**UF | College of Pharmacy**
**UNIVERSITY of FLORIDA**

# PHARMACY TECHNICIAN TRAINING COURSE

# EXTERNSHIP MANUAL

Division of Continuing Education

Updated February 22, 2012

**UF | College of Pharmacy**
**UNIVERSITY of FLORIDA**

# UF Pharmacy Technician Externship Manual
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# Externship Policy Statement

The UFCOP Pharmacy Technician course requires an 80-hour externship (some sites at their discretion will require more) to be completed by the student at a pharmacy externship site. An externship provides hands on experience working as a pharmacy technician.

**Requesting Your Externship:**
- Students must complete the Externship Request Forms to begin the externship process.
- Students are require to complete a background check and drug screening.
- Students must work with the externship coordinator to arrange an externship at a site that is approved by UFCOP at a location as close as possible to student's requested location.
- An approved externship site is a facility with which UF has in place a signed Affiliation Agreement.
- Externship sites are pharmacies. These may be retail, hospital or other types of pharmacy practices.
- At times, externships at specific externship sites may not be available. Externship sites make the final decision on accepting externs, when an externship may begin and what will be the work schedule. There may also be occasions when the externship site will want the externship period to last longer than 80 hours.
- UFCOP will arrange for only one externship per student. Placement will occur as soon as possible but at least within 60 days after receipt of all properly completed Externship Request Forms.

**Additional Externship Requirements:**
Many externship sites have requirements with which the student must comply. Each student is responsible for all necessary arrangements and costs associated with compliance.
These requirements may include but are not necessarily limited to the following:
- When an externship site requires a specific uniform, the student is responsible for providing the uniform.
- Some externship sites (especially hospitals) require student externs to furnish proof of a physical exam, provide an immunization record, complete an online application at the externship site's website, complete additional form work and/or tests and obtain HIPPA certification, AIDS education and/or CPR training.

**Externships for Students Already Working as Pharmacy Technicians:**
If a student is already working as a pharmacy technician while enrolled in this course, the time worked may count as an externship. However, this must be pre-arranged with the externship coordinator. The technician's employer must sign an Affiliation Agreement and the student must still complete the externship completion papers.

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**Statement of Responsibility:**
- To obtain an externship at some facilities, the student may be required by the facility to sign a "Statement of Responsibility" or similar document. In such an event, the student is required to voluntarily waive any right to recover for injuries or illnesses that he/she may suffer (during or as a result of completing their externship) due to the simple negligence of the facility.
- Statement of Responsibility is required; the externship coordinator will provide the student with information explaining the consequences of signing the Statement of Responsibility and document this by obtaining, in writing, the student's acknowledgement of the receipt of information.
- If the student refuses to sign the Statement of Responsibility, UFCOP shall, if feasible make another externship site available to the student. Students will not be penalized for refusing to sign the Statement of Responsibility other than to possibly have their externship delayed due to shortage of available alternative externship sites.

**Completing Your Externship:**
It is the responsibility of the student to have all Externship Completion papers filled out in their entirety and signed during the externship. These papers must be returned to the externship coordinator at the end of the externship to receive credit for completing the course.

**Graduating from the Course:**
After the Externship Completion papers have been properly completed by the externship coordinator, a Course Completion Certificate will be emailed to the student.

**Registering for a License to Practice as a Pharmacy Technician:**
When you have received your Course Completion Certificate, you must apply, via the Florida Department of Health Website, for a state license if you want to practice as a pharmacy technician.  Here is the link you need to visit to apply for your license to practice as a registered pharmacy technician:
https://ww2.doh.state.fl.us/DOHInitialApp/login.aspx

# Frequently Asked Questions

**What is an externship?**
An externship is the final, but very important, step of your Pharmacy Technician training at UFCOP. An Externship enables you to continue your learning in a hands-on environment and will allow you to put into practice what you have learned in the classroom.

During your 80 hours (or more depending on externship site requirement) of externship, you will be working under the guidance of a preceptor to gain real world experience in a pharmacy setting. Although many students have some apprehension about beginning the externship, once there, they find it to be a very rewarding experience. This is your chance to move from being a student into the role of performing as a professional.

**When does the externship begin?**
Your externship will begin after the in-class portion of the program ends; however, the externship placement process will begin around the 10th-12th week of the program. This process is initiated by the student when he/she has all four externship forms submitted successfully to externship coordinator.

All eligible students will be placed as soon as possible after the last session of in-class instruction. Keep in mind that externship placement is based on the availability of openings at externship hosts' sites. Students are placed as soon as there are openings, but these openings are not held specifically for one person; they are on a first come, first serve basis. You will find a Student Availability form in this manual. Please complete and return this form to the externship coordinator. This will assist us in placing you in a pharmacy as soon as possible. Your externship is to be completed no later than 12 months after your course start date.

**How do I know if I am eligible for externship?**
An eligible student is one who has turned in the required forms on time, met all financial obligations, complied with all policies and procedures including, but not limited to, attendance, conduct guidelines and achieving passing grades.

**Is there anything I need to do to prepare to be placed in an externship?**
The following 4 forms must be completed and returned to the externship coordinator:
- HIPPA Certificate
- Confidentiality Statement Sign the confidentiality statement before sending.
- Student Availability Form (included in this manual)
- Assumption of Risk/Student Agreement (included in this manual)

**Complete and return ALL 4 externship forms to your externship coordinator either by email, fax or regular mail.**

Email to: spegnetter@cop.ufl.edu
Fax to: Attention: Externship Coordinator (352)273-6460
Mail to: UF College of Pharmacy
        Department of Continuing Education
        Attention: Externship Coordinator
        PO Box 113195
        Gainesville, FL 32611-3195

If you are in a live class, do NOT turn these into your classroom instructors. Turning in your completed forms to the externship coordinator is your responsibility. We highly recommend completing these steps before the 10th week of the program and responding to the externship coordinator promptly when he/she contacts you. Doing so will allow us to expedite the start of your externship. If you delay in doing any of this, it will delay the start of your externship.

