PHARMACY TECHNOLOGY

2021 – 2022
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I. Message from the Dean

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. Our mission is to provide you with the skills, knowledge, and abilities to be successful in your chosen career.

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 23,000. 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 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!

Debra Ronneburg
Interim Dean
II. COVID-19 Information

Idaho State University has returned to in-person instruction and on-campus activities for Fall 2021. To protect the health and safety of our entire campus community, Idaho State will continue to follow CDC guidelines.

Effective August 11, 2021, face coverings are required indoors for all individuals – regardless of vaccination status – unless alone in a private office, campus residence, or workspace.

The University is not implementing any physical distancing requirements, and face coverings are not required when outside on any of our campuses. The on-campus face covering requirement for indoor spaces will be reviewed every two weeks and removed as the local situation improves.

COVID-19 Screening Program
The University's non-invasive, saliva-based screening program is available to members of the campus community who may have COVID-19 symptoms, know COVID-19 exposure, or related to travel requirements. For more information or to schedule a screening, please visit isu.edu/roaringback/covidscreening.

COVID-19 Self-Report Form
If you believe you have symptoms of COVID-19, have had a recent positive COVID test, or have come into contact with someone who has tested positive for COVID, please fill out the COVID-19 Symptoms, Exposure, & Test Result Self-Reporting Form. isu.edu/self-reporting-form

COVID-19 Vaccination Information
The COVID-19 vaccination is widely available at no cost. Idaho State University has many pop-up vaccination clinics available this fall for students, faculty, and staff. The vaccine is also available at local clinics and pharmacies.

Help Idaho State Say In Person This Fall: Get Vaccinated!
III. 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 Handbook 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 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.

The Pharmacy Technology program is accredited through the ASHP/ACPE Regulations of Pharmacy Technicians training program.

American Society of Hospital Pharmacists (ASHP)
4500 East West Highway, Suite 900
Bethesda, Maryland 20814
(866) 279-0681
ashp.org
College of Technology

Interim Dean              Debra Ronneburg
Interim Associate Dean    Darin Jernigan
Health Occupations Department Chair Dr. Henry Oh
Program Coordinator       Wesley Usyak
Program Academic Advisor  Jesse Call-Feit

Program Information

Degrees/Certificates Offered

• Basic Technical Certificate          Pharmacy Technology
• Advanced Technical Certificate      Pharmacy Technology

Student Learning Outcomes

1. Demonstrate knowledge and skills in areas of science relevant to the role of pharmacy technology including anatomy/physiology and pharmacology.
2. Demonstrate understanding of the role of the pharmacy technician in the medication use process.
3. Assist pharmacists in gathering and organizing demographic and clinical information for direct patient care and medication use review.
4. Receive and screen prescription medication orders for completeness, accuracy, and authenticity.
5. Under the supervision of a licensed pharmacist, prepare and distribute medications following specified procedures.
6. Prepare special medication requiring compounding.
7. Accurately label all medications being dispensed.
8. Explain pharmacy reimbursement plans and insurance coverage for medications to customers.
9. Initiate billing and collect payment for pharmacy services.
10. Apply accepted procedures in inventory control of medications and equipment.
11. Maintain pharmacy facilities and equipment.
Licensure Statement

Dear Student,

Welcome to Idaho State University. You have applied/enrolled in an ISU Pharmacy Technology program which may lead to professional licensure. There may be different educational requirements in each US State and/territory in order to obtain licensing. According to the physical address which you provided to ISU; it has been determined that the Pharmacy Technology program meets educational requirements needed to obtain licensing in your current state.
IV. 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 health care 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.

Demonstrate the ability to effectively and professionally communicate with other healthcare professionals, payers 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.

Essential Functional Requirements for Pharmacy Technology

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.

**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.

**Code of Conduct**

Stealing, Cheating, Dishonesty, and other violations of the student code of conduct will be handled on an individual basis. Students should familiarize themselves with the ASISU Student Handbook and calendar available in the ISU College of Technology Student Services Office.

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

SMOKING IS NOT PERMITTED IN ANY STATE OF IDAHO BUILDING.

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, pre-requisite 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](http://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.

**Disability Services**

**Mission Statement**

The mission of Disability Services (DS) is to increase equal opportunities and equal access to all programs and services sponsored or funded by Idaho State University. DS is dedicated to creating an accessible environment for students, employees, and community members with disabilities. In achieving this, DS:

Works collaboratively with University Partners to foster a welcoming, diverse, and inclusive University community.

Collaborates with and empowers individuals who have documented disabilities by working together proactively to determine reasonable accommodation(s).

