest consideration in provision of pharmaceutical care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Choose communication methods that are appropriate to the purpose of the interaction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Integrate new information, and knowledge learned into problem solving and patient care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Answer questions about medications from other health professionals, or patients appropriate to current educational level. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- Here you'll survey through 20 competencies, ranking the student by selecting a corresponding bubble. For each question, you can assign 5, 3.5, or 0 points.

- Once you've gone through all the questions, you'll come to the bottom:

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| 11. Define inventory and explain methods and procedures for maintenance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Integrate basic management principles into practice as directed by preceptor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Give the well being of the patient highest consideration in provision of pharmaceutical care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Choose communication methods that are appropriate to the purpose of the interaction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Integrate new information, and knowledge learned into problem solving and patient care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Answer questions about medications from other health professionals, or patients appropriate to current educational level. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Present information (formal or informal) accurately, in an organized manner as expected from an entry-level professional. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Exhibit professional appearance and conducts himself/herself in a professional manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Learn in a self-directed manner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Take on new challenges with enthusiasm. Contribute to professional environment of the pharmacy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please include any additional comments you would like to make to the student.

Assessment Date: 07-Feb-2012

Checking this checkbox is in lieu of my signature.

NOTE: once you check this checkbox this evaluation will become available for viewing to the student on their PEP's account.

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3200 S. University Drive, Fort Lauderdale, FL 33328
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- You'll be able to add any comments for the student in the box provided. Once you finish completely, you have to check the box near the bottom. This checkbox acts as a signature, if you do not check it, your student will be unable to see their evaluation and the grade will not be released on the Student Services side as well.

- Select the **"Submit Assessment"** button.

13. The evaluation will save, and you can then move on “**3. Effort in Achieving and Developing Competencies**” (as pictured below). Here you will grade the student by his or her effort in achieving and developing competencies. The maximum amount of points that may be rewarded is 10.

Menu Profile/Portfolio Availability/Schedules Manuals/Syllabi Forms Miscellaneous Sign Out

Student Schedules | Student Assessment | My Availability | My Evaluations

Preceptor: [User Profile]

Assessment in academic year: 2012-2013

IPPE COMMUNITY (2012-2013)

| Course (Sem period) | Student Name | Midterm Evaluation | Final Evaluation |
|--------------------------|----------------|------------------------------------|----------------------------------|
| PHRC5580 (082012-110012) | [Student Name] | Edit/Print Midterm | Edit/Print Final |
| PHRC5580 (010713-040013) | [Student Name] | Perform Midterm | Perform Final |
| PHRC5580 (082012-110012) | [Student Name] | Edit/Print Midterm | Edit/Print Final |
| PHRC5580 (010713-040013) | [Student Name] | Perform Midterm | Perform Final |

TOTAL FINAL EVALUATION OF: [Progress Bar]

Course: PHRC5580, 2012-2013

Preceptor: [User Profile]

THESE FORMS ARE TO BE COMPLETED AT THE END OF THE INTRODUCTORY PHARMACY PRACTICE EXPERIENCE.

1. Final Oral Prescription Exam Grade
2. Final Evaluation of Preceptor
3. Effort in Achieving and Developing Competencies
4. Final Competency Score (not complete)

3. Effort Grade for Preceptor, Jorge

Preceptor: Please fill in grade for Effort in achieving and developing competencies (max is 10):

[Submit](#)

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3300 S. University Drive, Fort Lauderdale, FL 33328
Phone: (954) 262-1300 or 1-800-366-0026, ext. 21300, Fax: (954) 262-2276

14. Select the “**Submit**” button.
15. You should see 3 green checks by forms 1-3 now. You may click on “**4. Final Competency Score**” and you’ll come to a summary of the evaluation, as well as what the **final** preceptor grade assigned after averaging out the 3 forms submitted. From here, you can edit the 3 forms if you find the final grade to be too low or too high.
16. Then, you’re finished with grading the student. You may continue and repeat the process with any of your other students.

SUCCESS 2.0

You can reach the SUCCESS website by going to this address:
<https://coplin6.cop.ufl.edu/ugsp2/index.php>

(select the link for version 2.0)

Your starting userID and password are the same:

The first time you log in you will be asked to create a new strong password.

If you have not used the SUCCESS system before you should go through the tutorial. You can access this via the "HELP" link. You don't even need to log in to do so.

Once you get started the first thing you will need to do is select the Rotation Manager

There you will be able to ADD and weight your rotation so that it is specific to you.

Contact the Experiential Education Department if you have any questions at (954) 262-1374.

Preceptor Disbursement Requests

The sites that take APPE students are eligible to receive \$350/student rotation. The payment only applies to APPE rotations and students, it does not apply to IPPE Community (P2's) or IPPE Hospital (P3's) students.

The funds earned by the preceptors are to be utilized for the benefit of improving the rotation provided to the students, in other words for educational purposes. A lot of preceptors utilize these funds for the purchase of new material for the pharmacy (e.g. computers, iPads, pens, etc.) or for the attendance in pharmacy related courses or conferences that will better their knowledge and improve the quality of the education provided to our students.

You may request the balance available for disbursement request by contacting the Experiential Education Department (Please refer to contact list).