**How many externships will be set up for me?**
One eighty (80) hour externship will be arranged for you by our department. When you successfully finish that externship, you will be done with the course and may apply for your license to practice as a registered pharmacy technician. Your first externship counts as the one and only externship that will be arranged for you by UFCOP. If you want to do additional externships (or if you fail to complete the first one for any reason) you are responsible for finding and facilitating any other externship on your own.

**Can I arrange my own externship site?**
UFCOP already has names of some possible externship sites and the externship coordinator will make all the necessary arrangements to set you up with a suitable externship host once your externship forms are received. The list of prospective externships sites change based on which pharmacies need externs at any given point in time. The externship coordinator will have information on externship possibilities at approved sites.

However, there is much you can do to help find an externship. This process works best when the student and externship coordinator work together. Networking with friends, family, employers, and fellow students can help you find a suitable pharmacy in which to complete the externship.

You may know of a pharmacy that is convenient or that offers the kind of pharmacy practice you are interested in working as a pharmacy technician. Perhaps you know someone who already works in a pharmacy and you would like to do your externship there also. Or you already work in a pharmacy and want to do your externship with your employer.

Satisfactory results can occur when students inquire in person at pharmacies where they would like to work. This gives the pharmacist a "pre-interview glance" at a prospective extern and you get a chance to look over the pharmacy in the process.

If you find a possible pharmacy externship on your own, either give the contact information for the externship coordinator to the pharmacist so they can contact us, or contact the externship coordinator with the pharmacy's information and we will contact them. Understand, however, that we must approve the pharmacy externship site and get an Affiliation Agreement between the externship facility and UFCOP before you begin an externship.

If you are interested in an externship site that is not already an approved site for UFCOP or if you wish to conduct your externship with your employer, UFCOP must first approve your request. To gain approval, call or email UFCOP ([spegnetter@cop.ufl.edu](mailto:spegnetter@cop.ufl.edu)) and provide the externship coordinator with the contact information of the facility (facility name, the address, full name of your preceptor, phone number and email address). Upon approval, the externship coordinator will contact that site, obtain an Affiliation Agreement and set up your externship. Any hours completed prior to approval from UFCOP will not be covered under our insurance and will not count towards the required 80 hours.

**What are my responsibilities at the externship site?**
You should treat your externship like a job; be dependable and punctual, respectful and helpful, remembering that we are guests in the facility.

You should dress appropriately (see dress code in this manual).

Take your Training Achievement Record (TAR) to work and have your preceptor log hours and have skills signed off each day you are there. Do not leave your booklet at the site; keep it with you at all times.

You must give advance notice to UFCOP AND your externship department manager for any absence or late arrival.

If you experience any difficulty with your externship, you must contact the externship coordinator immediately at [spegnetter@cop.ufl.edu](mailto:spegnetter@cop.ufl.edu)

If you are assigned an externship and do not follow through with the arrangements, you will be responsible for locating your next externship.

If you are asked to discontinue your externship for cause and should you wish to complete another externship, you will be responsible for locating your next externship.

**How is the externship graded?**
The externship is graded as pass/fail and is based on the evaluation given by the externship preceptor. Ask the preceptor to complete the Student Evaluation Form on your last day at the externship. Make a copy of all forms (timesheet, evaluation and TAR) for yourself and email the original copies to UFCOP, fax or email to the externship coordinator.

Email to: spegnetter@cop.ufl.edu
Fax to: Attention: Externship Coordinator (352)273-6460
Mail to: UF College of Pharmacy
   Department of Continuing Education
   Attention: Externship Coordinator
   PO Box 113195
   Gainesville, FL 32611-3195

Once the externship forms are received (signed and in good order), you will be emailed a certificate of course completion. When you receive your certificate of course completion, you have finished this course. You may then go to the State Board of pharmacy link to register for your license as a registered pharmacy technician: Here's the link:
https://ww2.doh.state.fl.us/DOHInitialApp/login.aspx

# Other Externship Information

**Externship Interview**
Some externship sites interview students prior to the externship. This gives them a chance to see if you will be a good fit for their facility. We recommend that you go to the interview in business casual dress. Refer to dress code for suggestions on what not to wear. Be sure to wear your name badge and bring your externship manual, a small note pad and pen.

During the interview, ask what the dress code is for the pharmacy technician externs at that site. Make sure you find out your start date and time. Confirm the name of your preceptor. Be prepared to ask a few questions about the type of pharmacy practice they have and expectations. Show enthusiasm for learning. Be prepared to answer questions about skills, dosage calculations or drug names.

You will probably know if you got the externship by the end of the interview. If not, stay in touch with the externship coordinator for updates. After your interview, call or email the externship coordinator (352)273-7734 or spegnetter@cop.ufl.edu to confirm your start date and schedule.

**Successful Externships**
Treat the externship like a job. Give the externship the best effort you have. It could determine not only whether you pass the course, but could help your get a job working for the externship site. Show up on time and in appropriate attire. The dress code will be different for different sites. Some sites require externs to wear scrubs of a certain colors, others require business attire. You will need to find out either in advance or on the first day.

Bring your Extern Time Sheet with you, as well as small note pad and pen. Have your hours signed off regularly. Remember that students are often judged more strictly than employees. Even if you see employees wasting time or dressed casually, do not follow their lead. Instead, ask if there is anything you can do to help. It is okay to help with cleaning or filing if the pharmacy is slow. You will learn something no matter what you are doing, so stay busy.

Many of our students are hired either by their externship site or by word of mouth from a preceptor who felt the student did an exceptional job. This is your chance to make a good impression on your fellow professionals. Ask for a letter of recommendation upon completion.

Sometimes students are asked to discontinue an externship. The most common reasons are: not being on time, not showing up on scheduled days, lack of initiative or failure to follow procedures after repeated instructions. Students are also dismissed for poor attitude or for developing inappropriate relationships with coworkers or supervisors. Remember you are a professional-your behavior should reflect this! If a site manager calls us to complain about a student, we often ask the student to leave the site immediately. If you

experience a problem at your externship site, you must notify UFCOP immediately at (352)273-7734. Remember that UF Pharmacy Technician students are guests in the facility. Make a good impression!