Promotes a culture of self-advocacy, responsibility, and agency.

Ensures compliance with the Americans with Disabilities Act Amendments Act (ADAAA) and other current legislation.

Readily responds to grievances and advances inclusion through the removal of identified informational, physical, and/or attitudinal barriers.

Advocates for Universal Design (UD) as a crucial framework to support the diverse needs of students, faculty, staff, and community members.

Develops partnerships with external community members/groups to support the advancement of equity and inclusion at the local, state, and national levels.

Provides institution-wide advisement, consultation, and training on disability-related topics, including but not limited to: legal and regulatory compliance and universal design.

**Contact Information**

Disability Services; Division of Student Affairs
Office of Equity & Inclusion

Mission Statement

The Office of Equity & Inclusion is committed to creating and maintaining a safe and respectful learning and working environment for all staff and students at Idaho State University by providing leadership, expertise and education in our mission to create an environment where all members of the ISU community can thrive.

Our webpage will detail the specifics of each of our areas of service to the campus community including:

- EEO policy and procedure
- Civil Rights including harassment and discrimination
- Title IX compliance
- Gender Resource Center
- Diversity Resource Center
- Training, workshops and events

Our helpful and friendly staff are available to work with any member of the university community. We look forward to serving you.

Contact Information

Office of Equity and Inclusion

Rendezvous Complex, Room 157
921 South 8th Avenue, Stop 8315
Pocatello, ID 83209-8315
Phone: 208-282-3964
Fax: 208-282-5829
V. College of Technology Policies

Intoxicants Policy

Any instructor who observes behavior which suggest that a student may be under the influence or detects the odor of an intoxicant of a student will take the following actions:

1. The instructor will notify the student that they will not be allowed in the classroom or lab.
2. Public Safety should be contacted to escort the student to a safe place.
3. The student will meet with the Director of Student Services the following day to discuss which steps should be taken.
4. The Director will communicate with the Office of Student Affairs regarding the violation.
5. The Director will contact the instructor and Department Chair summarizing any outcomes.

This policy does not supersede other laws or university student conduct policies pertaining to alcohol or drug possession, consumption or delivery.

Dismissal Policy

A student may be dismissed from a College of Technology program if the student fails to meet the academic and/or nonacademic continuation standards of the program/department including unprofessional/unethical behaviors and unsafe practices, or if the student is not making satisfactory progress in the program. Prior to making a decision of dismissing a student, the faculty of the program will meet with the student fora disciplinary review in order to give the student due process which includes a student’s right to be adequately notified of charges and the opportunity to be heard.

Disciplinary Procedure

1. The faculty will notify the student privately of the incident(s) that have led to a disciplinary review and schedule a meeting time for the review. The purpose of a disciplinary review is to discuss the facts of the incident(s), to hear the student’s perspective, and if a violation has occurred, to determine an appropriate level of discipline which may lead to dismissal.

2. The meeting should be scheduled as soon as possible after the
incident(s) occurred.
3. The student should refrain from attending any clinical, lab, externship, etc. that may threaten or pose a danger to the health, safety or welfare of any individual. After the disciplinary review, the faculty should determine what sanction to impose. In determining what sanction to impose, mitigating and aggravating factors may be considered, such as the individual’s prior disciplinary record, the nature of the offense, the severity of the damage, injury or harm resulting from the violation, and any restitution made.

**Notification Procedures**

1. The student must be notified in writing of the outcome of the disciplinary review and if sanctions will be imposed. If the student is dismissed, the letter must be sent by certified mail, return receipt requested.
2. The letter should indicate the incident(s) that occurred and the decision made regarding the incident(s). The student should be notified in the document that he or she has the right of appeal according to the Idaho State University Student Handbook. The student should be given a copy of the ISU Student Handbook or notified that it is available online.

**Channels of Redress**

An aggrieved student may:

1. Present any unresolved issues to the Department Chairperson. If the Department Chairperson is named in the complaint, the Dean of the College where the alleged infraction occurred shall appoint another member of the college to act in the Chairperson role for the appeals process.
2. Present any unresolved issues in a formal hearing before the Dean of the College involved. In the case of dismissal from a program, that is the college in which the program resides; for an appeal of a course grade, it is the college in which the course was offered. At this hearing, parties shall submit written charges, answers, and arguments to the Dean. The Dean shall preserve these documents for use in later appeals to a Scholastic Appeals Board, if such an appeal becomes necessary. Only written charges, answers and arguments presented at the Dean’s formal hearing will be subject to review by a Scholastic Appeals Board. The Deans shall be charged with preserving all tangible evidence and all written charges, answers, and arguments submitted at hearing before them. The student must have specifically demonstrated at the formal hearing before the Dean how the alleged infraction led to his or her dismissal.
from the program or adversely affected his or her final grade in order to pursue an appeal to a Scholastic Appeals Board. The Dean must notify, in writing, the student and faculty member of his or her decision within one week following the formal hearing. The Dean shall have the authority to direct the Registrar to change a student’s grade.

