

# REND LAKE COLLEGE PHARMACY TECHNICIAN HANDBOOK

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## **REND LAKE COLLEGE MISSION**

*The mission statement is the essential purpose of the college from which all college activities originate:*

Rend Lake College provides educational opportunities across cultural and economic boundaries to the diverse student population we serve. We are committed to our students' success in achieving their educational goals and to meeting our community-focused program objectives. With Rend Lake College, student journeys start here.

### **Value Statement:**

In serving our students and community, we strive to be student- focused, authentic, and resourceful.

## **IMPORTANT**

**For information on your rights and responsibilities refer to the Rend Lake College Student Handbook. Located on the RLC website at**

**<https://rlc.edu/phocadownload/Student-Forms/Student%20Handbook%202022-2023-Rend%20Lake%20College%20-%20web.pdf>**

### **ACADEMIC INTEGRITY**

*Student Handbook page 40*

### **APPEAL PROCESS**

*Student Handbook page 38*

### **NON-HARRASSMENT AND DISCRIMINATION POLICY**

*Student Handbook page 19*

### **EQUAL OPPORTUNITY**

*Student Handbook page 5*

### **AMERICANS WITH DISABILITIES ACT**

*Student Handbook page 18*

### **FIREARM CONCEALED CARRY POLICY**

*Student Handbook page 55*

## **GENERAL BEHAVIOR – PROFESSIONAL ETHICS**

The student is responsible for his/her behavior as both an individual and as a member of the group. Rules of behavior which are endorsed as appropriate according to high social, ethical, and moral standards are expected to be followed. As a consequence, the student is held responsible for any acts which may violate these standards. The following rules have been established to provide guidelines for proper, professional conduct:

The student is expected to conduct himself/herself in a professional manner at all times while in the College, clinical site, or while participating in program functions.

The student is expected to be courteous to patients, staff, visitors, faculty, and other students. When speaking to or about a patient, the name of the patient should be used, unless circumstances dictate otherwise.

The student is expected to be congenial to all patients. Solicitation or acceptance of tips from patients or clinical site visitors is prohibited.

Visiting with a patient during clinical hours is not permitted. Friends who are hospital patients should be visited according to hospital regulations.

The student is to consider the affairs of patients, the specific program enrolled, the College, and the clinical site confidential. Such matters are not to be discussed with other students, staff, family, faculty, or friends.

Sleeping during clinical or didactic hours is unacceptable.

Students should act as responsible adults. Cheating may result in dismissal from the program.

Personal telephone calls are not to be made or received while at the clinical site, except in the case of an emergency.

All unusual incidents concerning patients, visitors, staff, etc. must be reported to the clinical instructor and supervisor. The proper incident form must be completed, and a copy given to the program director.

Cell phones may be used at clinical sites only at scheduled breaks. Cell phones should be kept in lockers or purses turned off while students are doing their scheduled rotations. If a clinical site reports misuse of a cell phone, this will result in disciplinary action.

The following are considered examples of severe, inexcusable behavior which may result in immediate dismissal from the program:

Deliberate damage to College, clinical site or other's property

Stealing

Physical assault of another individual

Indecent or lewd conduct

Carrying a weapon on college or clinical site premises

Falsification of any information to the clinical site or college

Smoking in hazardous area or in a non-smoking area

Consumption of intoxicants while on College or clinical site property or attempting to perform duties while under the influence of alcohol or other drugs.

Falsification or misuse of College or clinical site records

Working beyond the appropriate duties of a student

Drug dealing or attempted drug dealing

Excessive absenteeism/tardiness

Sharing confidential information/violating HIPPA

It is impossible to compile a complete summary of misconduct that requires disciplinary action. The Program Director is responsible for interpreting the rules of conduct, and any questions in this area should be addressed to the Program Director.

Failure of the student to abide by general rules and regulations will result in disciplinary action. If disciplinary action is taken, the student will be advised of this action in private consultation with program officials. The action will be documented in the student's record file and the student will be asked to sign the document to indicate their awareness of the action.

In the event a student is dismissed from the program, the student will receive a failing grade for all classes that they are enrolled in at the time of the dismissal.

## **STUDENT COMPLAINTS**

### **Academic Complaints – Grade Appeal**

A. The student is expected to initiate the appeal with the faculty member immediately responsible for the area in which the problem occurred within seven (7) calendar days of the occurrence giving rise to the complaint. The student should request a meeting with the instructor.

B. If the complaint is not resolved after the informal discussion, the student may appeal by submitting a Grade Appeal Form which can be found at [www.rlc.edu](http://www.rlc.edu) within seven (7) calendar days of the informal discussion with the faculty member.

C. The Dean shall review the complaint and speak with the appropriate parties as needed.

D. The Dean shall respond in writing to the student within seven (7) calendar days after receiving the student's complaint.

E. If the results of the Dean's review are unsatisfactory to the student, the student may request a meeting with the Associate Vice President of Academic and Student Services and/or the Associate Vice President of CTE and Student Support within seven (7) calendar days of receiving the Dean's written response.

F. The Associate Vice President shall issue a response to the student within seven (7) calendar days of the meeting with the student.

G. The decision of the Associate Vice President shall be considered final.

### **Academic Complaint – Non Grade Related**

A. The student is expected to initiate the complaint with the faculty member immediately responsible for the area in which the problem occurred within seven (7) calendar days of the occurrence giving rise to the complaint. The student should request a meeting with the instructor.

B. If the nature of the complaint is personal, involving the faculty member directly and his/her behavior or demeanor, the student may appeal informally to the faculty member's Dean or complete a Student Complaint Form found at [www.rlc.edu](http://www.rlc.edu) thereby bypassing the informal discussion with the faculty member. The student should understand anonymity cannot and usually will not be protected.