**Dress Code**
Appropriate dress standards have been established for externships in order to present and maintain a professional appearance to patients, employers and visitors. The standards allow for comfortable performance of duties, promotion of safety and prevention of the spread of infectious organisms. Students are expected to conform to this dress code at the externship site. This could be scrub uniform of a certain color or casual business attire, depending on the site. If no dress code is stipulated, then the following will apply:

**ID Badge:** Your identification badge is to be worn at ALL times above the waist, with name visible. PLEASE NOTE: You are issued a name badge at the beginning of class. Additional or replacement badges are $10.

**Hair:** Should have a clean and neat appearance; hair that is shoulder length or longer must be pulled back when on the externship site. Facial hair must be clean, neat and well groomed.

**Headwear and Jewelry:** Religious head covers may be worn; baseball-type caps are NOT appropriate. Jewelry should be appropriate to professional wear and not present a safety hazard when working with patients or equipment. There may be some site restrictions regarding facial piercings and visible tattoos.

**Tops/Shirts:** Depends on the externship site. Color may be dictated by the site. Often, pharmacy technicians wear scrub uniforms of a certain color. Generally, white, solid-color or print tops with sleeves are appropriate. Colors must be non-fluorescent. Pullover blouses and collared polo style shirts, or scrubs tops may be worn. NO turtle necks, denim attire, tank tops, halter tops, sweatshirts, low cut necklines, transparent garments, tops exposing bare midriff, back or chest and NO sweatshirts with cartoons, graffiti, advertising or offensive image.

**Skirts/Dresses:** Depends on the externship site. Color may be dictated by the site. Often, pharmacy technicians wear scrub uniforms of a certain color. White, solid-colored or print uniforms skirts, dresses or jumpers are to be clean, neat and allow for the performance of the job without restrictions. Mini dresses/skirts or long skirts that might interfere with safety are not acceptable.

**Slacks/Pants:** Depends on the externship site. Color may be dictated by the site. Often, pharmacy technicians wear scrub uniforms of a certain color. White, solid-colored or print uniform pants or scrub pants may be worn. NO sweat pants, jogging pants, overalls, torn or patched pants, tight clothing (bike shorts, leotards, shorts or leggings).

**Footwear:** Depends on the externship site. Color may be dictated by the site. Clean, preferably white, closed-toed shoes will be worn. Clean, neat, white athletic shoes are acceptable with scrub uniform.

**Fragrances:** Do not wear any perfume or cologne as they can cause allergic reactions in some people.

**Fingernails:** Should be clean and appropriate in length.

### Externship Attendance
If you cannot begin the externship on the date and time you are schedule for, contact both UFCOP at spegnetter@cop.ufl.edu or (352)273-7734 and your externship preceptor.

Once you've begun your externship, if you will be late or absent due to illness or emergency, notify your preceptor. You must arrange for a makeup date with your preceptor.

Externship host sites have the right to dismiss students for any reason without recourse. UFCOP will request an evaluation form from the host site to determine if the student is eligible to continue in the programs. If you are asked to discontinue your externship and are still deemed eligible to continue your externships, **you** will be responsible for locating your next externship. UFCOP is NOT responsible for the second externship.

### Time Sheet
Be sure to record the days and times of your wok at the externship site using the Time Sheet (included in this manual). If you need more timesheets, you may make copies of the form.

### Confidentially of Health Information
As a pharmacy technician extern, you are required to maintain confidentiality of patient information in accordance with state and federal law. No students will have access to or have the right to review any medical record, except where necessary in the regular course of the externship. The discussion, transmission or narration in any form by students or any patient information obtained in the regular course of the externship is forbidden except as permitted by law. Do not open or read a profile for which you are not directly responsible. Do not discuss patients with anyone but the appropriate staff.

By the time you get into an externship, you will have completed UF's HIPPA module and your HIPPA certificate and signed Confidentiality statements are on file. If you need to review that information, go to the following link: http://privacy.health.ufl.edu/confidential/index.sthml and click on Maintaining Confidentially of Health Information.

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Dear Pharmacy Technician Training Student,

Congratulations on the progress you have made in this program! We hope you have been enjoying the learning experience. The purpose of this letter is to get you started on preparing for what happens after you finish the "classroom" portion of this program, specifically the process of securing your externship.

There are a few things you need to do before we can help you secure an externship for you. **The following items are your responsibility. We cannot start placing you in an externship until you have completed the steps below:**

1. Read the **Externship Policy Statement, posted at our pharmacy technician website:** http://www.cop.ufl.edu/education/continuing-education/pharm-tech-training/. Scroll down below the video to EXTERNSHIPS to find the link for the Externship Policy Statement and Forms. This statement has links to forks and information. It explains how the UFCOP Pharmacy Technician externship process works.

2. Read the **Pharmacy Technician Externship Manual**, posted at our pharmacy technician website. Scroll down to EXTERNSHIPS to find the link for the Externship Manual. It contains forms you will need to *request* an externship and forms you will take to your externship in order to *complete* your externship. It also has information to help answer many of your questions about externships.

3. **Send the four (4) Externships Request Forms (details below) to the externship coordinator:** Email or fax all of these forms to the attention of Externship Coordinator at fax number (352)273-6460 or email to Sharon Pegnetter spegnetter@cop.ufl.edu

   **Externship Request Forms:**
   - **HIPPA Certificate**- Go to website
     http://privacy.health.ufl.edu/training/hipaaPrivacy/instructions.shtml
     Since you are a student, follow the instructions in the right column. Read the information in the column then scroll to the bottom and click "Begin HIPPA & Privacy". You will need your Gatorlink username and password to access the course. Print out your certificate of completion when you finish the test.
   - **Confidentiality Statement**-Print out from the HIPPA site. **Read and sign before sending**. If you miss it the first time, go to this link: http://privacy.health.ufl.edu/confidential/confid_stmt.asp. Print the form, then sign and send to externship coordinator
   - **Student Availability Form**- This form is in this Externship Manual. Print out and complete, then send.
   - **Assumption of Risk/Student Agreement Form**-This form is in the Externship Manual. **Print it out, complete and sign this form before sending.**

*We recommend you fax or email these forms as soon as you can-at least a month before you finish the classroom work. Once we receive these forms, we will contact you to coordinate the process of placing you in an externship.* ***Again, we cannot start this process until you've completed the steps above.*** *We appreciate your cooperation.*

Best Regards,
The UF Pharmacy Technician Training Team

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## STUDENT AVAILABILITY FORM

Fill out the following information as completely as possible. This information will be used to help place you in a pharmacy for your externship. Your preferences will be considered as we coordinate your externship, but please remember that externships opportunities are based on the pharmacy's needs and schedules.

