

Pharmacist Letter Agreement

I agree to complete the following pre-rotation APPE required Pharmacist Letter courses numbered 1-10 between Monday September 23rd and Thursday October 31, 2019 at 10pm. Certificates must be uploaded in E-value by October 31, 2019.

1. Protecting Against Bloodborne Pathogens in 2019-Training. (*Bloodborne Pathogen Training*)

Product Code 190906

90% = 9 of 10 correct

2. HIPAA & Privacy: 2019- Training (*HIPAA Training*)

Product Code: 190907

90% = 9 of 10 correct

3. HIPAA & Security: 2019-Training (*HIPAA Training*)

Product Code: 190908

90% = 9 out of 10 correct

4. Fraud, Waste and Abuse

2019 - Training (*Medicare part D*)

Self-Study Course # 190917

90% = 18 of 20 correct

5. Combating Methamphetamine Abuse: 2017

(*Methamphetamine Abuse*)

Self-Study Course #170338

90% = 9 of 10 correct

6. Tuberculosis Training for Healthcare Workers-Training (*Tuberculosis Training*)

Self-Study Course #130918

90% = 9 of 10 correct

7. Basics of Non-Sterile Compounding (*Non-Sterile Compounding-General Principals*)

Self-Study Course #180310

90%= 9 Of 10 correct

8. Compounding: Complex Non-Sterile Compounding of Topical Dosage Forms (*Non-Sterile Compounding-Topical Oral*)

Self-Study Course # 190321

90%= 9 of 10 correct

9. Complex Nonsterile Compounding of Oral Dosage Forms (*Non-Sterile Compounding-Topical Oral*)

Self-Study Course # 190320

90%= 9 of 10 correct

10. Compounding Using Aseptic Technique for Sterile Compounding (*Aseptic Technique*)

Self-Study Course #190318

90%= 9 of 10 correct

A score of 90% or better on each course listed above and completion of the attestation clause(s) by the deadline is required in order to meet the requirement.

I understand that Pharmacist Letter has a built-in pass rate of lower than 90% and I may receive an email or certification of completion saying that I passed even though I did not meet the 90% requirement.

I understand that it is my responsibility to ensure that I meet the 90% pass rate and complete the attestation statements by the deadline.

I will retain my certificates of completion and my emails from Pharmacist Letter. **I will also retain a screen shot of my final score for ALL Courses upon completion to confirm a score of 90% or higher.**

My signature on this agreement is valid for all courses taken from the date of my signature until my graduation from the College of Pharmacy program.

Failure to follow any Office of Experiential Education (OEE) policy will result in a consequence determined by College of Pharmacy Administrative and Experiential Education personnel. The most severe would be a delay of progression in the program by one semester.

Printed Name: _____

Signature: _____

Date: _____