C. The Dean shall review the complaint and speak with the appropriate parties as needed.

D. The Dean shall respond to the student within seven (7) calendar days after receiving the student's complaint.

E. If the results of the Dean's review are unsatisfactory to the student, the student may request a meeting with the Associate Vice President of Academic and Student Services and/or the Associate Vice President of CTE and Student Support within seven (7) calendar days of receiving the Dean's written response.

F. The Associate Vice President shall issue a response to the student within seven (7) calendar days of the meeting with the student.

G. The decision of the Associate Vice President shall be considered final.

### III. Student Non-Academic Complaints

The Associate Vice President of Academic and Student Services shall be responsible for responding to complaints from students for non-academic (non-classroom and non-grading) issues which would fall outside of the Student Code of Conduct which is described in a later section. These issues include, but are not limited to:

- A. Refunds of tuition and fees
- B. Admission, registration and records matters
- C. Grade forgiveness
- D. Financial aid matters
- E. Advising and counseling matters
- F. Student activities and organization matters
- G. Academic and financial aid appeals
- H. Title II complaints (complaints related to discrimination based upon disabilities)
- I. Title IX complaints (complaints related to discrimination based upon protected class) Students who wish to dispute a non-academic matter related to their tenure as a student at RLC shall express these concerns as follows:

A. The student is expected to initiate a complaint with the staff member immediately responsible for the area in which the problem occurred within seven (7) calendar days of realizing the issue giving rise to the complaint. The student should request a meeting with the staff member. Both the student and the College have the right to end the informal process and begin the formal complaint process at any time. Both parties have the right to forgo the informal process and initiate a formal complaint.

B. If the complaint is not resolved after the informal discussion, the student may appeal by submitting an Appeal Form (which can be obtained in the office of the Associate Vice President of Academic and Student Services or online at [www.rlc.edu](http://www.rlc.edu)) to the Associate Vice President of Academic and Student Services. This appeal should be made within seven (7) calendar days of the informal discussion with the staff member. The Associate Vice President of Academic and Student Services will schedule a meeting with the Appeals Committee. The Associate Vice President of Academic and Student Services shall issue a response to the student within seven (7) calendar days of the meeting.

C. If the results of the Appeals Committee are unsatisfactory to the student, the student may submit a written request to the Vice President of Instruction and Student Affairs within seven (7) calendar days of receiving the committee's decision.

D. The Associate Vice President of Academic and Student Services shall issue a written response to the student within seven (7) calendar days from the date the student complaint was received.

E. The Vice President of Instruction and Student Affairs shall issue a written response to the student within seven (7) calendar days of receipt of the student's written request.

F. The decision of the Vice President of Instruction and Student Affairs shall be considered final with regard to student non-academic complaints.

## **STUDENT RECORDS**

In compliance with the Family Education Rights and Privacy Act the following records are maintained in the specific program directors' offices:

1. Application records
2. Health records and immunizations
3. Background check
4. Attendance records
5. Classroom and/or clinical evaluations
6. Clinical rotation schedule
7. Counseling records

## **TRANSPORTATION**

Students must provide their own transportation to and from the College and the clinical affiliates.

## **ELECTRONIC COMMUNICATION DEVICES**

In any learning setting, the use of electronic communication devices, such as pagers and telephones must be limited to emergency situations only. The devices must be set to silent mode at all times in the classroom. If it is necessary to respond to a call or page, the student should leave the classroom with minimal disruption, and may reenter the classroom at the next break. Students may not use a cellular telephone in the computer laboratory. If a cellular phone is used during any testing situation or during test review, it will be considered an act of academic dishonesty. Electronic communication devices may be used in the clinical setting for appropriate purposes only. These purposes will be determined by the clinical instructor. Tape recorders, PDAs, cameras and other recording devices are not to be used in the clinical setting for recording identifiable client data.

## **STUDENTS WITH A COMMUNICABLE/INFECTIOUS DISEASE**

Detection and control of infectious disease is accomplished to assure a safe environment for students, employees, patients, faculty, staff, and visitors. Students are encouraged to promptly visit their physician for evaluation when suffering from potential infection (ex. fever, diarrhea, skin lesions).

The student is encouraged to discuss their infectious disease status with program faculty. Rend Lake College and the program faculty will protect the privacy of individuals who are self-disclosed. The faculty will refer the student for specific education necessary to avoid transfer of disease in the clinical areas. Clinical placement will be made with the welfare and safety of the student and potential patients in mind.

Rend Lake College does not discriminate against students with infectious diseases. Students with communicable diseases will not be excluded from the program in accordance with the American with Disabilities Act.

## **LATEX ALLERGY GUIDELINES**

Latex allergy is a serious threat to health care workers as well as patients. Allergic reactions to latex may be mild, such as skin disturbances, to severe reactions resulting in death. Exposure to latex products may cause hypersensitivity response either locally or systemically. A systemic reaction may occur even with trivial exposure to latex and may result in cardiopulmonary arrest within minutes.



The guidelines recommended by Rend Lake College are to address potential incidences of acquired latex sensitivity by students in the clinical experiences of the program.

**Procedure:**

Students should become knowledgeable of latex allergy causes and potential signs and symptoms. Students should seek medical care for EARLY diagnosis and treatment of hand dermatoses and symptoms suggestive of latex allergy. Immediately report to the Supervisor any actual or suspected latex allergic responses.

**BLOODBORNE PATHOGEN EXPOSURE**

Students should immediately report to the clinical Instructor and to the Program Director as quickly as is reasonable any exposure or suspected exposure to blood borne pathogens.

Students are expected to follow the written protocol of the clinical site. The student will be responsible for physician, diagnostic, and treatment costs associated with bloodborne exposure incidents.