3. A Department Chairperson or College Dean may elect to utilize an internal committee to assist in making a decision on academic appeals at the departmental and/or college levels. Department Chairs and Deans may interview the student and/or instructor, or conduct an additional investigation deemed appropriate to help in the decision-making process. Nothing contained in these procedures shall act to enlarge or restrict the existing authority, if any, of any Dean or the Provost and Vice President for Academic Affairs to take any action, including the changing of student grades or reinstating a student, outside of the appeals process described herein.

Procedure for an Appeal to Scholastic Appeals Board

1. If the student wants to appeal the decision reached in the formal hearing, he/she must obtain a scholastic appeal petition form from the Office of Student Affairs, and return it there when completed. The completed petition shall include a concise description of the complaint, the signature of the student instituting the petition, and the signatures and comments of the faculty member, Department Chairperson, if any, and the Dean involved, if said persons are still available.

2. Copies of all written charges, answers, and arguments and all tangible evidence presented at the Dean’s formal hearing shall be made available to the student to attach to the original petition submitted to the Office of Student Affairs. The petition and additional materials will be secured in the office.

3. A scholastic appeal petition must be initiated before the end of the semester following the formal hearing. The petition is initiated when the student formally presents his or her complaint to the Office of Student Affairs and requests a scholastic appeals petition.

4. The Office of Student Affairs will then notify the Chairperson of the Academic Standards Council of the need to consider the petition. The Chairperson will then choose a Chair for the Scholastic Appeals Board, and the rest of the Board will be constituted.
VI. 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. Academic Integrity (page 15; Academic Integrity and Dishonesty Policy ISUPP #4000 for Undergraduates)
2. Academic Standing (page 10; Academic Standing)
3. Petitions (page 16; Petition Policies)
4. Sexual Harassment (page 18; Sexual Harassment Policy)
5. Smoking (page 23; Smoking Policy ISUPP 2370)
6. Substance Abuse (page 20; Substance Abuse Policy)
7. Withdrawal (page 6; Withdrawing from Courses)

isu.edu/Student_Handbook

Additional Idaho State University policies:

1. FERPA
   - isu.edu/ferpa
2. Title IX
   - isu.edu/titleIX
3. Satisfactory Academic Progress
   - isu.edu/satisfactory-academic-progress
VII. Idaho State University Resources and Services

The following are Idaho State University resources and services to help our students succeed.

For more information on each topic, please use the links given.

1. Career Services
   • isu.edu/career
2. Commencement
   • isu.edu/graduation
3. Counseling and Testing Services
   • isu.edu/ctc
4. Disability Services
   • isu.edu/disabilityservices
5. Health at ISU
   • isu.edu/health
6. Parking Services
   • isu.edu/parking
7. Student Resources
   • isu.edu/student-resources
Section I: Services for Students

Student Services: This office is located in two locations, the main floor of the Roy F. Christensen (RFC) Complex, Room 101, and the William M. and Karin A. Eames Advanced Technical Education and Innovations (Eames) Complex, Room 102. Student Services 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 student’s educational goals.

Hours are 7:30 am to 5:00 pm, Monday through Friday. Appointments can be made by calling (208) 282-2622. Appointments are recommended but are not required. Tours of the programs are available by appointment and can be set up by calling (208) 282-2800. isu.edu/tech/student-services

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 TAP Center, (Tutoring, Academic support, Peer mentoring), located in Room 101 of the RFC Complex. Or telephone at (208) 282-3208 for an appointment to discuss specific tutoring needs. isu.edu/tech/tutoring

The Center for New Directions: Located within the RFC Complex on the third floor. 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/re-entering 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 ‘not-traditional’ fields of training. isu.edu/cnd

Section II: Registration and Fee Collection Policy
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 BengalWeb 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: studentaid.gov/fafsa

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 through the Bengal Online Scholarship System (BOSS).

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. Many scholarships are donated by business/industry, organizations, or individuals and have specific criteria, which must be met.

isu.edu/scholarships

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.

[isu.edu/short-term-loans]

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) 282-2625.

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 the owner's expense when it accumulates $50 in citations.