**STUDENT INFORMATION:**

Name: _____     Email: _____

Phone: (H) _____     (C)_____

Live Course Location: _____     Course Dates: _____

Online Course-What is your projected finish date?
What city would you prefer to complete an externship in?
_____
_____

**LOCATION PREFERENCE:**
**List four (4) pharmacies where you prefer to complete your externship.**

**Hospital or retail pharmacy name, pharmacy address, city, email and/or phone number.**

1. _____

2. _____

3. _____

4. _____

As soon as a position becomes available, the externship coordinator will contact you with the pharmacy information and externship times, or put you in contact with the preceptor to determine start dates and work schedule. Stay in touch with your externship coordinator during this process.

UFCOP will arrange for only one externship per student. Placement will occur as soon as possible but at least within 60 days after receipt of all properly completed Externship Request forms.

Drug Screening and Background check will be required at your own expense before externship placement is processed.

# ASSUMPTION OF RISK / STUDENT AGREEMENT

Students of UFCOP Pharmacy Technician Programs are required to learn and practice skills and procedures prior to performing them on the job. The undersigned agrees that he/she understands that there are potential dangers that are listed below, but are not limited to those listed, if proper learning techniques and/or procedures are not followed as instructed. Please initial by each statement and complete the bottom of the form.

I understand and acknowledge that as a part of the training program, I will be required to learn skills necessary for practice in the pharmacy settings.

I understand that these skills may include, but not be limited to, needle-syringe technique in preparation of medications.

I understand that techniques learned will be practiced in class and in the externship setting.

I understand that, prior to the skill practice; I will receive proper instructions regarding the skills to be practiced including information on safety and the potential dangers inherent in such procedures.

I understand and acknowledge that such activities by their very nature can be very dangerous and involve the risk of serious injury/illness.

I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such educational activities. Moreover, I understand and agree that I will indemnify and hold harmless UFCOP/DOCE, its Board of Directors, Instructors, Employees, the site or facility hosting the class and the externship site and other persons on companies who may be involved in the training..

In addition I understand that I may be subject to drug screening during the course.

I have read through the UFCOP Policies and Procedures and the Student Handbook and agree to abide by them.

Name: _____
　　　　　　　Please Print　　　　　　　　　　　Signature　　　　　　　　　　Date

Student Phone: (Home)_____ (Cell)_____
Student Email: _____

Online Course:　YES _____ NO _____　Live Course Location:_____
Course Dates: _____

# Completing Your Externship

As the end of your externship arrives, make sure you get your preceptor to fill out and sign your externship completion forms. This includes the TAR, Timesheet and Evaluation forms. These forms must be signed to get credit for the externship and the course.

**Training Achievement Record (TAR) Skills Checklist:**
The TAR must be signed by both you and your preceptor. Some skills will have been checked off during the externship. Now, at the end of the externship you need to make sure that all applicable procedures are checked off. If there is something that you have not had the opportunity to observe of perform, now would be a good time to ask your preceptor how to perform this task. Not every externship site will offer an opportunity to perform everything on the TAR. Just check off what you did get a chance to learn.

**Student Evaluation Form:**
Ask your preceptor to complete and sign the Student Evaluation Form. It is at the end of this manual. This evaluation is important and determines if you pass or not.

**Extern Time Sheet:**
This time sheet should be updated as you go, with the times you worked each day of your externship. On the last day of your externship, have your preceptor sign your time sheet to confirm that you completed your required 80 hours.

**Externship Completion Cover Sheet:**
You will fill out the Externship Completion Form included in this manual. Use it as a guide to insure that you submit all the forms at the end of your externship.
Make copies of the four (4) completed forms:
1. Externship Completion Cover Sheet
2. TAR
3. Timesheet
4. Evaluation

Submit the originals to UFCOP within two (2) weeks of completing your externship. Submit your documents directly to the externship coordinator via email, fax or mail. Send all documents to:
Email to: spegnetter@cop.ufl.edu
Fax to: Attention: Externship Coordinator (352)273-6460
Mail to: UF College of Pharmacy
       Department of Continuing Education
       Attention: Externship Coordinator
       PO Box 113195
       Gainesville, FL 32611-3195

***After UFCOP receives and verifies all required documents and grades, your externship coordinator will email your Certificate of Course Completion directly to you.***

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**UFCOP PHARMACY TECHNICIAN PROGRAM**
**EXTERNSHIP COMPLETION COVER SHEET**

| Student Information | Pharmacy Information |
|---|---|
| Name of Student | Name of Pharmacy |
| Course Location / Start Date-- End Date | Street Address |
| Phone | City |
| Email | Preceptor's Name |
| Externship Start Date | Phone |
| Externship End Date | Email |

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# TRAINING ACHIEVEMENT RECORD (TAR)- RETAIL

Student Name**:** _____Email: _____Phone: _____

Pharmacy Name: _____Pharmacy Address: _____

Preceptor Name: _____Preceptor Email:_____ Phone:_____


COMPLETING THE TRAINING ACHIEVEMENT RECORD:

1. Students must complete all items applicable in this Training Achievement Record (TAR) to be recognized as having successfully completed this portion of their training.

2. When a student performs a task listed in the **"DUTIES AND TASKS"** column, the **_preceptor_** should rate the student's level of competency and knowledge level for any hands-on based item by circling the appropriate number in the **"Performance Rating"** column ("5" being the top score and "1" being the lowest score). This section needs to be updated weekly so that students are able to identify areas of weaknesses. Weaknesses are areas in which a student scores less than a "2" on a particular duty or task. In such instances, the student should ask for additional help within that task area from the instructor or preceptor so that mastery at a minimum level of "2" should be attained.

3. Updates to the TAR must occur, at a minimum, on a weekly basis. The TAR will be completed on-site and a completed hard copy sent to UFCOP Continuing Education office by the student to the attention of the externship coordinator.

