

Community Service-Disciplinary Action Agreement

I, _____, having missed an IPPE immunization/ CPR (circle one) deadline, agree to the following consequence; I will perform 80 hours of community service at a pre-approved organization under the following conditions and deadlines:

1. All immunization/CPR certifications must be brought current on or before **May 6, 2011**. Documentation must be turned in to the IPPE office by **4pm**.
2. Community service cannot be with an organization that you are currently or have been previously associated.
3. It is encouraged that your community service be in some type of health care capacity, if possible.
4. Request for approval must be turned in to the IPPE office no later than **Noon on May 13, 2011**. Approval or denial will be reported to you by May 20, 2011. **DO NOT START YOUR SERVICE TILL YOU RECEIVE APPROVAL**. If your organization request is not approved, you will have one week to submit an alternate organization.
5. *After* you have received approval, you may start your service. You are required to submit a report on the organization's letterhead to the IPPE office. The report should detail the dates, hours of service, and include a description of your service activities. This report is due to the IPPE office on or before **Noon, August 15, 2011**.

By signing this agreement, I acknowledge that I understand that failure to meet any of the above conditions or deadlines will result in my taking a leave of absence from the College of Pharmacy for the Fall 2011 semester.

Student Name (Printed) _____

Student Signature _____

Date _____

Witness Name (Printed) _____

Witness Signature _____

Date _____