Pharmacy Technology

2019-2020
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Dear College of Technology Student,

Congratulations on your decision to pursue your education at the Idaho State University College of Technology. On behalf of all faculty, staff, and administration, I want to take this opportunity to personally extend a warm welcome. The College of Technology is one of seven colleges on the ISU campus designed to meet the needs of students—like you.

I am pleased to see that you made the decision to join the largest, most comprehensive postsecondary technical institution in the state of Idaho. You now belong to a college that boasts an alumni base of more than 25,000. For more than 100 years, students have graduated from Idaho State University with the technical skills necessary to successfully enter the workforce. I am confident that you will also be well prepared by our faculty to pursue your passion and have an enjoyable lifetime career.

Amid the excitement of enrolling at ISU, you probably have many questions. This student handbook has been prepared for your use and contains the answers to many of your questions. If you would like additional information, please contact your faculty or Student Services directly. We are all here to help you succeed in your studies and stand prepared to assist with your concerns.

Once again, welcome to the College of Technology.

Go Bengals!

R. Scott Rasmussen
Dean
II. PROGRAM INTRODUCTION

This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Pharmacy Technology program. The information provided in this handbook is meant to supplement that provided in the Idaho State University Bulletin and Official Student Code of Conduct.

All students are directly responsible to the instructors first. Details regarding program procedures will be covered and questions answered during orientation at the beginning of the program or as the need arises. Problems of any nature will first be brought to the attention of the instructors and program coordinator. They will seek assistance for a student problem. If a student feels a need for conference with someone other than an instructor or the program coordinator, a meeting may be arranged with an advisor from the College of Technology Student Services at (208) 282-2622.

PROGRAM ADMINISTRATION

The Pharmacy Technology program is operated by the College of Technology, Idaho State University. The program works in cooperation with the Idaho State Board for Professional Technical Education and is approved by the State Board of Education.

COLLEGE OF TECHNOLOGY

Dean: Scott Rasmussen
Associate Dean: Debbie Ronneburg
Health Occupations Department Chair: Dr. Henry Oh
Program Coordinator/Clinical Instructor: Wesley Usyak
Program Advisor: Tiffany Elsberry

The Pharmacy Technology program is nationally accredited through the ASHP/ACPE Regulations of Pharmacy Technicians training programs. ASHP sets the standards to protect the public, serve a guide for pharmacy technician education and development, provide the criteria for evaluations of new and established training programs along with promoting continuous improvement established programs.
III. PROGRAM POLICIES

INTRODUCTION

This handbook is designed to provide information and serve as a resource for most questions and school situations you may encounter as a student in the Pharmacy Technology program. The information, provided in this handbook, is meant to supplement that provided in the Idaho State University Bulletin and Official Student Code of Conduct.

The mission of the Pharmacy Technology program is to provide comprehensive, quality educational training to enable students in their capabilities as healthcare professionals in the outpatient administrative and clinical settings in the community, state, and beyond. This program focuses on students and the training needed to enter the healthcare settings as entry-level pharmacy technicians. The goals of this program are to involve students in both educational and hands-on skills to ensure their success in the field of pharmacy technology. Students will receive a broad-based knowledge that will support the completion of their educational requirements as well as lab practice that will confirm their tactile capabilities.

PROGRAM DESCRIPTION

After completing the Pharmacy Technology program, students will be awarded a Basic or Advanced Technical Certificate. This program provides lab equipment and supplies that are based on industry standards and highly experienced instructor(s).

- The Pharmacy Technology Advisory Board will meet bi-annually to discuss expectations and achievements of the Pharmacy Technology program in regards to the mission statement. This board will be a response to the needs of the community and its members will consist of local medical facility members such as pharmacists, pharmacy technicians, and other healthcare providers that are deemed appropriate.
- The program will maintain quality clinical affiliations.
- The program will encourage faculty development.
- The program will maintain a standard that supports a low faculty/student ratio (1:12).
- The program will work to be cognizant of continuous changes in the healthcare field and bring information to the students through assessment and exposure of new concepts and procedures.
PROGRAM OBJECTIVES AND OUTCOMES

The program will provide quality comprehensive educational training, and the curriculum will adhere to the American Society of Health-System Pharmacy (ASHP) core standards (listed below).

PERSONAL/INTERPERSONAL KNOWLEDGE AND SKILLS

1.1 Demonstrate ethical conduct.
1.2 Present an image appropriate for the profession of pharmacy in appearance and behavior.
1.3 Demonstrate active and engaged listening skills.
1.4 Communicate clearly and effectively, both verbally and in writing.
1.5 Demonstrate a respectful and professional attitude when interacting with diverse patient populations, colleagues, and professionals.
1.6 Apply self-management skills, including time, stress, and change management.
1.7 Apply interpersonal skills, including negotiation skills, conflict resolution, customer service, and teamwork.
1.8 Demonstrate problem solving skills.
1.9 Demonstrate capability to manage or supervise pharmacy technicians in matters such as conflict resolution, teamwork, and customer service.
1.10 Apply critical thinking skills, creativity, and innovation.
1.11 Apply supervisory skills related to human resource policies and procedures.
1.12 Demonstrate the ability to effectively and professionally communicate with other healthcare professionals, payors and other individuals necessary to serve the needs of patients and practice.