Any traffic tickets resulting in fines owed to the University must be paid or student's 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 Express: Idaho State University Commuter Express is a system designed to assist commuting students enrolled at ISU with a source of transportation to and from the campus. Buses run on a daily basis (Monday through Friday) and pick up students at various locations in outlying areas of the region including Idaho Falls.
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/commuter-express

Bengal Shuttle: Pocatello Regional Transit (PRT) 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 within the metropolitan Pocatello vicinity. Student discounts are available. For information on schedule and drop off points, go to:

isu.edu/parking/bengal-shuttle
IX. Handbook Signature Form & Photography Consent Release

HANDBOOK SIGNATURE FORM

I acknowledge that I have received, read and understand the Pharmacy Technology 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

_____________________________
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 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
X. Computer Usage Policy

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 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

______________________________
SIGNATURE

______________________________
DATE

______________________________
BENGAL ID #
XI. Informed Consent and Release to Allow ISU to Use Student’s Criminal Background Investigation, Drug Screen, and Any Other Applicable Reports

Pharmacy Technology Program

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 (208) 282-2683.

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

_____1. Application for admission to the ISU College of Technology PHTC program.
_____2. Application for field-based experience with the ISU College of Technology PHTC program.
_____3. Request to participate in health care clinical education for the ISU College of Technology PHTC 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.

I understand that I am responsible for all costs associated with this process.

My signature below show that I have carefully read this document and understand and agree to its contents:

________________________________________  ____________________________
Student’s Signature (Student or Parent/Legal Guardian if under 18)  Date

________________________________________
Student’s Name (Print)  Student Date of Birth

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

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

ISU Witness  Date

________________________________________
Printed Name  Department
XII. Medical History and Physical Examination

Pharmacy Technology Program

College: ___________________________ Department: ___________________________
921 South 8th Avenue, MS__________
Pocatello, Idaho 83209-___________
Program of Study____________________
Fax Number: __________________________ ATT: __________________________

STUDENTS PLEASE COMPLETE
BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION

REPORT OF MEDICAL HISTORY

M/F

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Sex</th>
</tr>
</thead>
</table>

Home Address: Number & Street

City

State

Zip

Date of Birth

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>
</tr>
</thead>
<tbody>
<tr>
<td>Head Injury with Unconsciousness</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>High or Low – Blood Pressure</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>Back Problems</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>Stomach, Intestinal, Gallbladder Trouble</td>
<td>Yes</td>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>List All Operations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List All Current Medications:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td>Allergy: Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<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

BP

Height

Vision – Right 20/

Left 20/

Pulse

Weight

Corrected – Right 20/

Left 20/

ARE THERE ANY ABNORMALITIES?

YES

NO

DESCRIBE

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

INFLUENZA

MMR

Tdap

VARICELLA

TB

+ Positive Titer

- Negative Titer

Attach lab result

Yearly Vaccine

August – March

2 documented doses OR proven serologic immunity to all three

Booster as an adult within the last 10 years

2 documented doses OR proven serologic immunity

Skin Test (PPD)

Mm induration (>10mm is +)

OR IGRA + or –

Attach lab result

Attach copy of vaccine administration record OR attach lab result

Attach copy of vaccine administration record

Attach copy of vaccine administration record OR attach lab result

Attach copy of vaccine administration record

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  Date  Address

________________________  ____________________  __________________

Print Name  Phone
XIII. Background Check with CastleBranch

Order Instructions for:

Idaho State University College of Technology Health Occupations

1. Go to mycb.castlebranch.com
2. In the upper right hand corner, enter the Package Code that is below.
   - Package Code ID41

ABOUT

About CastleBranch:
Idaho State University College of Technology Health Occupations and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more tailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

Order Summary

Payment Information:
Your payment options include Visa, Mastercard, Discover, debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account:
To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us:
For additional assistance, please contact the Service Desk at 888-666-7788 or visit mycb.castlebranch.com/help for further information.
XIV. Clinical Education Assumption of Risk

Pharmacy Technology Program

Participation in clinical education, including clinical simulations in didactic settings, is required by professional accreditation standards for health sciences programs. Any placement in a healthcare facility (including hospitals, clinics, pharmacies, or other such entities) for the purpose of clinical education entails certain risks, including the risk of exposure to infectious diseases and other personal injuries. Similarly, there exists some level of risk in didactic settings. While every effort will be made to minimize risks to students, staff, and faculty, the elimination of all such risks is beyond the control of the program or university. Vaccination for many infectious diseases, including COVID-19, may be required by a healthcare facility for placement in clinical education. All health science students may receive a COVID-19 vaccination free of charge. If unvaccinated, restrictions upon student activities by the program or facility may be imposed. Placement at certain healthcare facilities may be contingent on vaccination status and requirements may change without advanced notice. Educational opportunities missed due to lack of vaccination may delay graduation and/or result in additional educational expenses.