**HEALTH EXAMINATION POLICY**

A health examination by a physician/certified nurse practitioner/physician assistant is required prior to being admitted to the clinical site. The completed health exam form must be submitted to the program director by the first day of class. **The student may not participate in clinical experiences until this requirement is met. This policy requires completion of the RLC Student Health Evaluation and Immunization Record. Failure to meet the requirements of this policy could result in dismissal from the program.**

**AHA BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS**

All students enrolled in any of Rend Lake College's Allied Health Programs shall be required to obtain and maintain the **American Heart Association Basic Life Support (BLS) for Healthcare Providers** certification. For purposes of Rend Lake College student clinical rotations, **ONLY American Heart Association Basic Life Support (BLS) for Healthcare Providers** is acceptable per our hospital affiliates. The required certification must be taken through Rend Lake College each academic year, once you are accepted into a program. The certification also must be taken prior to the program's start date, unless special permission is given by the Division Dean.

**ACCIDENT AT CLINICAL SITES**

Patients and visitors are usually unfamiliar with hospital routines. Therefore, you must be constantly on guard to protect their safety. Many accidents are caused by unsafe acts or unsafe conditions. If you notice a potential accident hazard, report it to your clinical instructor or supervisor immediately. If you are in an accident or happen to see an accident occur, an incident report must be completed and submitted to the clinical instructor with a copy given to the Program Director. If you are injured, any treatment costs are your responsibility.

## **FIRE**

Follow the clinical site's fire policy. In the event of a fire, remove all patients and others from the vicinity of the fire and smoke. Isolate the fire by closing all interior doors exposed to the area involved. Notify the switchboard operator and report the exact location of the fire or sound the building fire alarm at the closest fire pull station. **DO NOT ENDANGER YOURSELF!**

## **SMOKING**

It is the policy of Rend Lake College to adhere to, and enforce, the Smoke-Free Illinois Act and the Smoke-Free Campus Act. Specifically, no person shall carry, smoke, burn, inhale, or exhale any kind of lighted pipe, cigar, cigarette, e-cigarette or any other lighted smoking equipment. This policy extends to all buildings, grounds, parking lots, and vehicles which are owned and operated by the college. Smoking is also not permitted on clinical site grounds. *Student Handbook* page 39

## **YOU AND THE PATIENT**

The care for those who are ill or hospitalized is provided by people, like you, who exhibit a kind interest in all persons. It is only through the efforts and cooperation of each member of the health care team that the goal of expert, scientific, and compassionate care of patients can be maintained.

Your courtesy, tact, empathy, cheerfulness, kindness, and consideration of patients, anxious relatives, and your co-workers will help immeasurably. It is our sincere desire to assist you in finding enjoyment and satisfaction as a Rend Lake College student. We are interested in your education, happiness, health, and success.

## **UNIVERSAL PRECAUTIONS**

Guidelines have been adopted in accordance with the current consensus of the medical and scientific community that many diseases cannot be transmitted by casual body contact in the clinical setting. However, because there is a risk of contracting an infectious disease, the student should adhere to the following guidelines:

1. Sharp items (needles, scalpel blades, etc.) should be considered infectious and be handled with extraordinary care to prevent accidental injuries.
2. Disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture resistant containers located as practical as possible to the area in which they are used. To prevent needle stick injuries, needles should NOT be recapped, purposely broken, removed from disposable syringes, or otherwise manipulated by hand.
3. When the possibility of exposure to blood or any other body fluids exists, appropriate attire should be worn. The anticipated exposure may require gloves alone, or may also require a gown, mask and/or goggles when performing procedures. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood.
4. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be located and available for use in areas where the need for resuscitation is predictable.

## **CTE Success Center – Mary and George Slankard Learning Resource Center Room 142**

TITLE III funds assisted Rend Lake College in establishing a CTE Success Center on campus. The Center will be a place in which students majoring in healthcare and technical education programs can seek out services. The CTE Success Center provides services such as tutoring, computers for online work, and group study areas to ensure students are successful in their vocational and educational goals, while keeping them up to date with industry's needs and demands.

### **Services provided in the Center include:**

- One on One Tutoring Assistance
- Nurse Skills Lab
- Group Study Space
- Computer access for online coursework
- Math tutoring for technical education programs
- Quiet Study Area – LRC 114

## **Professional Licensure Disclosure**

Students who complete this program must obtain professional licensure in order to work in the State of Illinois.

RLC's curriculum and/or Illinois license may not transfer to another state and additional course work, assessments, or licensing may be required. Rend Lake College has provided professional license information that is available on RLC's website at [www.rlc.edu](http://www.rlc.edu).

## **Safe/Unsafe Clinical Practices**

The Allied Health Programs identify safety as a basic human need. A safety need can be identified as physical, biological, and/or emotional in nature. Safe practices are a requirement of each program.

Unsafe clinical/practicum practice shall be deemed to be behavior demonstrated by the student which threatens or violates the physical, biological, or emotional safety of the patients, caregivers, students, staff or self. Unsafe or unprofessional clinical practice may result in implementation of the Progressive Discipline Policy outlined in the Student Handbook.

The following examples serve as guides to these unsafe behaviors but are not to be considered all-inclusive.