FOUNDATIONAL PROFESSIONAL KNOWLEDGE AND SKILLS

2.1 Explain the importance of maintaining competency through continuing education and continuing professional development.
2.2 Demonstrate ability to maintain confidentiality of patient information, and understand applicable state and federal laws.
2.3 Describe the pharmacy technician’s role, pharmacist’s role, and other occupations in the healthcare environment.
2.4 Describe wellness promotion and disease prevention concepts.
2.5 Demonstrate basic knowledge of anatomy, physiology and pharmacology, and medical terminology relevant to the pharmacy technician’s role.
2.6 Perform mathematical calculations essential to the duties of pharmacy technicians in a variety of settings.
2.7 Explain the pharmacy technician’s role in the medication-use process.
2.8 Practice and adhere to effective infection control procedures.
2.9 Describe investigational drug process, medications being used in off-label
indications, and emerging drug therapies.

2.10 Describe further knowledge and skills required for achieving advanced competencies.

2.11 Support wellness promotion and disease prevention programs.

PROCESSING AND HANDLING OF MEDICATIONS AND MEDICATION ORDERS

3.1 Assist pharmacists in collecting, organizing, and recording demographic and clinical information for the Pharmacist Patient Care Process.

3.2 Receive, process, and prepare prescriptions/medication orders for completeness, accuracy, and authenticity to ensure safety.

3.3 Assist pharmacists in the identification of patients who desire/require counseling to optimize the use of medications, equipment, and devices.

3.4 Prepare patient-specific medication for distribution.

3.5 Prepare non-patient-specific medications for distribution.

3.6 Assist pharmacists in preparing, storing, and distributing medication products including those requiring special handling and documentation.

3.7 Assist pharmacists in the monitoring of medication therapy.

3.8 Maintain pharmacy facilities and equipment.

3.9 Use information from Safety Data Sheets (SDS), National Institute of Occupational Safety and Health (NIOSH) Hazardous Drug List, and the United States Pharmacopeia (USP) to identify, handle, dispense, and safely dispose of hazardous medications and materials.

3.10 Describe Food and Drug Administration product tracking, tracing and handling requirements.

3.11 Apply quality assurance practices to pharmaceuticals, durable and non-durable medical equipment, devices, and supplies.

3.12 Explain procedures and communication channels to use in the event of a product recall or shortage, a medication error, or identification of another problem.

3.13 Use current technology to ensure the safety and accuracy of medication dispensing.

3.14 Collect payment for medications, pharmacy services, and devices.

3.15 Describe basic concepts related to preparation for sterile and non-sterile compounding.

3.16 Prepare simple non-sterile medications per applicable USP chapters (e.g., reconstitution, basic ointments and creams).

3.17 Assist pharmacists in preparing medications requiring compounding of non-sterile products.

3.18 Explain accepted procedures in purchasing pharmaceuticals, devices, and supplies.

3.19 Explain accepted procedures in inventory control of medications, equipment, and devices.

3.20 Explain accepted procedures utilized in identifying and disposing of expired medications.

3.21 Explain accepted procedures in delivery and documentation of immunizations.

3.22 Prepare, store, and deliver medication products requiring special handling and documentation.
3.23 Prepare compounded sterile preparations per applicable, current USP Chapters.
3.24 Prepare medications requiring moderate and high level non-sterile compounding as defined by USP (e.g., suppositories, tablets, complex creams).
3.25 Prepare or simulate chemotherapy/hazardous drug preparations per applicable, current USP Chapters.
3.26 Initiate, verify, and manage the adjudication of billing for complex and/or specialized pharmacy services and goods.
3.27 Apply accepted procedures in purchasing pharmaceuticals, devices, and supplies.
3.28 Apply accepted procedures in inventory control of medications, equipment, and devices.
3.29 Process, handle, and demonstrate administration techniques and document administration of immunizations and other injectable medications.
3.30 Apply the appropriate medication use process to investigational drugs, medications being used in off-label indications, and emerging drug therapies as required.
3.31 Manage drug product inventory stored in equipment or devices used to ensure the safety and accuracy of medication dispensing.