   **Rating Scale:**
   **5- Very proficient:** The student consistently performs the task properly without supervision at a very high level of skill and ability.
   **4- Proficient:** The student consistently performs the task accurately without supervision exceeding the required proficiency level.
   **3- Capable:** The student consistently performs the task accurately without supervision.
   **2- Satisfactory:** The student performs the task to industry standards with little or no supervision. This is the minimum performance rating for TAR skill completion.
   **1-Exposed to task but not proficient:** Student has been introduced to the task, but cannot perform the task to industry standards.
   **NA- Not Applicable:** This function not available at this site.

   When a student performs the task to the preceptor's satisfaction the preceptor will circle the appropriate performance rating, and enter the date (month/day/year) in the **"DATE COMPLETED"** column and make sure the instructor and student initial the TAR to certify skill level attainment.

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4. When a student completes the TAR or terminates the program before completing the TAR, the preceptor must finalize the TAR by checking the appropriate box and entering the date (month/day/year) the student completed the TAR or terminated the training program.

5. "EMPLOYER SPECIFIC SKILLS," is an optional section which can be used to make note of important job skills that the student has acquired, but which are not specifically listed elsewhere on the TAR, or to denote supplemental skills a perspective employer may require of student before he/she is offered employment. Such skills may also have been acquired during Work-Based Learning opportunities.

6. The original TAR must be mailed or faxed to UFCOP of Continuing Education. Upon completion of all duties and tasks on the TAR or upon termination, the original TAR will be sent to UFCOP Office of Continuing Education. Each student's TAR will be kept in his/her personal file and used to validate training competencies.

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| DUTIES & TASKS | PERFORMANCE RATING | | DATE COMPLETED | PRECEPTOR'S INITIALS | STUDENT'S INTIALS |
|---|---|---|---|---|---|
| A.  Pharmacy Procedures | | | | | |
| 1.  Use of a cash register | 1  2  3  4  5  NA | | | | |
| 2.  Flow of the pharmacy | 1  2  3  4  5  NA | | | | |
| 3.  Drop off and pick up procedures | 1  2  3  4  5  NA | | | | |
| 4.  Telephone procedures | 1  2  3  4  5  NA | | | | |
| 5.  OTC products | 1  2  3  4  5  NA | | | | |
| B.  Patient-Pharmacy Interaction | | | | | |
| 1.  Counseling | 1  2  3  4  5  NA | | | | |
| 2.  Method of payment | 1  2  3  4  5  NA | | | | |
| 3.  Verify third party coverage, electronically or by telephone | 1  2  3  4  5  NA | | | | |
| 4.  Interpersonal skills | 1  2  3  4  5  NA | | | | |
| C.  Computerized Prescription Filling | | | | | |
| 1.  New prescriptions | 1  2  3  4  5  NA | | | | |
| 2.  Refill prescriptions | 1  2  3  4  5  NA | | | | |
| 3.  Record patient information | 1  2  3  4  5  NA | | | | |
| 4.  Generate labels | 1  2  3  4  5  NA | | | | |
| 5.  Printing profiles | 1  2  3  4  5  NA | | | | |
| 6.  Patient, doctor, drug price and interaction screens | 1  2  3  4  5  NA | | | | |
| D.  Prescription Refill When No Refill is Allowed | | | | | |
| 1.  Transfer information to doctor's office | 1  2  3  4  5  NA | | | | |
| 2.  Obtain information from doctor's office | 1  2  3  4  5  NA | | | | |
| 3.  Procedures for faxing information | 1  2  3  4  5  NA | | | | |
| E.  Operating a Cash Register | | | | | |
| 1.  Determine method of payment (cash, check or charge) | 1  2  3  4  5  NA | | | | |
| 2.  Taxable and non-taxable items | 1  2  3  4  5  NA | | | | |
| 3.  Listening/communication skills | 1  2  3  4  5  NA | | | | |
| 4.  Return policies and refunds | 1  2  3  4  5  NA | | | | |
| 5.  Voids | 1  2  3  4  5  NA | | | | |
| 6.  Documentation of third party sales | 1  2  3  4  5  NA | | | | |
| F.  Confidentiality of Patient Information | | | | | |
| 1.  Confidentiality of patient information | 1  2  3  4  5  NA | | | | |
| a.  Demonstrate an understanding of HIPPA Compliance and Protected Health Information (PHI) regarding privacy of records | 1  2  3  4  5  NA | | | | |
| b.  Completion of UFCOP HIPPA training | | | | | |

| | | | | |
|---|---|---|---|---|
| c. Understand the legal requirements for pharmacist counseling of patients or a patient's representative | 1  2  3  4  5  NA | | | |
| 2. Use effective strategies for communicating with patients and caregivers who are non-English speakers, or who are impaired, e.g. blind, deaf, illiterate, cognitively impaired | 1  2  3  4  5  NA | | | |
| **G.  Prescriptions** | | | | |
| 1. Understand the proper phone procedures for: | 1  2  3  4  5  NA | | | |
| a. Placing and receiving calls to/from a doctor's office | 1  2  3  4  5  NA | | | |
| i. Refill prescriptions | 1  2  3  4  5  NA | | | |
| ii. New prescriptions | 1  2  3  4  5  NA | | | |
| b. Receive calls from customers | 1  2  3  4  5  NA | | | |
| i. Prescription/medication calls handled by the pharmacy technician | 1  2  3  4  5  NA | | | |
| ii. Prescription/medication calls handled by the pharmacists | 1  2  3  4  5  NA | | | |
| c. Placing and receiving calls to/from insurance provider (third party) | 1  2  3  4  5  NA | | | |
| **H.  Inventory Management** | | | | |
| 1. Understand the procedures for ordering pharmaceuticals, durable medical equipment devices and supplies | 1  2  3  4  5  NA | | | |
| 2. Describe the various methods of inventory control (e.g. perpetual, point of sale, etc.) | 1  2  3  4  5  NA | | | |
| 3. Understand established methods for receiving orders | 1  2  3  4  5  NA | | | |
| 4. Understand the policy and procedures to maintain record of controlled substances received, stored and removed from inventory | 1  2  3  4  5  NA | | | |
| 5. Place pharmaceuticals, durable medical equipment, devices and supplies in inventory under proper storage conditions | 1  2  3  4  5  NA | | | |
| 6. Properly remove from inventory, expired/discontinued pharmaceuticals, durable medical equipment, devices, supplies or recalled items, using appropriate documentation | 1  2  3  4  5  NA | | | |
| 7. Understand established policies and procedures to deter theft and/or drug diversion | 1  2  3  4  5  NA | | | |
| 8. Know the FDA's classification of recalls | 1  2  3  4  5  NA | | | |
| | | | | |