Physical Safety: Unsafe behaviors include but are not limited to:

- Inappropriate use of side rails, wheelchairs, other equipment
- Lack of proper protection of the patient which potentiates falls, lacerations, burns, new or further injury
- Failure to correctly identify patient(s) prior to initiating care
- Failure to perform pre-procedure safety checks of equipment, invasive devices or patient status

Biological Safety: Unsafe behaviors include but are not limited to:

- Failure to recognize violations in aseptic technique
- Improper medication administration techniques/choices
- Performing actions without appropriate supervision
- Failure to seek help when needed
- Attending clinical while ill
- Failure to properly identify patient(s) prior to treatments

Emotional Safety: Unsafe behaviors include but are not limited to:

- Threatening or making a patient, caregiver, or bystander fearful
- Providing inappropriate or incorrect information
- Performing actions without appropriate supervision
- Failure to seek help when needed, unstable emotional behaviors

Unprofessional Practice: Unprofessional behaviors include but are not limited to:

- Verbal or non-verbal language, actions, or voice inflections which compromise rapport and working relations with patients, family members, staff, or physicians, may potentially compromise contractual agreements and/or working relations with clinical affiliates, or constitute violations of legal/ethical standards
- Behavior which interferes with or disrupts teaching/learning experiences
- Using or being under the influence of any drug or alcohol that may alter judgment and interfere with safe performance in the clinical or classroom setting
- Breach of confidentiality in any form
- Falsifying data in a patient health record
- Misrepresenting care given, clinical errors, or any action related to the clinical experience
- Recording, taping, taking pictures in the clinical setting without expressed consent
- Leaving the clinical area without notifications to faculty and clinical staff or supervisor

## **CONFIDENTIALITY STATEMENT**

In general, all information regarding patients, visitors, and staff of the clinical education centers is considered confidential. As such, this information is not to be discussed by the student to anyone.

Students should refer all such requests for information from the news media to the Department of Public Relations, with the exception of inquiries regarding a patient's condition, which should be referred to the clinical site's patient information service. Any request to take photographs on clinical premises must also be referred to the Department of Public Relations.

I understand and agree that prior to attending any clinical experience, I must read and become familiar with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") regarding the confidentiality of patient information and that I must complete the final exam in the HIPAA training book. I understand and agree that I will keep patient information confidential as required by HIPAA, the policies of Rend Lake College Allied Health Department, and the policies of any clinical agency at which I take a clinical practicum. I agree that in my clinical practicum experiences, I will only seek to access patient information which is essential to perform my role as a student.

Program Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_



**Rend Lake College  
Division of Allied Health  
HEALTH AND PHYSICAL FORM**

<b>TO BE COMPLETED BY STUDENT:</b>	
<b>Name:</b>	
<b>Street Address:</b>	<b>DOB:</b>
<b>City/State/Zip</b>	<b>Phone #:</b>
<b>Allied Health Program: Circle your program</b>	
<b>Nursing    Phlebotomy    Radiology    Medical Coding    EMT Basic    Paramedic</b> <b>Personal Care Aide    Medical Support Specialist    Medical Assistant    Pharmacy Tech</b> <b>Biomedical Technology</b>	

<b>TO BE COMPLETED BY STUDENT'S HEALTH CARE PROVIDER:</b>	
<b>PHYSICAL EXAMINATION: Indicate ability to perform standards described below</b>	<b>LIMITATIONS- Please explain any limitations if answer is "No" below.</b>
<b>Mobility:</b> Physical abilities sufficient to move from room to room and maneuver small spaces; move freely to observe and assess patients and perform emergency care such as CPR. Ability to touch floor to remove environmental hazards if necessary.	Yes or No
<b>Motor Skills:</b> Gross and fine motor abilities sufficient to provide safe and effective care	Yes or No
<b>Hearing:</b> Auditory abilities sufficient to monitor and assess patient needs and to provide a safe environment	Yes or No
<b>Visual:</b> Visual ability sufficient for observation and assessment necessary in the operation of equipment and care of patients	Yes or No
<b>Tactile:</b> Tactile ability sufficient for patient assessment and operation of equipment	Yes or No
<b>Cognitive:</b> Abilities to include analyzing, interpreting and carrying out provider orders, read and comprehend course materials, patient care documents and facility policies and procedures	Yes or No
<b>PERSONAL HISTORY</b>	
Describe any conditions (including allergies to substances normally found in a clinical setting) that could potentially impact the student's attendance and/or performance. If a student should present with any physical or cognitive limitation, each case will be reviewed on an individual basis. Reasonable accommodations will be made as determined by Disability Services.	
<b>HEALTHCARE PROVIDER SIGNATURE AND/OR STAMP</b>	
Following the performance of a physical exam and utilizing history and immunization information provided to me by the student, I verify the above information to be true.	

<b>Signature and/or Stamp of Healthcare Provider (MD, DO, PA, ARNP)</b>		<b>Date:</b>	
<b>Provider Printed Name:</b>		<b>Phone:</b>	
<b>Student Name:</b>			
<b>IMMUNIZATION INFORMATION</b>		<b>DATE</b>	<b>RESULTS</b>
<b>TUBERCULOSIS</b>			
TST (tuberculosis skin test/PPD)-2 step required 1st step- Date Placed:    /   /    Date Read:    /   /			Positive      Negative
2 <sup>nd</sup> step- Date Placed:    /   /    Date Read:    /   /			Positive      Negative
CHEST X-RAY RESULTS/REPORT (if positive TST/PPD)			Positive      Negative
TB SCREEN/TB symptom sheet to be done annually if positive TST/PPD			
<b>HEALTHCARE PROVIDER SIGN:</b>			
<b>MEASLES, MUMPS, RUBELLA</b>		<b>DATE</b>	
<b>Two MMR vaccines with dates or individual titers for each satisfy the requirement for Measles (Rubeola), Rubella (German Measles)</b>			<b>RESULTS</b>
MMR VACCINES (given after 1 <sup>st</sup> birthday)			
Vaccine #1			
Vaccine #2 (not required if born before 1957)			
TITERS			
Rubeola Titer			Positive      Negative
Rubella Titer			Positive      Negative
<b>HEALTHCARE PROVIDER SIGN:</b>			
<b>VARICELLA (CHICKENPOX)</b>			
<b>Two Varicella vaccines with dates, or a positive titer</b>		<b>DATE</b>	<b>RESULTS</b>
Documentation of Disease		N/A	N/A
Varicella #1			
Varicella #2			
Titer			Positive      Negative
<b>HEALTHCARE PROVIDER SIGN:</b>			
<b>Tetanus/Diphtheria or Tdap within 10 Years</b>		<b>DATE</b>	
Tetanus/Diphtheria			
Tdap			
<b>HEALTHCARE PROVIDER SIGN:</b>			
<b>HEPATITIS B (strongly recommended for healthcare workers in patient care settings)</b>		<b>DATE</b>	<b>RESULTS</b>
Vaccine #1			
Vaccine #2			
Vaccine #3			
Titer			Positive      Negative
<b>HEALTHCARE PROVIDER SIGN:</b>			
<b>HEPATITIS B Declination (to be signed by student if refusing this vaccine series)</b>			
I understand that, due to my exposure of blood or other potentially infectious materials, I may be at risk for acquiring the hepatitis B (HBV) infection. I have been informed of the recommendation that all healthcare workers be vaccinated with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I could be at risk of acquiring hepatitis B, a serious disease.			
<b>STUDENT'S PRINTED NAME:</b>			<b>DATE</b>
<b>STUDENT'S SIGNATURE:</b>			
<b>HEALTHCARE PROVIDER SIGNATURE:</b>			