PATIENT CARE, QUALITY, AND SAFETY KNOWLEDGE AND SKILLS

4.1 Explain the Pharmacist’s Patient Care Process and describe the role of the pharmacy technician in the patient care process.
4.2 Apply patient- and medication-safety practices in aspects of the pharmacy technician’s roles.
4.3 Explain how pharmacy technicians assist pharmacists in responding to emergent patient situations, safely and legally.
4.4 Explain basic safety and emergency preparedness procedures applicable to pharmacy services.
4.5 Assist pharmacist in the medication reconciliation process.
4.6 Explain Point of Care Testing.
4.7 Explain pharmacist and pharmacy technician roles in medication management services.
4.8 Describe best practices regarding quality assurance measures according to leading quality organizations.
4.9 Verify measurements, preparation, and/or packaging of medications produced by other healthcare professionals.
4.10 Perform point-of-care testing to assist pharmacist in assessing patient’s clinical status.
4.11 Participate in the operations of medication management services.
4.12 Participate in technical and operational activities to support the Pharmacists’ Patient Care Process as assigned.
4.13 Obtain certification as a Basic Life Support Healthcare Provider.

REGULATORY AND COMPLIANCE KNOWLEDGE AND SKILLS

5.1 Describe and apply state and federal laws pertaining to processing, handling, and
dispensing of medications including controlled substances.

5.2 Describe state and federal laws and regulations pertaining to pharmacy technicians.

5.3 Explain that differences exist between states regarding state regulations, pertaining to pharmacy technicians, and the processing, handling and dispensing of medications.

5.4 Describe the process and responsibilities required to obtain and maintain registration and/or licensure to work as a pharmacy technician.

5.5 Describe pharmacy compliance with professional standards and relevant legal, regulatory, formulary, contractual, and safety requirements.

5.6 Describe Occupational Safety and Health Administration (OSHA), National Institute of Occupational Safety and Health (NIOSH), and United States Pharmacopeia (USP) requirements for prevention and treatment of exposure to hazardous substances (e.g., risk assessment, personal protective equipment, eyewash, spill kit).

5.7 Describe OSHA requirements for prevention and response to blood-borne pathogen exposure (e.g., accidental needle stick, post-exposure prophylaxis).

5.8 Describe OSHA Hazard Communication Standard (i.e., “Employee Right to Know”).

5.9 Participate in pharmacy compliance with professional standards and relevant legal, regulatory, formulary, contractual, and safety requirements.

5.10 Describe major trends, issues, goals, and initiatives taking place in the pharmacy profession.

QUALITY ASSURANCE

Students will be academically assessed regarding critical thinking, effective communication, and personal responsibility through evaluations, to include written, verbal, and critical thinking skills activities.

The program will diligently work to prepare quality certified Pharmacy Technicians who will:

- Graduate successfully from the ISU Pharmacy Technology program.
- Pass the National Certification Exam through Pharmacy Technician Certification Board (PTCB).
- Perform and demonstrate entry-level skills through the supervision of a certified Pharmacy Technician instructor and practicum affiliate.
- Assume the role of Pharmacy Technician. In doing so, you are encouraged to be involved with the state society Idaho Society of Health Systems Pharmacists (ISHP) and national organization, American Society of Health System Pharmacists (ASHP).
- Continually improve their knowledge and skills through continuing education opportunities and monitoring advancements in healthcare.

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- Continually improve their knowledge and skills through continuing education opportunities and monitoring advancements in healthcare.
ESSENTIAL FUNCTIONAL REQUIREMENTS FOR PHARMACY TECHNOLOGY STUDENTS

There are essential requirements for students entering the Pharmacy Technology program including physical, cognitive, and behavioral functions that apply to the program. These following abilities are essential to meet classroom, clinical, and administrative objectives as well as those required in the healthcare field.

1. Physical
   a. Students must be able to perform physical activities that require them to be able to move items up to 50 lb.
   b. Students must have the capability to use dexterity and tactile abilities in performing intravenous preparation and extemporaneous compounding exercises.
   c. Students must be able to communicate well with instructors, students, and patients in a pharmacy setting.
   d. Students must be able to stand and walk for long periods as needed during lab and practicum exercises.

2. Cognition
   a. Students must be able to focus on tasks on hand as well as learn quickly and multi-task when required.
   b. Students must be able to utilize the knowledge they have gained in class and laboratory work and apply critical thinking skills as needed.
   c. Students must be able to remember tasks, assignments, and skills over short and long periods.

3. Behavior
   a. Students must be able to attend to and understand information and ideas present through lectures and text.
   b. Students should be able to discern when to communicate and when not to. They should be able to keep the conversation relevant. Students should be able to determine relevant questions and discussions for each class.
   c. Students must be aware of the program’s stance on substance abuse. Substance abuse in any form is not tolerated. If taking medications that may hinder their abilities to perform tasks safely, a student must inform the instructor and the student’s physician may be required to attest that the medication is necessary and will not affect the student’s capacity for performing tasks in the classroom safely.

