



Working Professional Doctor of Pharmacy Program
Clinical Practice Assessments
Invoice/Verification Form

Please type or print clearly.

Preceptor Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Site(s) CPA's Completed at: _____

Email address: _____

Table with 5 columns: Date Completed, Student Name, CPA # (one per line), Preceptor Initials, CPA Amount (completed by WPPD). Contains 10 empty rows for data entry.

Total Amount Due: _____
(To be completed by WPPD personnel)

Preceptor Signature: _____

Social Security number or Tax ID number: _____

Check made payable to: _____
(Your name or company name)

Deadlines for submission are September 15th, January 15th and May 15th. Please submit this invoice prior to one of those dates and in a timely manner. Invoices received after each deadline will be processed during the next payment period. Checks will be mailed to the address listed at the top of this form unless otherwise indicated.

*A C&P worksheet must be completed each calendar year, without a current worksheet the invoice cannot be processed. If you are not sure if you have a current one on file, please complete a new one.

We appreciate your contribution of time and effort to our students enrolled in the University of Florida's Working Professional Doctor of Pharmacy Program. If you have any questions, please email: Lavinder@cop.ufl.edu . Thank you.

Please mail to: UFCOP//WPPD, Oak Park Executive Center
2002 NW 13th Street, Suite 320
Gainesville, FL 32609
Preceptor Dept.