# Rend Lake College Allied Health Emergency Medical Information

## Student Information

Student's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Health Insurance Information

Insurance Carrier: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy I.D. #: \_\_\_\_\_ Group #: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any allergies, medications, or health conditions that may be pertinent for emergency treatment.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Print)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**REND LAKE COLLEGE**  
**ALLIED HEALTH PROGRAM**  
**STUDENT INFORMATION RELEASE FORM**

1. I have received a copy of my program specific Student Handbook and Policies. I have carefully read and understand the general information and policy statements and agree to abide by these as a student in the Allied Health Program. I have had the opportunity to have my questions answered regarding the policies in the Student Handbook.
2. I hereby give permission to release any necessary information to clinical agencies regarding my immunizations, reference requests, and CPR certification.
3. I understand that I must abide by the policies and procedures of all clinical facilities that I might attend as a student. I am aware that it is absolutely mandatory that I comply with the confidentiality/Health Insurance Portability and Accountability Act (HIPAA) statement and must demonstrate knowledge of it by passing the HIPAA examination.
4. I understand that I must provide proof of medical insurance or other financial means to cover myself as to expenses which may arise as the result of illness or injury occasioned during my clinical rotation. I acknowledge that since I am not an employee of the college or the facility that I am not protected by Workers Compensation and neither the college nor the facility assumes any liability for injuries or illness in the absence of a showing of actual negligence on the part of the college or facility or any of its agents.
5. **Criminal Background Checks and Drug Screen for Clinical Experience:** My signature below indicates that I have read the Substance Abuse policy of Rend Lake College and have been provided with a copy of the same. I understand that the results of the criminal background screening and drug testing results are to be used for the purposes of determining my eligibility for a clinical educational experience in my field. By this form I provide my irrevocable consent for the results of the drug screening and criminal background checks to be released to Rend Lake College who in turn may share said information with the clinical agency with whom I am being assigned for a clinical experience.
6. I understand that this program specific handbook has been designed to provide information about the program and is not a contract. The information in this handbook is subject to change.
7. I have read and understand the program specific handbook, College catalog and the RLC student handbook.
8. I grant Rend Lake College, The Allied Health Department, its representatives and employees the right to take photographs of me and my property in connection with the above identified subject. I authorize the Allied Health Department, its assignees and transferees to copyright, use and publish the same in print and/or electronically.
9. I agree that Rend Lake College and the Allied Health Department may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.  
I have read and understand the above:

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Student's Signature \_\_\_\_\_ / \_\_\_\_\_ Date

## **HIPAA AND SOCIAL MEDIA**

Sharing information on any social media network is a HIPAA violation. There is not to be any information regarding patients, clinical sites, their radiographs or hospital records of any kind being shared over a social media site (Facebook, twitter and any others). For example, if you take a radiograph at your clinical site, remove the patient's information and place it on Facebook that is a HIPAA violation. Even if there is no patient information on that image that still violates the HIPAA policy. Descriptions regarding any information related to a patient's care that took place at a clinical site is a violation. If a student violates this HIPAA policy, it will result in immediate dismissal of the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgment Form

- I agree to abide by the policies of Rend Lake College and the Allied Health program in which I am enrolled.
- I am aware of the clinical practicum placement policies and procedures
- I am aware of the drug testing and criminal background check requirements by the Illinois Department of Public Health (IDPH) and the Joint Commission on Accreditation of Health Care Organization (JCAHO) and I agree to abide by them.
- I am aware that neither Rend Lake College nor the affiliated clinical site will assume the cost of treatment or care for injury or any medical condition occurring during my student laboratory classes (if required) and during my clinical practicum.
- I am aware of the confidentiality requirements (patient and medical records) and will abide by them.
- I have had an opportunity to ask questions about this material and have had those questions answered to my satisfaction.
- I agree that while enrolled in the Allied Health Program I will treat my studies, labs and clinical practicum as an employee would treat job responsibilities, recognizing that my instructor assumes the role of my supervisor. I will attempt to learn not only the technical skills, but will also strive to develop a professional manner and attitude.
- I understand that failure to abide by the policies will be grounds for disciplinary action and possible dismissal from the program.
- I understand that I may be required to drive at least one hour one way to my clinical site due to the limited space at our clinical sites in the immediate area. Every attempt will be made to cut down on the student's driving time but certain circumstances are out of the program's control. I am responsible for my own travel arrangements and will be held accountable for arriving to clinical on time.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Clinical Externship Faculty/Staff/Student Confidentiality Agreement

The discussions, uses, and disclosures addressed by this agreement apply to any written, verbal, or electronic communications.