PROGRAM POLICIES

Individuals entering the Pharmacy Technology Basic and/or Advanced Technical Certificate program must complete a background check, a drug screening, and have a complete physical within their first semester. Students must verify that immunizations are up to date as conditions of their acceptance into the first spring semester. Failure to complete these requirements will prevent the student from progressing to the 2nd semester of practicum classes.
ATTENDANCE POLICY

Employers are very interested in a student’s attendance and study habits because they reflect how he/she will perform on the job. Students are expected to attend every lab class on time. All other Pharmacy Technology classes are provided online and will have certain attendance requirements, which usually are on a weekly basis. Positive attendance accounting will be maintained by each instructor. Excessive absences jeopardize your ability to do well in the class and may be a major contributing factor in your lack of success. For specific attendance rules and policies, please refer to your individual class syllabi. Students are responsible to find out what they have missed in a class and talk to the instructor about making up what was missed. An excused absence is one in which the student has informed the instructor of not attending class and furnishes a doctor’s note, or other documentation to support the absence. All work due must be complete within two class days of returning to class following an absence.

- It is the responsibility of the student to monitor their attendance!
- In the event an instructor is out due to illness or other unforeseen circumstances, make-up class sessions will be arranged.
- In case of inclement weather, information regarding school closures due to weather may be obtained by calling (208) 282-3936. If the student cannot get a hold of their instructor, they can call the Health Occupations Department administrative assistant at (208) 282-4370 and they will relay a message.

CHEATING

Student caught cheating will be dismissed from the class, given a grade of “F”, and dismissed from the program. Any student who cheats, cheats themselves. Cheating may consist of plagiarism, copying from another student’s work, copying from notes, etc. Dishonesty, stealing and other violations of the student code of conduct will be handled on an individual basis. Students should familiarize themselves with the ASISU Student Code, and the ISU Student Handbook.

DRUGS

Using, possessing, or being under the influence of illicit drugs or alcoholic beverages during school hours is prohibited.

DRESS CODE

When in clinical classes, students are not required to but encouraged to wear scrubs. Closed toed shoes are required and hair must be clean and pulled back. Nametags are provided to each student and must be worn in class. If the student loses their name badge, they can replace this for $7 through the College of Technology Dean’s office. All of this is without exception unless otherwise informed by the instructor.
**GENERAL INFORMATION**

**Degree Programs:** The various programs and options currently available under the Health Occupations Department include – Associate Degree Registered Nurse, Health Information Technology, Massage Therapy, Medical Assisting, Physical Therapist Assistant, Occupational Therapy Assistant, Pharmacy Technician, Practical Nursing, and Respiratory Therapy.

**Exempt Credit:** Prerequisites, where applicable, may be satisfied through Tech Prep agreements or transfer courses.

**General Grading Policy:** Students will be required to maintain a minimum grade of “C” in all Pharmacy Technology, prerequisite and goal coursework. For specific grading policies, check your class syllabus, which should be available from each instructor at the beginning of each class. A course may be repeated only once. Failure to maintain a “C” the second time will result in immediate dismissal from the program. All first semester courses must be successfully completed prior to beginning the spring practicum. All spring courses need to be completed prior to beginning the summer practicum.

**Proper Sequencing:** The Pharmacy Technology curriculum is sequenced to provide the student with the best possible learning experience. Students who do not complete proper class sequence each semester will not progress to the next semester. ALL classes must be completed with a grade of “C” or higher to progress to Practicum. At the end of the program, all lab classes must be a “C” or higher.

**Release Form:** A student must sign a Release Form if he/she would like to authorize the instructors in the program to release information to prospective employers regarding grades, attendance, or other pertinent information for gaining employment. Students must sign a Release of Liability Form when entering clinical classes.

**Reporting Accidents:** Students should promptly report any incident or accident occurring in class or lab setting to the instructor and program coordinator.

**Background Investigation:** All Pharmacy Technology students must complete a background check prior to their first fall semester to be admitted into lab classes in the Spring semester. Unsatisfactory background checks are investigated and dependent on the outcome of the investigation could result in dismissal from the program. Any related costs for these requirements are the student’s responsibility. This is done through www.castlebranch.com and the ID# is ID41.

**Essential Functions of a Pharmacy Technology Student:**

- Communicate with patients, providers, and coworkers effectively.
- Respond to emergencies by providing CPR and First Aid.
- Adapt to stressful situations.
- As stated on the Physical Form; student should not have limitations regarding lifting and moving or equipment. A physician must confirm that there are no mental or physical conditions that would prevent the student from participating and successfully completing the Pharmacy Technology program to include the externship/practicum.
Student Health Immunizations & Physical Exam:
- 1st year students must have their physical exam and immunizations prior to the beginning of the first spring semester.
- The completed forms must be turned into the program coordinator, without exception, by the beginning of the first spring semester.
- Failure to return completed forms prior to the beginning of the first spring semester classes will prevent students from proceeding to practicum classes. Please note that the expenses incurred with blood tests for titers and vaccines will be at the cost of the student.

