



**The Ohio State University College of
Pharmacy
Academic Experience Affidavit
APPE for Academic Year 2021-2022**

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| Student Printed Name: <div style="font-size: 1.2em; font-weight: bold;">Cameron (Yiwei) Mei</div> | Ohio Intern License Number <div style="font-size: 1.2em; font-weight: bold;">060000424</div> |
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Completion of this document in full is required for graduation from The OSU College of Pharmacy PharmD program. Use additional sheets of this form if necessary. This document with signatures is due to the Carmen assignment by **April 29, 2022** by 5pm (or **April 15, 2022** if no rotation in April).

| Month | Site Name (print) | Preceptor Name (print) | R.Ph. (or other) License # | PRECEPTOR'S SIGNATURE (*see statement below) | Start Date mm/dd/yy | End Date mm/dd/yy | Total # of Hours Completed | |
|--|-----------------------|------------------------|----------------------------|---|------------------------|----------------------|----------------------------|--|
| May 2021 | OSU Wexner | Erinn Molnar | | | | | | |
| June 2021 | OSU Wexner | Stephanie Collins | | | | | | |
| July 2021 | OFF | | | | | | | |
| Aug 2021 | Walgreens Specialty | Benjamin Beshalske | | | | | | |
| Sept 2021 | OSU Wexner | Harrison Jozefczyk | | | | | | |
| Oct 2021 | OSU Wexner | Mohammed Masum | | | | | | |
| Nov 2021 | Kroger Pharmacy | Julie Cymbola | | | | | | |
| Dec 2021 | OFF | | | | | | | |
| Jan 2022 | Employers Health | Matthew Harman | | | | | | |
| Feb 2022 | OFF | | | | | | | |
| March 2022 | Johns Hopkins | Sujin Lee-Weinstein | | | | | | |
| April 2022 | Nationwide Children's | Kristen Lamberjack | | | | | | |
| Longitudinal | N/A | | | | | | | |
| Cumulative Hours for the Academic Year (Minimum of 1440 hours required) | | | | | | | | |

**** As a preceptor for this intern, I confirm that I am a registered pharmacist (or other health professional) holding a current and active license in good standing, or I am the person supervising the experience pursuant to Rule 4729-2 of the Ohio Administrative Code. I understand that as this intern's preceptor, I am verifying that he/she was properly supervised while practicing pharmacy at my site, worked the hours reported, and practiced in accordance with the requirements of the Ohio Pharmacy Practice Act and internship program. I hereby certify the statements associated with my name and signatures are true and correct.**

ONLY TO BE COMPLETED BY THE INTERN'S ACADEMIC EXPERIENCE COLLEGE COORDINATOR:

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| I certify that, during the listed experience dates, each practice site and preceptor above held a current license in good standing with the appropriate professional licensing board, and that the intern named above achieved a passing grade for the structured academic course. | | |
| SIGNATURE OF ACADEMIC EXPERIENCE COLLEGE COORDINATOR | Date | The Ohio State University College of Pharmacy |

Student Signature (required): _____

Date submitted: _____