| | | | | |
|---|---|---|---|---|
| 9. Understand established policies and procedures to maintain a record of repackaging, recalls and return of pharmaceutical, durable medical equipment, devices and supplies | 1  2  3  4  5  NA | | | |
| 10. Show knowledge of the written, oral and electronic communication channels necessary to ensure appropriate follow-up and problem resolution (for example, product recalls, supplies, shorts) | 1  2  3  4  5  NA | | | |
| 11. Understand the quality assurance policies, procedures and practices for inventory control systems | 1  2  3  4  5  NA | | | |
| 12. Use appropriate filing methods | 1  2  3  4  5  NA | | | |
|     a.  Receiving records, non-controlled | 1  2  3  4  5  NA | | | |
|     b.  Receiving records, controlled | 1  2  3  4  5  NA | | | |
|     c.  Receiving records, CII | 1  2  3  4  5  NA | | | |
| I.  Assist the Pharmacist In | | | | |
| 1.  Removing drugs from stock | 1  2  3  4  5  NA | | | |
| 2.  Counting, pouring and mixing pharmaceuticals | 1  2  3  4  5  NA | | | |
| 3.  Placing product in container | 1  2  3  4  5  NA | | | |
| 4.  Affixing label or labels | 1  2  3  4  5  NA | | | |
| 5.  Packaging or repacking | 1  2  3  4  5  NA | | | |
| J.  Removing Expired, Discontinued And Recalled Goods From Stock | | | | |
| 1.  Removing expired, discontinued and recalled goods from stock | 1  2  3  4  5  NA | | | |
| K.  Diabetic Supplies | | | | |
| 1.  Diabetic Supplies | 1  2  3  4  5  NA | | | |
| L.  Other Diagnostic Supplies | | | | |
| 1.  Other diagnostic supplies | 1  2  3  4  5  NA | | | |
| M.  Vitamins, minerals, and Herbal Products | | | | |
| 1.  Vitamins, minerals and herbal products | 1  2  3  4  5  NA | | | |
| EMPLOYER SPECIFIC SKILLS (Optional) | | | | |
| 1.  Complete and employee evaluation form and understand staff training techniques | 1  2  3  4  5  NA | | | |
| 2. | 1  2  3  4  5  NA | | | |
| 3. | 1  2  3  4  5  NA | | | |

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**OTHER COMMENTS REGARDING THE STUDENT**

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Site Supervisor Signature                                                                Date


_____

Student Signature                                                                              Date


We encourage sites to discuss the competency areas with the student to encourage learning in the problem areas as well as highlight the strong points.

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# UF PHARMACY TECHNICIAN STUDENT EXTERNSHIPS
# (Retail)

## A Note for Preceptors:

Thank you for hosting a student from the University Of Florida College of Pharmacy's pharmacy technician course. We appreciate your contribution to the success of our students. There are three forms that the student will ask you to sign to demonstrate that they have met all the requirements of their externship.

**Externship Time Sheet:** This form allows us to track the dates and times that students performed their externship.

**Student Evaluation Form:** This determines whether the student passes or fails the externship portion of their course.

**Training Achievement Record (TAR) Skills Checklist:** (Choose either the TAR for Retail or TAR for Hospital, whichever is relevant to your site). Please initial the tasks that the student had the opportunity to observe or perform at your externship site.

If you have questions or concerns, please feel free to contact either:
Externship Coordinator at (352)273-7734, email spegnetter@cop.ufl.edu
Director of Continuing Education at (352)273-6275, email: continuinged@cop.ufl.edu

Again, we thank you for hosting our students and helping to give them a positive start in the world of pharmacy.

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## TRAINING ACHIEVEMENT RECORD (TAR)- HOSPITAL/INSTITUIONAL

Orients students to the clinical environment and provides hands on experiences with the basic skills necessary for the pharmacy technician. Topics include: storage and control, documentation, inventory and billing, parental admixtures, medication delivery, error prevention, quality control, and institutional pharmacy practice.

Student Name: _____ Email: _____ Phone:_____

Pharmacy Name: _____ Pharmacy Address:_____

Preceptor Name: _____ Preceptor Email:_____ Phone:_____

COMPLETING THE TRAINING ACHIEVEMENT RECORD:
1. Students must complete all items applicable in this Training Achievement Record (TAR) to be recognized as having successfully completed this portion of their training.

2. When a student performs a task listed in the **"DUTIES AND TASKS"** column, the **_preceptor_** should rate the student's level of competency and knowledge level for any hands-on based item by circling the appropriate number in the **"Performance Rating"** column ("5" being the top score and "1" being the lowest score). This section needs to be updated weekly so that students are able to identify areas of weaknesses. Weaknesses are areas in which a student scores less than a "2" on a particular duty or task. In such instances, the student should ask for additional help within that task area from the instructor or preceptor so that mastery at a minimum level of "2" should be attained.

3. Updates to the TAR must occur, at a minimum, on a weekly basis. The TAR will be completed on-site and a completed hard copy sent to UFCOP Continuing Education office by the student to the attention of the externship coordinator.

   **Rating Scale:**
   **5- Very proficient:** The student consistently performs the task properly without supervision at a very high level of skill and ability.
   **4- Proficient:** The student consistently performs the task accurately without supervision exceeding the required proficiency level.
   **3- Capable:** The student consistently performs the task accurately without supervision.
   **2- Satisfactory:** The student performs the task to industry standards with little or no supervision. This is the minimum performance rating for TAR skill completion.
   **1-Exposed to task but not proficient:** Student has been introduced to the task, but cannot perform the task to industry standards.
   **NA- Not Applicable:** This function not available at this site.

When a student performs the task to the preceptor's satisfaction the preceptor will circle the appropriate performance rating, and enter the date (month/day/year) in the **"DATE COMPLETED"** column and make sure the instructor and student initial the TAR to certify skill level attainment.