Expenses Not Covered in Tuition:
- Physical exam/immunizations (During fall semester) (prices vary)
- Random drug screening ($40)
- Uniforms (prices vary)
- Background check ($40-50)

INSTRUCTIONAL TECHNOLOGY REQUIREMENTS

Use of computer technology is required by every student. It is necessary to have access to a computer, internet, and an ISU email account. Computer accounts are available when paying tuition fees. The work done on University computers must be the assignments for that particular class unless it is an open lab.

Students will find that email is the best way to contact your instructors and receive quick responses. Students are required to check their email accounts on a regular basis, as many instructors will communicate assignments and changes in the class itinerary through email.

The course site for all classes is Moodle. The instructors take a lot of time to work through and ensure course information is available to students. Students are required to use Moodle. Syllabi, changes, reminders, course handouts and documents, and forms are posted to Moodle.

Class Accountability: The instructors will have the ability to check students’ activity on Moodle. This shows when students are on Moodle, how long they are there, what has been viewed and the location the student was at when they logged into Moodle. Keep in mind the instructors will know if you are actively participating in the class. If not, they may give warnings, especially if the student’s grades are suffering.
IV. IDAHO STATE UNIVERSITY POLICIES

The following policies fall under the guidance of the Idaho State University Student Handbook.

For more information on each topic, please find the policy and descriptions using the handbook link.


1. **FERPA** (page 5, D Privacy & Educational Records)
2. **Smoking** (page 19; Smoking Policy ISUPP 2370)
3. **Sexual Harassment and Title IX** (page 18, Sexual Harassment Policy)
4. **Withdrawal** (page 6, Withdrawing from Courses)
5. **Satisfactory Progress** (page 8, Loss of Financial Aid Eligibility)
6. **Academic Standing** (page 10, Academic Standing)
7. **Petitions** (page 16, Petition Policies)
V. COLLEGE OF TECHNOLOGY RESOURCES AND SERVICES

SECTION I
SERVICES FOR STUDENTS

Student Services: This office is located on the main floor of the Roy F. Christensen (RFC) Complex, Room 184 and assists students with specific information about the programs at the College of Technology. Academic advisors are available to give students assistance with admissions, class and schedule advisement, academic resources, and specific information pertaining to a students’ educational goals.

Hours are 7:30 a.m. to 5:00 p.m. Monday through Friday. Appointments can be made by calling (208) 282-2622. Appointments are recommended but not required. Tours of the programs are available by appointment and can be set up by calling (208) 282-2800.

Tutoring Assistance: Students who are experiencing difficulties with their program instruction or classroom assignments may receive assistance. The student’s instructor should be contacted first, as many of the training programs have ‘peer tutors’ available who are familiar with the required curriculum and assignments.

NOTE: It is important to request assistance as EARLY in the semester as possible! At the point a student recognizes he/she is having difficulty, help should be sought immediately! Contact the Resource Center, located on the third floor, Room 262, of the RFC Complex or telephone (208) 282-3208 for an appointment to discuss specific tutoring needs.

The Center for New Directions: Located within the RFC Complex on the third floor, Room 372. The Center’s telephone number is (208) 282-2454. Support programs are available at no cost for men and women who are interested in entering/reentering the job market due to issues which might include: divorce; separation; death; or disability of a spouse. Services are available on job seeking skills, career information, self-esteem, self-confidence building, and personal counseling. The Center also provides a limited number of scholarships for single parents and for women and men interested in pursuing ‘non-traditional’ fields of training.

SECTION II
REGISTRATION AND FEE COLLECTION POLICY FOR 2019-2020

• All students who are enrolled in semester-based programs must pay their
tuition by the Friday before classes begin to avoid a $50 late fee. For tuition payment information login to the ISU Bengal Web and go to the Finances Tab.
• Students who are enrolled only in the eight-week classes (early and late), must pay tuition by the first day of class.

NOTE: It is the individual student’s responsibility, regardless of funding source, to see that their tuition is paid on time and that they are officially enrolled at ISU. Students who do not pay tuition prior to the deadline may be disenrolled.

SECTION III
FINANCING YOUR EDUCATION

Students attending the ISU College of Technology can apply for federal financial aid by submitting a Free Application for Federal Student Aid (FAFSA) form each year they are enrolled at the University. FAFSA applications are available on the web at: fafsa.gov. It is strongly recommended that students apply early. Keep the Financial Aid office notified of any changes in student status such as address change, marriage, etc.

NOTE: Students who leave school prior to successful completion may have to repay federal financial aid received. Call the ISU Financial Aid office immediately if you plan to withdraw from school, (208) 282-2756. The website for financial aid is: isu.edu/financialaid/

Numerous scholarships are available to College of Technology students. The ISU Scholarship Department website lists those scholarships available to the general university population.