I freely and voluntarily accept the health risks and potential facility requirements described above to complete my clinical educational requirements. I also understand that COVID-19 vaccination is recommended, but not required by Idaho State University. I understand that COVID-19 vaccination may be required by some health facilities to participate in certain aspects of clinical education. If I choose NOT to be vaccinated for COVID-19, I will be required to adhere to additional guidance based on CDC recommendations as detailed below. Before engaging in clinical education, please read, initial, and sign the following:

INITIALS

1. I will not participate in clinical education if I exhibit any signs/symptoms of infection, including but not limited to: runny nose, fever, cough, shortness of breath, head or body aches, sore throat, loss of smell, or nausea/vomiting/diarrhea. If I exhibit any of these signs/symptoms, I will notify the appropriate person(s) at my clinical site and my designated program contact person.

2. If I am unvaccinated and I am exposed to COVID-19, I will immediately notify the appropriate person(s) at my clinical site and my designated program contact person. I will complete a self-reporting form and may be required to quarantine.

3. If I am unvaccinated for COVID-19, I will self-isolate before engaging in clinical education of any kind, as directed by my program and clinical site policy.

4. If I am unvaccinated for COVID-19, I will comply with masking and physical distancing requirements when possible, including on lunch, breaks, or when occupying shared workspaces. I will wear facial covering in accordance with CDC, program, and health facility policy.

5. Regardless of my vaccination status, I will comply with clinical site policies related to facial covering/glove wearing and handwashing and disinfecting procedures before and after all patient encounters and at other times as specified.
6. I will complete any required infection control or PPE training by my program or the clinical facility.

7. I will follow all infection control guidelines, policies, and procedures of the clinical facility, program, and/or university. Such guidelines are subject to change as more information becomes available.

8. I recognize the dangers to myself and others of acquiring infectious diseases during clinical education, including the possibility of health-related consequences of such diseases. I recognize that vaccination for COVID-19 and other infectious diseases is recommended to decrease the risk of these consequences.

9. I have the right to feel safe during clinical education; I have the ability to talk to my clinical instructor regarding any concerns I may have related to breaches in infection control measures or public health recommendations at any clinical education site.

10. I recognize I have the right not to participate in clinical education because of the potential risk to myself and/or members of my household. I recognize that any missed clinical education time due to lack of participation or required quarantine time will need to be made up to complete program requirements and may delay my graduation.

11. If I test positive for COVID-19, I will notify my program's clinical coordinator and complete the self-report form.

12. I will follow all ISU or health facility-related screening requirements.

Training Guidelines:

Different programs may develop their own COVID-related training requirements. Possible options include those from either the World Health Organization (WHO) or the Centers for Disease Control (CDC):

openwho.org
cdc.gov/coronavirus

Opt-out Guidelines:

In general, satisfactory progression through professional curricula requires that students complete clinical and didactic course requirements in the semester in which they are enrolled. Programmatic requirements are based on professional accreditation standards and licensing board requirements, and include clinical education activities. Should a student be unable to complete requirements due to illness or CDC-recommended isolation/quarantine, make-up work may be allowed if congruent with programmatic or university policies for other medically-related absences. Should a student choose not to complete any course or program requirement related to clinical education, the student is responsible for contacting the course instructor and providing a rationale for “opting out.” Opt-out policies may vary between programs; students should contact their individual
programs for specifics on process. Delays in progression and/or graduation may occur if a student chooses to opt-out of any aspect of required coursework.

Other Potential Consequences and Considerations:

Clinical placement sites may limit the types of patient populations unvaccinated students may interact with; for example, some sites do not allow students to see patients with acute respiratory illness or to interact with pregnant patients if they have not been vaccinated for COVID-19 and other infectious diseases. A student’s satisfactory progression through clinical education may be impeded if students cannot demonstrate adequate training in such patient populations.

Sharing Information with Clinical Site:

If a student tests positive for COVID-19, this information may need to be shared with clinical site preceptors. A separate FERPA waiver form will need to be signed by the student and complete for each preceptor site with whom test results are to be shared. This form is available online and in the Health Occupations Department main office.

______________________________    __________________________
Student Signature                 Date

______________________________
Student Printed Name

This assumption of risk is in effect for the course of the program of study or until a new document is signed, whichever is greater.