



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

Student Printed Name:

Brendan Peterson

Ohio Intern License Number

060000325

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	CCF Main Internal Med	Todd Hershberger	03337297	<i>Todd Hershberger</i>	5/3/21	5/28/21	170
June 2021	Marymount Family Pharmacy	Victoria McMonagle	03223711	<i>Victoria McMonagle</i>	6/1/21	6/30/21	176
July 2021	CCF Ketterance Pharmacy	Amanda Anderson	03129994	<i>Amanda Anderson</i>	7/1/21	7/30/21	200
Aug 2021	Cleveland Clinic Main ED	David Tietz	03230456	<i>David Tietz</i>	08/02/21	08/31/21	172
Sept 2021	CCF DIABETES CENTER	KEVIN MALLON	0341218	<i>Kevin Mallon</i>	9/1/21	9/30/21	160
Oct 2021							
Nov 2021	CCF Beachwood ^{OP} Pharm	Brittany Robinson	03333998	<i>Brittany Robinson</i>	11/1/21	11/30/21	105
Dec 2021							
Jan 2022	CCF MAIN ID	KATIE RIVARD	03335148	<i>Katie Rivard</i>	1/3/22	1/31/22	160
Feb 2022							
March 2022	CCF Main HB	Krisztian Gyore	03329050	<i>Krisztian Gyore</i>	3/1/22	3/28/22	160
April 2022							
Longitudinal							
Cumulative Hours for the Academic Year (Minimum of 1440 hours required)							1523

** 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:

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): *Brendan Peterson*

Date submitted: 04.18.22



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Academic Experience Affidavit
APPE for Academic Year 2021-2022**

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May 2021							
June 2021							
July 2021							
Aug 2021							
Sept 2021							
Oct 2021	<i>Cleveland Clinic</i>	<i>Stephanie Lombardi</i>	<i>03438858</i>	<i>Stephanie Lombardi</i>	<i>10/1/21</i>	<i>10/29/21</i>	<i>168</i>
Nov 2021							
Dec 2021							
Jan 2022							
Feb 2022							
March 2022							
April 2022							
Longitudinal							
Cumulative Hours for the Academic Year (Minimum of 1440 hours required)							

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SIGNATURE OF ACADEMIC EXPERIENCE COLLEGE COORDINATOR	Date
	The Ohio State University College of Pharmacy

Student Signature (required): *Brendan Peterson*

Date submitted: *4/16/22*



Office of Experiential Education
 OSU College of Pharmacy
 500 W. 12th Avenue
 Columbus OH 43210

PH7008 APPE Professional Portfolio Activity Report Form
Academic Year 2021-2022

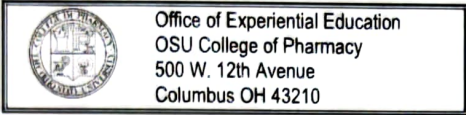
Student Name Brendan Peterson Date 5-20-21

This document needs to be submitted to verify the student's completion of professional portfolio/drug information assignments. Any additional assignment evaluation forms and other pertinent materials should be retained for the professional portfolio.

Deadlines for Submission:

- This document with signatures is due to the appropriate Carmen assignment by **April 29, 2022 by 5pm** (or **April 15, 2022** if no rotation in April). Please submit it as soon as it is complete.

Drug Information Portfolio Assignment	Date Evaluated	Preceptor Name and Site	Rotation Month	Preceptor Signature
Drug Information Response #1	7-20-21	Amanda Anderson Cleveland Clinic	July	<i>[Signature]</i>
Drug Information Response #2	1/28/22	Kate Rivard CCF Main	Jan	<i>[Signature]</i>
Journal Club #1	5/20/21	Todd Hershberger - CCF Main	May	<i>[Signature]</i>
Journal Club #2	7-28-21	Amanda Anderson Cleveland Clinic Adherence Pharmacy	July	<i>[Signature]</i>
Drug Monograph	10/1/21	KEVIN MALLOY, CCF MAIN - DIABETES CENTER.	SEPT	<i>[Signature]</i>
Presentation #1	5/27/21	Todd Hershberger - CCF Main	May	<i>[Signature]</i>
Presentation #2				



**PH7008 APPE Professional Portfolio Activity Report Form
 Academic Year 2021-2022**

Student Name Brendan Peterson

Date 10/29/21

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Drug Information Portfolio Assignment	Date Evaluated	Preceptor Name and Site	Rotation Month	Preceptor Signature
Drug Information Response #1				
Drug Information Response #2				
Journal Club #1				
Journal Club #2				
Drug Monograph				
Presentation #1				
Presentation #2	10/29/21	Stephanie Lombardi, Cleveland Clinic	October	Stephanie Lombardi