The most common scholarships are the Associated Students of ISU (ASISU) Need and Scholastic awards. Funds for these scholarships come from a portion of the registration fees each student pays. Applications for ASISU scholarships are made available every semester to currently enrolled students. Many scholarships are donated by business/industry, organizations, or individuals and have specific criteria, which must be met. Eligibility requirements are usually listed on the posted announcement. Check with College of Technology Student Services office for a list of current scholarships available or you may access this information on-line.

isu.academicworks.com/

SECTION IV
SHORT-TERM LOANS

The Short-Term loan program is funded by Friends of Idaho State University. It is limited to loans for books and educational expenses. The maximum amount of each loan is $500. The loans are issued for up to 90 days. They must be repaid upon receipt of financial aid, 90 days after issue, or the last day of the semester, whichever arrives first. Your ISU internal credit rating will be reviewed prior to loan approval. Failure to pay this loan as agreed will adversely affect the credit rating used internally by ISU.

HOW TO OBTAIN A SHORT-TERM LOAN
Complete a loan application and promissory note at the Office of Finance and Administration, Room 124 in the Administration Building or complete online form at: isu.edu/media/libraries/finance-and-business-affairs/sbstlapp1.pdf

NOTE: The priority deadline for most types of federal financial aid is March 1 of each year, although students are encouraged to apply anytime between January 1 and June 30 of the following year (example, January 1, 2012 to June 30, 2013).

SECTION V
TRAFFIC AND PARKING

NOTE: Please refer to the ISU parking web address at: isu.edu/parking/

Every motor vehicle on the ISU campus must be registered and display an appropriate ISU decal. Parking permits are available at the ISU Traffic Office located at the corner of South 5th and Humboldt Street, telephone (208) 282-2515 or (208) 282-2625.

Cost:
• General Lot: $100
• Reserved Lot: $300
• Reduced Fee: $50 (at Holt Arena only)

Students may park only in the area their parking decal designates. Students at the College of Technology may not park in the Cosmetology Patron parking spaces. The parking meters at the RFC Complex are reserved for visitors and new applicants inquiring about school. Students are NOT PERMITTED to park in metered spaces. Students should be aware of the ISU towing policy. Any vehicle will be towed at owner’s expense when it accumulates in $50 in citations.

Any traffic tickets or resulting fines owed the University must be paid or students’ transcripts, certificates, and/or degrees will not be released upon completion of their training program. In addition, registration for the next term will not be permitted until the fines and other financial obligations are paid or proper arrangements are made by the student.

SECTION VI
TRANSPORTATION

ISU Commuter Bus: The Commuter Bus Service is a system designed to assist commuting students enrolled at ISU with a source of transportation to and from the campus. The Transportation office is located at the corner of South 5th and Humboldt Street. Their number is (208) 282-4660. Busses run on a daily basis (Monday through Friday) and puck up students at various locations in outlying areas of the region including Idaho Falls, Exit 113, and Blackfoot. The bus schedule operates from the first day of each semester and continues until the last day of final examination week. For information on costs and schedule, telephone (208) 282-4460, or go to: isu.edu/transportation/

Pocatello Regional Transit (PRT) Located at 215 Bonneville (former Greyhound Bus terminal in Old Town Pocatello). Call (208) 232-0111 for information and schedules. Pocatello Regional Transit
provides a shuttle bus service on campus from Holt Arena to various drop off points on a 10-minute basis during the school day and is free of charge! PRT provides transportation services with the metropolitan Pocatello vicinity. Student discounts are available.

SECTION VII
GRADUATION

NOTE: Students should refer to the policies in the program section of the handbook to determine eligibility for a Certificate and/or Associate of Applied Science degree.

Students planning to graduate should apply for graduation no less than one semester before all requirements are completed. Students are encouraged to apply the semester before they intend to graduate in order to confirm all requirements are met. Information about applying and costs can be located on the ISU Registrar’s office website: isu.edu/registrar/graduation/

The College of Technology graduation ceremonies are held in May and December. Students who have applied for graduation will receive information regarding this ceremony. The commencement exercise for the entire University takes place once a year, the Saturday following the last day of school in May.
VI. COLLEGE OF TECHNOLOGY

HANDBOOK SIGNATURE FORM AND PHOTOGRAPHY CONSENT RELEASE

Idaho State University
College of Technology

921 S 8th Avenue, Stop 8380
Pocatello, Idaho 83209-8380

HANDBOOK SIGNATURE FORM

I acknowledge that I have received, read and understand the PROGRAM Handbook. I have also reviewed the Idaho State University Student Handbook and understand the privileges and responsibilities of attending Idaho State University.

PRINTED NAME __________________________ DATE ____________

________________________________________
SIGNATURE ______________________________ BENGAL ID NUMBER

________________________________________
INSTRUCTOR SIGNATURE

CONSENT FOR PHOTOGRAPH RELEASE

I understand that my photograph may be used for educational purposes. I also understand that these photographs may be used in classroom discussions, reproduced to facilitate written and digital formats (including online), and/or be used in marketing promotional materials (brochures, pamphlets, flyers, etc.).