4. When a student completes the TAR or terminates the program before completing the TAR, the preceptor must finalize the TAR by checking the appropriate box and entering the date (month/day/year) the student completed the TAR or terminated the training program.

5. "EMPLOYER SPECIFIC SKILLS," is an optional section which can be used to make note of important job skills that the student has acquired, but which are not specifically listed elsewhere on the TAR, or to denote supplemental skills a perspective employer may require of student before he/she is offered employment. Such skills may also have been acquired during Work-Based Learning opportunities.

6. The original TAR must be mailed or faxed to UFCOP of Continuing Education. Upon completion of all duties and tasks on the TAR or upon termination, the original TAR will be sent to UFCOP Office of Continuing Education. Each student's TAR will be kept in his/her personal file and used to validate training competencies.

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| DUTIES & TASKS | PERFORMANCE RATING | DATE COMPLETED | PRECEPTOR'S INITIALS | STUDENT'S INTIALS |
|---|---|---|---|---|
| A. Storage and Control | | | | |
| 1. Follow storage requirements for various classifications of drugs | 1  2  3  4  5  NA | | | |
| 2. Follow storage requirements of floor stock and controlled drugs in the pharmacy and on nursing units in the pharmacy and on nursing units through a floor check | 1  2  3  4  5  NA | | | |
| 3. Prepare a controlled drug record | 1  2  3  4  5  NA | | | |
| 4. Store caustic, poisonous and flammable substances | 1  2  3  4  5  NA | | | |
| 5. List references used to guide decisions on drug storage and control | 1  2  3  4  5  NA | | | |
| 6. Demonstrate the control of emergency medications through an emergency, medication cart/kit inventory/check | 1  2  3  4  5  NA | | | |
| 7. Demonstrates quantity control of inpatient medications through use of profile or a physicians' order | 1  2  3  4  5  NA | | | |
| B. Documentation | | | | |
| 1. Explain the disposition of various drug classifications from receipt to use (e.g., controlled drug, etc.) | 1  2  3  4  5  NA | | | |
| 2. Prepare required dispensing documentation for controlled rugs, investigational drugs and nonprescription drugs | 1  2  3  4  5  NA | | | |
| 3. Identify those items a technologist cannot document | 1  2  3  4  5  NA | | | |
| 4. Demonstrate the ability to participate in the pharmacy's quality control and medication error prevention plan | 1  2  3  4  5  NA | | | |
| C. Inventory and Billing | | | | |
| 1. Employ inventory and purchasing procedures to include ordering from wholesale, want book entry or returns | 1  2  3  4  5  NA | | | |
| 2. Record inventory and purchases | 1  2  3  4  5  NA | | | |
| 3. Maintain controlled substances records | 1  2  3  4  5  NA | | | |
| 4. Inspect nursing-unit drug supplies including various automated functions such as stock outs, expired drugs, or replenishment | 1  2  3  4  5  NA | | | |
| 5. Use a computer for inventory and purchases | 1  2  3  4  5  NA | | | |

| | | | | |
|---|---|---|---|---|
| 6. Uses proper knowledge of aseptic technique to assist the pharmacist in administration of immunizations. | 1  2  3  4  5  NA | | | |
| **D. Institutional Practice** | | | | |
| 1. Complete necessary records for repackaged drugs (unit dose or blister package) | 1  2  3  4  5  NA | | | |
| 2. Demonstrate the proper use of syringes and needles to withdraw contents of rubber-capped vials and glass ampoules | 1  2  3  4  5  NA | | | |
| 3. Distinguish types and sizes of needles and syringes | 1  2  3  4  5  NA | | | |
| 4. Use laminar-flow hoods, filters pumps and vacuum sets, drug additive systems and packages and other equipment related to parental admixture preparation | 1  2  3  4  5  NA | | | |
| 5. Demonstrate the appropriate technique for aspect preparations of an antibiotic injection | 1  2  3  4  5  NA | | | |
| 6. Demonstrate the correct techniques and procedures for preparing complete parental admixtures, including proper label preparation and records completion | 1  2  3  4  5  NA | | | |
| 7. Prepare a TPN admixture with and without the use of an automatic compounder | 1  2  3  4  5  NA | | | |
| 8. Visually inspect completed parenteral admixtures | 1  2  3  4  5  NA | | | |
| 9. Assemble intravenous, admixtures, fluid containers, filters and extensions with various intravenous admixture sets | 1  2  3  4  5  NA | | | |
| 10. Fill cassettes used for epidural and other parenteral admixture administration via pump | 1  2  3  4  5  NA | | | |
| 11. Use the pump set | 1  2  3  4  5  NA | | | |
| 12. Demonstrate the proper use of chemotherapy product preparation devices | 1  2  3  4  5  NA | | | |
| 13. Demonstrate the appropriate assembly of products and devices used for preparing parenteral admixtures under a laminar-flow hood | 1  2  3  4  5  NA | | | |
| 14. Demonstrate the correct programming and application of an automatic filling device used to prepare admixture or dilute drugs | 1  2  3  4  5  NA | | | |
| | 1  2  3  4  5  NA | | | |
| | 1  2  3  4  5  NA | | | |