****HCA sites and CVS preceptors are not eligible for these funds. (Please contact the Experiential Education Department if you have any questions in the matter).****

As of May 17, 2013 the preceptor payment process has changed where we no longer process reimbursements, only disbursements. Reimbursements were payment requests that needed to present the receipts of all expenditures. These were not taxable. As of May we only require the submission of the new disbursement form, and if a first time requester a w9 form should accompany the request. The w9 form is to ensure all your information is up to date for when the 1099 is sent to you. If there is ever a change in personnel in the supervisory level an authorizer form must be submitted in order for the system to be updated. Only the Director/manager of the site can sign off on the payment requests.

For all payment requests a check is sent once the request has been completely approved. If you wish, there is a direct deposit system we utilize, where the payment can be directly deposited into your account; avoiding the wait for a check. I have attached the direct deposit form for future reference.

All forms mentioned are available under the forms section of this manual. In the contact list you will find the email and phone number of every personnel in the Experiential Education and Students Services Department of the NSU College of Pharmacy.

Sincerely,

Experiential Education Department Team



Forms



Dear Valued Preceptor,

The College of Pharmacy would like to thank you for your service in precepting our students. Your mentorship and guidance in educating our students is an important part of our Pharm.D. curriculum.

You are eligible to request a disbursement from your site's preceptor funds with the signature of your site's authorized Director/Manager on file with the College of Pharmacy. There are two ways you may request your disbursement; please select one from the following two options below.

Sincerely,

Dr. Elizabeth Shepherd
Assistant Dean, Experiential Education and Student Services.

- Option 1: Lump sum disbursement **payable to preceptor**. Note: lump sum requests payable to an individual (not a site) = taxable income. You will receive a 1099 form following the end of the tax year. If this is your first request, please attach a completed W9 form.
- Option 2: Lump sum disbursement **payable to the site**. If this is the site's first request, please attach a completed W9 form.

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

CONTACT PHONE/EMAIL ADDRESS: _____

NAME OF HOSPITAL/SITE: _____

AMOUNT REQUESTED: \$ _____

MAKE CHECK PAYABLE TO: _____

MAIL CHECK TO: _____

Signature of Authorized Director/Manager: _____

Name of Authorized Director/Manager: _____

PLEASE SUBMIT COMPLETED DOCUMENT TO THE ATTENTION OF Elizabeth Shepherd (TEL: 954 262 1154) EITHER VIA EMAIL TO: elizshep@nova.edu OR VIA FAX TO: (954) 262 2278

**ADVANCED PRACTICE EXPERIENCE ACCOUNTS
AUTHORIZED SIGNATURE FORM**

**Please update this form when any change occurs in the authorizing site Manager/Director or when adding a preceptor. Submit to NSU College of Pharmacy, c/o Elizabeth Shepherd, in order for our records to be updated.*

Date: _____

Institution/Site Name: _____

Address of Site: _____

Site Manager/Director (PLEASE PRINT NAME): _____

Site Manager/Director (SIGNATURE): _____

Telephone Number for Manager/Director: _____

E-mail address for Manager/Director: _____

My signature above represents approval for reimbursement of expenses related to the Advanced Practice Experience Account with NSU, College of Pharmacy, for the assigned preceptor listed below.

Authorized Preceptor (PLEASE PRINT NAME): _____

Authorized Preceptor (SIGNATURE): _____

The balance of your account will be updated at the end of each month to record the number of students for that month. At that time, once a month, all disbursement requests received for the month will be processed. The request is then forwarded to the NSU Accounts Payable Department where the actual check will be created. It takes approximately 5-7 business days for the Accounts Payable Department to process a request once received in their office, if all paperwork is included. Please have in by the 21st of each month to process all paperwork in a timely fashion.

Please return the attached Advanced Practice Disbursement Form with the signature of the designated individual from your site that manages and authorizes these accounts. A signature is required on this form for our records so that payments may be made on behalf of the assigned preceptors at each site. Please try to keep us updated if this information changes, and submit to the following address:

**Dr. Elizabeth Shepherd
College of Pharmacy
3200 South University Drive
Fort Lauderdale, FL 33328
Tel: 954. 262. 1154
Fax: 954. 262. 2278**

Finally, please note that clinical disbursement funds remain with the site at which the funds are earned. They are not transferable from one site to another.

If you have any questions concerning any of these policies, please feel free to contact me.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | <input type="checkbox"/> Exempt payee | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee ¹ The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

NOVA SOUTHEASTERN UNIVERSITY
Financial Operations
Accounts Payable



DIRECT DEPOSIT FORM FOR A/P

To: Isabel Banks, Accounts Payable Manager

From:

Subject: Direct Deposit for Expense Reimbursements

Date: NSU ID# _____

I authorize NSU to automatically deposit my Expense Reimbursements to my bank account. If funds are deposited to which I am not entitled, I authorize their electronic return or adjustment. This authorization remains in effect until NSU receives a written cancellation from me.

Please sign, date and return along with your VOID CHECK to: Isabel Banks, NSU's Accounts Payable Department, East Campus, Room 525.

Employee's Name

Employee's E-Mail address

Employee's Signature

Date signed: _____

Contact List

| Name | Title | Phone Number | Email |
|------------------------|---|----------------|--|
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