If there are limitations, please check one of the following boxes.

☐ Photographs must be altered to ensure facial identity is hidden.
☐ Do NOT use my photo for promotional or educational use.

PRINTED NAME __________________________ DATE ____________

________________________________________
SIGNATURE
VII. COMPUTER USAGE POLICY

Person(s) using any of the ISU computing resources for personal gain, violation of security/privacy or who otherwise compromise the integrity of the hardware and/or software shall be prosecuted to the full extent of the law.

Legitimate use of a computer or computer network does not extend to whatever you are capable of doing with it. Although some rules are built into the system itself, these restrictions cannot limit completely what you can do and can see. In any event, you are responsible for your actions whether or not rules are built in, and whether or not you can circumvent them.

Inappropriate use of the computer is considered computer misuse. The supervisor of each lab will determine what is deemed “inappropriate use” for their particular lab. For specific computer lab policies, see individual lab instructors. Inappropriate use may result in denial of computer lab access at the College of Technology.

The misuse of this computing account, or use of an account belonging to another, may result in the loss of your computer privileges. Where computing is required to complete course work this may effectively require transfer to a non-computer related program and/or hinder your pursuit of a degree. Examples of misuse are: sharing your personal account with another individual, using unauthorized passwords, use for financial gain or business purposes, sending offensive electronic mail or internet correspondence, chain letter, or other such correspondence, unauthorized transfer of computer programs or data, attempts to circumvent established procedures, computer security breach or attempts to break security.

I have read the entire student computing contract. I acknowledge and agree to use the ISU computing resources solely for University instructional, administrative, or research activities in accordance with above policy. I further acknowledge that any abuse of the above privilege may result in loss of computing privileges whether or not such privileges are necessary for continued enrollment in my present course of study.

PRINTED NAME

DATE

SIGNATURE

BENGAL ID NUMBER
VIII. Medical History and Physical Examination

College: ___________________________ Department: ___________________________

921 South 8th Avenue, MS ___________,
Pocatello, Idaho 83209-8380

Program of Study: ___________________________
Fax Number: ___________________________ ATT: ___________________________

STUDENTS PLEASE COMPLETE
BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION

REPORT OF MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Sex: M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Number &amp; Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERSONAL HISTORY

Please check those which you have had or now have

<table>
<thead>
<tr>
<th>Have You Had</th>
<th>Yes</th>
<th>Date</th>
<th>Comments</th>
<th>Have You Had</th>
<th>Yes</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Injury with Unconsciousness</td>
<td></td>
<td></td>
<td></td>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High or Low-Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td>Heart Condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Problems</td>
<td></td>
<td></td>
<td></td>
<td>Jaundice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach, Intestinal, Gallbladder Trouble</td>
<td></td>
<td></td>
<td></td>
<td>Disease or Injury of Joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List All Operations:</td>
<td></td>
<td></td>
<td></td>
<td>Kidney Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Current Medications</td>
<td></td>
<td></td>
<td></td>
<td>Allergy: Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hay fever</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby declare that I have no illnesses or emotional problems not discussed with my physician that will interfere with my enrollment in the program. I hereby grant permission for the information requested on this form to be released to the

__________________________________________
Of ______________________________________

__________________________________________
Applicant’s Signature

__________________________________________
Date
## PHYSICIAN PLEASE COMPLETE

### REPORT OF HEALTH EVALUATION

<table>
<thead>
<tr>
<th>BP</th>
<th>Height</th>
<th>Vision-Right 20/</th>
<th>Vision-Left 20/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td>Weight</td>
<td>Corrected-R 20/</td>
<td>Corrected-Left 20/</td>
</tr>
</tbody>
</table>

### ARE THERE ANY ABNORMALITIES?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Head, Ears, Nose or Throat
2. Respiratory
3. Cardiovascular
4. Gastrointestinal
5. Hernia
6. Eyes
7. Genitourinary
8. Musculoskeletal
9. Metabolic/Endocrine
10. Neuropsychiatric
11. Skin

### HEPATITIS B

- Positive Titer
- Negative Titer

Attach lab result

Negative titer requires further evaluation

### INFLUENZA

Yearly vaccine August – March

2 documented doses OR
proven serologic immunity to all three

Attach copy of vaccine administration record OR
attach lab result

### MMR

- Booster as an adult within the last 10 years
- Attach copy of vaccine administration record

### Tdap

2 documented doses OR
proven serologic immunity

Attach copy of vaccine administration record OR
attach lab result

### VARICELLA

2 documented doses OR
proven serologic immunity

Attach copy of vaccine administration record OR
attach lab result

### TB

- Skin Test (PPD) mm induration (>10 mm is+)
- OR
- IGRA + or –

Attach copy of document
PPD mm reading
OR
IGRA lab result

If positive*
CXR
attach report from radiology

Please refer to ISU screening recommendations for details about serologic immunity, vaccines, and *TB screening