I understand that I am never to discuss or review any information regarding a patient at a clinical site unless the discussion or review is part of my assignment to the site. I understand that I am obligated to know and adhere to the privacy policies and procedures of the clinical site to which I am assigned. I acknowledge that medical records, accounting information, patient information, and conversations between or among healthcare professionals about patients are confidential under law and this agreement.

I understand that, while in the clinical setting, I may not disclose any information about a patient during the clinical portion of my clinical assignment to anyone other than the medical and nursing staff of the clinical site.

I understand that I may not remove any record from the clinical site without the written authorization of the site. Additionally, I understand that, before I use or disclose patient information in a learning experience, classroom, course presentation, class assignment, or research, I must attempt to exclude as much of the following information as possible:

- Names
- Geographical subdivisions smaller than a state
- Dates of birth, admission, discharge, and death
- Telephone numbers
- Fax numbers
- E-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers
- Device identifiers
- Web locators
- Internet protocol addresses
- Biometric identifiers
- Full face photographs
- Any other unique identifying number, characteristic or code
- All ages over 89 years

Additionally, I acknowledge that any patient information, whether or not it excludes some or all of those identifiers, may only be used or disclosed for health care training and educational purposes and must otherwise remain confidential.

I understand that I must promptly report any violation of the clinical site's privacy policies and procedures, applicable law, or this confidentiality agreement, by me, or a student or faculty member to the college administrator.

Finally, I understand that, if I violate the privacy policies and procedures of the clinical site, applicable law, or this agreement, I will be subject to disciplinary action.

By signing this agreement, I certify that I have read and understand its terms, and will comply with them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **INFLUENZA VACCINE WAIVER FORM**

I understand that due to my occupational/educational exposure to the Influenza virus that I may encounter while doing class work and clinical rotations for the Allied Health Program, I may be at risk for acquiring the Influenza virus. I have been informed of the risks of infection and of the advantages of protection through the Influenza vaccination. I have been required by the Rend Lake College Allied Health program to become immunized and show written proof, or to sign a declination waiver form for Influenza vaccination due to religious beliefs or a known allergy to the vaccination. The cost of the Influenza vaccination is my responsibility.

If I choose not to obtain the Influenza vaccination due to my religious beliefs or a known allergy to the vaccination, I understand that I must abide by the clinical facilities requirements to wear protective apparel that they specify. **I also understand that a clinical site has the right to deny me access to my clinical experience there.** I understand that by not obtaining this vaccine, I continue to be at risk of acquiring the Influenza virus.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ALCOHOL AND DRUG POLICY

Rend Lake College is committed to a drug and alcohol free educational environment. Therefore, the Board prohibits the use, illegal possession, sale, distribution or transfer of alcohol or illegal drugs on College premises or property owned or supervised by Rend Lake College. The Board also prohibits the use and possession of alcohol, illegal drugs and the abuse of legal drugs in any manner which impairs a student's ability to safely and effectively attend class or participate in school activities.

Recognizing that certain educational programs and/or activities expose students, participants, faculty, staff and observers to a greater risk of injury due to the nature of the activity, the Board authorizes the Administration and its designees the right to randomly test students/participants enrolled in such programs for the illegal use of any controlled substance or the use of legal substances impairing the ability of the student/participant to perform an activity or participate in any College sponsored event. In addition, the Board authorizes the Administration and its designees the right to remove any individual who appears to be under the influence of any controlled substance (drugs and/or alcohol) or who appears to be unduly under the influence of any legal drug impairing the immediate safety of the said individual or others participating in a College activity or while on College premises.

Certain fields of study require practical experiences which should be practiced without impaired judgement from drug or alcohol use. All students in health care and other required programs must pass a drug screening test before entering their practicum/clinical/externship as well as be subject to random testing throughout their program. Students may also be tested should there be reasonable suspicion that illegal use of any controlled substance (drugs and/or alcohol) or the abuse of legal drugs has occurred in such a manner in which an individual's ability to participate safely in an activity has been compromised or has comprised others attending or participating in the activity or on the College premises. A reasonable suspicion referral for testing will be made on the basis of documented objective facts and circumstances that are consistent with short term effects of substance abuse.

Prior to enrollment in such educational programs deemed by the administration to require drug testing or participation in extracurricular activities, students must agree to participate in the drug screening program.

### PROCEDURE

- 1. Allied Health Students and Other Required Screen Programs:**
  - A. Each student is subject to drug screening at the time and place designated by Rend Lake College. For students with practicum/clinical/externship, the screening shall take place prior to beginning said practicum/clinical/externship.
  - B. The student shall immediately submit themselves for a drug screen upon being notified by a Rend Lake College representative at the place designated by said representative.
  - C. Immediately shall mean the student will not leave the sight of either the Rend Lake College representative or medical personnel conducting said screen until the screen is completed.

## 2. Reasonable Suspicion

- A. Any student who has been advised that reasonable suspicion exists for a drug screen shall immediately submit themselves for a drug screen upon being notified by a Rend Lake College representative at the place designated by said representative.
- B. Immediately shall mean the student will not leave the sight of either the Rend Lake College representative or medical personnel conducting said screen until the screen is completed.
- C. Reasonable suspicion includes but is not limited to actions by student which places themselves or others on campus in any dangerous situation or in danger of injuring themselves or others.

## 3. Random Screenings

- A. Rend Lake College shall use a computer program established for the random selection of students/athletes for a drug screen.
  - B. Upon selection, the student will be notified by a Rend Lake College representative and student/athlete shall immediately submit themselves for a drug screen upon being notified by a Rend Lake College representative at the place designated by said representative.
  - C. Immediately shall mean the student will not leave the sight of either the Rend Lake College representative or medical personnel conducting said screen until the screen is completed.
4. The drug screening shall be conducted by a qualified laboratory using regularly established procedures for collecting and testing samples by the healthcare field.