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| | | | | |
|---|---|---|---|---|
| 15. Use various types of filter straws, filter needles and other filters that are used in-line for intravenous drug product preparation | 1  2  3  4  5  NA | | | |
| 16. Demonstrate proper filtering techniques in product preparation other than intravenous | 1  2  3  4  5  NA | | | |
| 17. Demonstrate situations for use of various filter types | 1  2  3  4  5  NA | | | |
| 18. Choose appropriate filter | 1  2  3  4  5  NA | | | |
| 19. Demonstrate proper hand washing technique | 1  2  3  4  5  NA | | | |
| 20. Describe microbial growth and transmission | 1  2  3  4  5  NA | | | |
| 21. Use attire and accessories that contribute to disinfection | 1  2  3  4  5  NA | | | |
| 22. Demonstrate proper cleaning techniques on work surfaces | 1  2  3  4  5  NA | | | |
| 23. Demonstrate work practices that inhibit possibilities of infection transmission | 1  2  3  4  5  NA | | | |
| 24. Clean equipment used in dug product preparation | 1  2  3  4  5  NA | | | |
| 25. Perform tasks that demonstrate sterility, heat sterilization and "cold" sterilization | 1  2  3  4  5  NA | | | |
| 26. Demonstrate touch contamination and avoidance of touch contamination | 1  2  3  4  5  NA | | | |
| 27. Deliver medications to the Pyxis or other automated system | 1  2  3  4  5  NA | | | |
| 28. Deliver controlled substances with emphasis on security and control | 1  2  3  4  5  NA | | | |
| 29. Deliver stock medications to various departments | 1  2  3  4  5  NA | | | |
| 30. Deliver intravenous or chemotherapy medications | 1  2  3  4  5  NA | | | |
| 31. Complete cart exchanges using appropriate approach to personnel and interaction with same | 1  2  3  4  5  NA | | | |
| 32. Discuss importance of good work habits such as absenteeism, tardiness, incompetence, dishonesty and conflict resolution | 1  2  3  4  5  NA | | | |
| 33. State institutional and departmental policies applicable to each of the pharmacy job responsibilities. | 1  2  3  4  5  NA | | | |
| 34. Discuss examples of "a decision requiring a pharmacist's judgment". | 1  2  3  4  5  NA | | | |

| | | | | |
|---|---|---|---|---|
| 35. State legal aspects of technologist functions, such as accountability, pharmacy regulations, and use and storage of controlled substances. | 1 2 3 4 5 NA | | | |
| **E. Communication** | | | | |
| 1. Demonstrate verbal face-to-face communication as well a correct telephone communication techniques to be used when receiving and initiating calls | 1 2 3 4 5 NA | | | |
| 2. Prepare a written communication conveying a change in procedure | 1 2 3 4 5 NA | | | |
| 3. Demonstrate the ability to resolve conflicts through negotiation | 1 2 3 4 5 NA | | | |
| 4. Appreciates the need to adapt to cultural differences | 1 2 3 4 5 NA | | | |
| 5. Takes personal responsibility in direct patient care including information for medication management therapy, completing profiles and phone interactions when required | 1 2 3 4 5 NA | | | |
| 6. State at least three reasons for patient information confidentiality | 1 2 3 4 5 NA | | | |
| 7. Demonstrate recordkeeping techniques for various medication types (e.g. controlled substances and investigational drugs.) | 1 2 3 4 5 NA | | | |
| **F. Error Prevention and Quality Control** | | | | |
| 1. Uses knowledge in receiving and screening prescriptions/medication orders for completeness, accuracy, and authenticity | 1 2 3 4 5 NA | | | |
| 2. Assists the pharmacist in collecting, organizing, and evaluating information for direct patient care, medication use review, and medication management therapy | 1 2 3 4 5 NA | | | |
| 3. Assists in monitoring practice site and/or service area for compliance with federal, state and local laws | 1 2 3 4 5 NA | | | |
| 4. Actively participates in the prevention of medication error through the site's process in multiple practice settings | 1 2 3 4 5 NA | | | |

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**OTHER COMMENTS REGARDING THE STUDENT**

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_____
Site Supervisor Signature                                    Date


_____
Student Signature                                            Date


We encourage sites to discuss the competency areas with the student to encourage learning in the problem areas as well as highlight the strong points.

**UF** | **College of Pharmacy**
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# UF PHARMACY TECHNICIAN STUDENT EXTERNSHIPS
# (Hospital/Institutional)

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## PHARMACY TECHNICIAN STUDENT EXTERN EVALUATION

Student _____

Address _____

Email _____

Phone _____


Pharmacy _____

Address _____

Name of Preceptor _____

Preceptor Email _____

Preceptor Phone _____


Externship Dates: Begin Date: _____ End Date: _____


*Please evaluate the above student in the following areas. The guidelines are as follows:*
1=Needs improvement   2=Average   3=Above Average   4=Excellent   N/A=Not Applicable


| PERFORMANCE | | |
|---|---|---|
| Student demonstrates: | Ability to learn and retain information | |
| | Correct techniques in IV Admixture Preparation | |
| | Correct procedure when filling medication orders | |
| | Sufficient speed in completing task | |

| ATTITUDE | | |
|---|---|---|
| Student demonstrates | Interest in improving self | |
| | Ability to adapt to new procedures | |
| | Punctuality | |

| INITIATIVE | | |
|---|---|---|
| Student demonstrates: | Completion of tasks | |
| | Undertaking of appropriate additional duties | |
| | Anticipation of doctor's/co-workers' needs | |

| NEATNESS | | |
|---|---|---|
| Student demonstrates: | Neatness in accomplishing work | |
| | Professionalism in personal appearance | |

| PATIENT/STAFF RELATIONS | | |
|---|---|---|
| Student demonstrates: | Ability to put others at ease | |
| | Cooperation with staff | |
| | Diplomacy and tact with staff | |
| | Emotional maturity to function under stress | |
| | Appropriate conversation with staff/patients | |
| | Use of correct terminology | |
| | Sensitivity to patient comfort | |

Pharmacy Technician Student Name: _____

Student appears to show strength in these areas:

Student could benefit from suggestion for improvement in these areas:

The overall appraisal of the student (please circle one):

Outstanding          Above Average              Average              Unsatisfactory

Preceptor' Name (please print): _____

Preceptor's Title: _____

Preceptor's Signature: _____

Date of Signature: _____

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**UNIVERSITY of FLORIDA**

## PHARMACY TECHNICIAN STUDENT EXTERNSHIP-TIME SHEET

Student Name: _____

Pharmacy Name and Location: _____

Preceptor's Name: _____

| Date | Clock In Time | Clock Out Time | Total Daily Hours |
|---|---|---|---|
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| | | | |
| | | | |
| | | **TOTAL HOURS WORKED** | |

Technician Signature: _____
Date: _____

Preceptor's Signature: _____
Date: _____

**Send completed, signed forms by fax, mail or email to:**
Email to: spegnetter@cop.ufl.edu
Fax to: Attention: Externship Coordinator (352)273-6460
Mail to: UF College of Pharmacy
       Department of Continuing Education
       Attention: Externship Coordinator
       PO Box 113195
       Gainesville, FL 32611-3195