Is the patient now under treatment for any medical or emotional condition? Yes____ No____

Does this person have any limitations regarding lifting and moving of people and or equipment? Yes____ No____

In your opinion, does this applicant have the mental and physical health to meet the requirements of being an active and successful student in the________________________ Department as well as for being employed professionally following graduation? Yes____ No____

Comments:

________________________________________________________________________

________________________________________________________________________

__________________________

Physician’s Signature

__________________________

Address

__________________________

Print Name

__________________________

Phone
X. INFORMED CONSENT AND RELEASE TO ALLOW ISU TO USE STUDENT’S CRIMINAL BACKGROUND INVESTIGATION, DRUG SCREEN, AND ANY OTHER APPLICABLE REPORTS

Instructions: This form is to be used when a student is: 1) applying for admission to a program, 2) applying for field-based experience, or 3) requesting to complete a health care program’s clinical requirement. Questions may be directed to the Office of General Counsel at 282-2683.

I am submitting this form in conjunction with my: (check one applicable item and fill in the blank)

___ 1. Application for admission to the ISU College of __________________________ (Program).

___ 2. Application for field-based experience with the ISU College of __________________________
______________________________ (Program).

___ 3. Request to participate in health care clinical education for the ISU College of
______________________________ (Program).

I hereby authorize the University, any qualified agent, and/or clinical affiliate/agency to receive and use in connection with the program checked above any of the following information including, but not limited to: criminal background information, including copies of my past and present nationwide law enforcement records; drug screen reports; insurance; Social Security number trace for previous residencies, employment checks, Office of Inspector General (OIG) Sanctions List, General Services Administration's Excluded Parties Listing System (GSA/EPLS), violent sex offender and predator registry search, applicable state exclusion list, US Treasury Office of Foreign Assets Control (OFAC), and the list of specifically designated nationals. I will purchase an ISU approved criminal background investigation from the designated third party vendor for the purpose of assisting the Program and/or the clinical affiliate/agency in evaluating my suitability for admission to a program, field-based experience, or participation in a clinical internship experience. The release of information pertaining to a background investigation is expressly authorized.

I understand that information contained in the criminal background report or any additional reports may result in: 1) my being denied full admission to the Program and, consequently, dismissal from the Program; or 2) my being denied or dismissed from the field-based experience and, consequently, denied admission to or dismissal from the Program; or 3) my being denied a clinical assignment and, consequently, dismissal from the program. I also understand that I will be afforded the opportunity to be heard before any such withdrawal from the Program.

I understand that I have online access to the vendor’s results to review the same information that the Program receives in a criminal background investigation. I understand that reasonable efforts will be made by ISU to protect the confidentiality of the information it receives. I further understand that the results of the criminal background check and other reports may be reviewed by the following individuals and entities when evaluating my suitability, including but not limited to: the applicable dean, chair, program, department, the Office of General Counsel, and clinical affiliates or agencies.

If adverse information is contained in my report(s), I understand that I can view my own results and may be asked to provide more information in writing to the Program. I understand that admission decisions made by the Program are not subject to appeal.
I hereby give the Program permission to release my criminal background report and any other reports to affiliates and/or agencies to which I am assigned for clinical or educational experience prior to beginning the assignment and regardless of whether such affiliates and/or agencies have required the background check or other reports. I understand the affiliates or agencies may refuse me access to their clients/patients based on information contained in the criminal background check or other reports and that the affiliates’/agencies’ criteria may differ from that of the Program.

I hereby release and hold harmless the State of Idaho, the University, its agents, officers, governing board, employees and/or the affiliates and agencies from any liability or damage in providing and disclosing such background information or any other reports. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I understand the University is not responsible for the accuracy and content of the background information provided by the third party vendor or any other reports and I hereby further release and hold harmless the State of Idaho, the University, its agents, officers, governing board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of background information.

Additionally, I understand that the background check, drug screen, additional reports, program admission, field experience, and placement are subject to the requirements of the ISUPP Student Affairs.

Criminal Background Checks policy available at: http://www.isu.edu/policy/fs_handbook/part6/6_4/6_4o.html. I also understand that I am responsible for all costs associated with this process.
My signature below shows that I have carefully read this document and understand and agree to its contents:

Signature:__________________________________________

(Student or Parent/Legal Guardian if under 18)

Date:______________________________________________

Print Student Name:_________________________________

Please print or type all names you have used in the past (use other side of page if necessary):

__________________________________________________

__________________________________________________

__________________________________________________

Student Date of Birth:________________________________

__________________________________________________

ISU Witness_______________________________________ Date ___________________________

Print Name________________________________________

Department_______________________________________