### **ACTIONS FOR RESULTS:**

Negative Screen: No action taken.

Positive Screen: Student will be dismissed from the academic or athletic program.

Diluted Screen: Student will be allowed one retest at a time designated by a school official. If the second test comes back diluted or positive, the student will be dismissed from the academic or athletic program.

Adulterated Screen: Student will be dismissed from the college.

Substituted Screen: Student will be dismissed from the college.

Failure to Submit/Complete Drug Screen: Student will be dismissed from the academic or athletic program. (Example: leaving campus when contacted to present for drug testing).

Shy Bladder: If a student is unable to provide a specimen at the time of testing, the student will be given 1.5 hours and allowed up to 40 ounces of fluid to drink. After 1.5 hours if the student fails to submit a specimen, the student will be required to take a non-urine-based test. The extra cost of this test must be paid by the student and cannot be charged to the student's account.

If a screening tests positive for prescription drugs, a Medical Review Officer for the lab services will contact the student for more information. The Medical Review Officer may request that the student

provide valid physician prescriptions and/or copies of medical records substantiating the prescribed medication and manner of dosage.

If the Medical Review Officer finds the prescribed drugs are being taken as prescribed, it will be considered a negative screen. If the Medical Review Officer finds the prescription is not valid or the drugs are being taken in a manner different from the prescription, or if the student fails to cooperate with the Medical Review Officer's request for proper medical documentation, it will be considered a positive screen and appropriate action will be taken.

### **Assistance for Addiction**

Rend Lake College recognizes that addiction is a disease that takes assistance to overcome. Rend Lake College encourages any student facing drug or alcohol addiction to receive professional help. There are numerous treatment centers in the state of Illinois. For assistance in locating a treatment center, students will be directed to contact RLCares or the advisement department. Rend Lake College is not responsible for any costs related to treatment.

### **Re-Admission after Positive Drug Screening**

Any student who is dismissed for a positive drug screening may reapply for admission after six months. However, the student must present proof of seeking treatment with a licensed substance abuse counselor within one week of removal from the program to be considered for readmission. Signed documentation by a substance abuse professional that the student has successfully completed an approved drug/alcohol rehabilitation program, as well as proof of drug screens performed as part of treatment, is required prior to readmission. For healthcare programs, a signed release by the substance abuse professional to attend a healthcare training program and clinical is also required. The student must also provide the results of a negative drug screen dated within 30 days of re-enrollment. The student must complete negative drug screenings provided randomly by Rend Lake College at least once every six months until graduation. A second violation of the drug policy will result in permanent dismissal from Rend Lake College. Readmission to programs and extracurricular activities will be at the discretion of college officials after review of all pertinent information.

## **BACKGROUND CHECK POLICY**

All students enrolled in an Allied Health program are required to submit to a background check. A background check is required every year at the college's expense. Rend Lake College will designate the company/agency selected to do the criminal background screening. Rend Lake College will not accept criminal background screening from any other company/agency. Reasonable efforts will be made to ensure that results of criminal background checks are kept as confidential as possible with a limited number of persons authorized to review results.

If a student has a positive background check, and the facility refuses the student access to the clinical experience at the facility, Rend Lake College will make reasonable efforts to find an alternative site with equivalent clinical opportunities for the student to complete their clinical experience. Rend Lake College DOES NOT GUARANTEE that a student with a criminal conviction and/or criminal charges will be able to complete their clinical experience. A student who cannot be reasonably assigned to a clinical site will be dropped from the program.



## **CODE OF ETHICS FOR PHARMACY TECHNICIANS**

### Preamble

- Pharmacy Technicians are healthcare professionals who assist pharmacists in providing the best possible care for patients. The principles of this code, which apply to pharmacy technicians working in any and all settings, are based on the application and support of the moral obligations that guide the pharmacy profession in relationships with patients, healthcare professionals and society.

### Principles

1. A pharmacy technician's first consideration is to ensure the health and safety of the patient, and to use knowledge and skills to the best of his/her ability in serving patients.
2. A pharmacy technician supports and promotes honesty and integrity in the profession, which includes a duty to observe the law, maintain the highest moral and ethical conduct at all times and uphold the ethical principles of the profession.
3. A pharmacy technician assists and supports the pharmacists in the safe and efficacious and cost effective distribution of health services and healthcare resources.
4. A pharmacy technician respects and values the abilities of pharmacists, colleagues and other healthcare professionals.
5. A pharmacy technician maintains competency in his/her practice and continually enhances his/her professional knowledge and expertise.
6. A pharmacy technician respects and supports the patient's individuality, dignity, and confidentiality.
7. A pharmacy technician respects the confidentiality of a patient's records and discloses pertinent information only with proper authorization.
8. A pharmacy technician never assists in dispensing, promoting or distribution of medication or medical devices that are not of good quality or do not meet the standards required by law.
9. A pharmacy technician does not engage in any activity that will discredit the profession, and will expose, without fear or favor, illegal or unethical conduct of the profession.
10. A pharmacy technician associates with and engages in the support of organizations, which promote the profession of pharmacy through the utilization and enhancement of pharmacy technicians.

*Adapted from The American Association of Pharmacy Technicians Code of Ethics, published Am J Health-Syst Pharm. 2003*

## **MISSIONS AND GOALS**

### **Program Mission**

The mission of the Pharmacy Technician Certificate program of Rend Lake College is to be an exemplary program graduating highly qualified individuals to fill the employment needs of Pharmacies. The Pharmacy Technician Program is committed to serving students, retail and hospital community pharmacies; this will be achieved through guidance, excellent academic instruction and professional training utilizing traditional and innovative means while understanding the cultural diversity of individuals, maintaining a student-centered philosophy, while striving to make wise use of community and educational resources and materials. The faculty of the Pharmacy Technician Program are committed to providing quality instruction and preparing graduates as entry level employees as Pharmacy Technicians.

### **Program Goals**

Upon completion of this program the student will successfully:

1. Demonstrate knowledge of the health care delivery system and medical terminology.
2. Demonstrate knowledge of infection control and safety.
3. Demonstrate understanding of drug classifications and side effects of medications.
4. Associate the major areas and departments of the retail pharmacy and hospital pharmacy and maintain communications with these departments.
5. Demonstrate understanding of the importance of the Pharmacy Technician in the pharmacy industry.
6. Demonstrate knowledge of equipment, various types of medication distribution systems, special precautions necessary for sterile compounding and aseptic technique.
7. Demonstrate ethical behavior in a healthcare environment.
8. Demonstrate knowledge of medication errors and how they can be prevented.
9. Demonstrate understanding of medical insurances, prescription interpretation, pharmacy terms and abbreviations.
10. Demonstrate understanding of quality assurance in the Pharmacy.
11. Demonstrate understanding of the basic concepts of communications, personal and patient interaction, stress management, professional behavior and legal implications of the work environment.

## ATTENDANCE POLICY

Progressive corrective action occurs as follows, when a student accumulates a number of incidents of absence that reflect an unacceptable pattern in the classroom or lab:

3 incidents/semester = verbal warning

4 incidents/semester written warning & reduction of overall course score by 10 %

5 incidents/semester= dismissal from program

The Dean has the authority to move to the most severe consequence for absences if the pattern of non-attendance is consistent in nature from one semester to the next.

A pharmacy technician is an accountable healthcare position, it is important that the individual display this characteristic. Attendance in the pharmacy technician classes is an indicator of accountability and responsibility. With the realization of human needs, the following attendance policy has been adopted for all pharmacy technician courses.

1 absence = 1 incident

1 tardy = 1 incident

7 minutes after the scheduled start time = 1 incident

Late coming back from break = 1 incident

Leaving after break = 1 incident

Leaving clinical before scheduled end time.= 1 incident

Excessive class disruption = 1 incident

Cell phone/texting usage = 1 incident

**\*Note: Absences of Laboratory Sessions and Field Trips are considered an incident. Attendance will be taken at the beginning of the hour.**

**THIS POLICY IS FOR CLASSES AND CLINICAL. THIS NOTICE OF A CHANGE IN POLICY SUPERCIDES ALL SYLLABI FOR THE PHARMACY TECHNICIAN PROGRAM IF THEY HAVE NOT ALREADY BEEN CORRECTED TO READ AS ABOVE.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

## **CHEATING**

Cheating of any form will not be tolerated in the classroom or clinical. Instances of academic dishonesty will be grounds for a failing grade in that course or courses and possible probation or dismissal from the program or College.

A more detailed listing of further academic policies and regulations is contained in the Rend Lake College Student Handbook

## **Grading Scale**

**A= 90-100**

**B=80-89**

**C=70-79**

**D=60-69**

**E=59 and below**

## **MEDICAL CONDITIONS**

Declaration or disclosure of medical conditions is a voluntary act. The Pharmacy Tech program is willing to make reasonable accommodations for students with documented medical conditions when the program is informed of the student's needs. If the student is unable to meet the minimum technical and/or physical standards that are required, they will be allowed to withdraw and return the following semester based on class and space availability. Upon returning to the Pharmacy program, students must present documentation from their physician indicating they are able to meet the minimum technical and physical standards of the program.

## Rend Lake College Clinical Student Evaluation Professional Performance Evaluation Form

Student's Name: \_\_\_\_\_ Semester: Fall/Spring                      Mid-Term/Final

Procedures: Rate the student's professional competency and skill on the tasks listed below.

	4 Exceeds Standard (no difficulty)	3.5 Meets Standard (minimal difficulty)	2 Needs Improvement (great difficulty)	1 Unsatisfactory
Demonstration of Knowledge				
1. Demonstrate readiness and preparation for work in advance				
2. States facts and responds to basic questions				
3. Applies knowledge to perform tasks with sound judgment				
4. Reacts in a calm and logical manner under stress				
Performance Quality and Efficiency				
5. Accurately performs verbal and written directions				
7. Performs task with minimal error and supervision				
8. Recognizes limitations and asks for help when unsure				
9. Completes assigned tasks thoroughly and in an orderly manner				
10. Recognizes and promptly corrects errors using sound decision				
Integrity				
11. Adheres to established protocols				
Safety				
12. Maintains a safe, clean and orderly work station				
13. Practices safety when handling equipment				
14. Wears proper PPE and demonstrates proper hand washing				
15. Adhere to site specific safety and/or isolation procedures				

16. Treats both patients and coworkers with courtesy and respect that the profession demands.				
Professionalism	4 Exceeds Standard (no difficulty)	3.5 Meets Standard (minimal difficulty)	2 Needs Improvement (great difficulty)	1 Unsatisfactory
17. Arrives on time, begins promptly, completes shift, attends regularly				
18. Requests permission, notifies instructor of absence and or tardiness				
19. Demonstrates proper hygiene, dresses appropriately and professionally				
20. Communicates with staff, co-workers and patients in a professional poise				
21. Displays self-confidence and professional pride				
<b>Professional Performance Column Totals</b>				
<b>Total Points (Summation of Column Total)</b>				

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Rend Lake College Pharmacy Technician Program Representative Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Note: Students will sign evaluation at Rend Lake College when reviewing with RLC representative.

# Rend Lake College Pharmacy Technician Clinical Time Sheet

Student Name: \_\_\_\_\_ Months: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Date	Start Time	End Time	Lunch	Total Hrs.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Preceptor/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rend Lake College Pharmacy Technician Representative: \_\_\_\_\_ Date: \_\_\_\_\_