

Harding University College of Pharmacy



STUDENT HANDBOOK

Updated January 14, 2010

Disclaimer: The Harding University College of Pharmacy Handbook is not intended to represent a contract, either specific or implied, with students enrolled in the College of Pharmacy. Rather it is intended as a set of guidelines for students, faculty, and staff regarding the handling of student academic and non-academic affairs. The contents of the Handbook may be changed at any time at the discretion of the administration of the College of Pharmacy. Every effort will be made to inform students of changes in a timely and responsible manner.

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HISTORY AND MISSION

History of the College of Pharmacy

In October 2004, a former Harding University administrator suggested that pharmacy be investigated as an addition to the offerings of the University. Over the next several months, research was conducted and a consultant was secured to study the question of whether pharmacy would be consistent with the mission and goals of the University. Constituents outside the University including local pharmacists, the Arkansas State Board of Pharmacy, and the Accreditation Council for Pharmacy Education were also involved in initial discussions regarding the establishment of a College of Pharmacy. Following the endorsement of two formal consultant reports in May 2005, the Board of Trustees of Harding University approved the creation of a College of Pharmacy at its campus in Searcy, Arkansas. Thus was born the first College of Pharmacy at a church of Christ-affiliated institution, and the second Doctor of Pharmacy program in the state of Arkansas. The College of Pharmacy's first class of students matriculated in the fall of 2008.

Mission

Harding University's College of Pharmacy seeks to graduate pharmacists who accept the responsibility of improving the spiritual and physical wellness of the world by providing patient-centered care that ensures optimal medication therapy outcomes delivered through the highest standards of Christian service.

To achieve this mission, the College of Pharmacy embraces the following goals:

1. **Deliver In-Depth Pharmacy Education:** Provide an education which delivers in-depth knowledge of medications and the biomedical, sociobehavioral, and clinical sciences while focusing on patient-centered and population-based care that optimizes medication therapy.
2. **Contribute to Society and the Profession:** Engender an environment of caring for and being responsive to all people and to the pharmacy profession resulting in positive contributions to both.
3. **Promote Health & Wellness:** Promote health improvement, wellness, and disease prevention while managing health care system resources in the application of evidence-based therapeutic principles and guidelines.
4. **Serve in Mission Efforts:** Serve in mission efforts while incorporating relevant legal, ethical, social, cultural, economic, and professional issues of contemporary pharmacy practice.
5. **Foster Innovation through Research:** Foster innovation in the development of pharmacy practice models through basic and applied research related to both improving health care outcomes as well as identifying effective educational methods.
6. **Pursue Lifelong Learning:** Instill the importance of personal and professional growth in students, faculty, staff, and alumni through postgraduate education and the pursuit of lifelong learning.
7. **Support Community Outreach:** Support development of community outreach programs that ensure: (1) medication therapy management is readily available to all patients; (2) desired patient outcomes are more frequently achieved; (3) overuse, underuse, and misuse of medications are minimized; (4) medication-related public health goals are more effectively achieved; and (5) cost-effectiveness of medication therapy is optimized.
8. **Accept Accountability for Patient Outcomes:** Develop graduates who accept accountability for patients' therapeutic outcomes and who view themselves as a primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications.
9. **Promote the Practitioner Role of the Pharmacists:** Promote pharmacists as the most trusted and accessible source of medications and related devices and supplies who are valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.
10. **Evaluate Achievement of Mission & Goals:** Engage in continuous quality improvement activities to ensure achievement of all college goals, and ultimately, the mission of the college and university.

Vision

The College of Pharmacy will be recognized nationally for its leadership and innovation in Christian pharmacy education and scholarship as well as for its service to society and the profession.

Core Values

The College of Pharmacy bases its educational program and position in the pharmacy community upon certain core values. The core values of the college are advancement, Christianity, collaboration, trustworthiness, innovation, outreach, nurturing, and service. These values are symbolized by the acronym ACCTIONS.

Profile of the Graduate

The Doctor of Pharmacy graduate of the Harding University College of Pharmacy will be able to:

- Deliver pharmacist-provided patient care and medication therapy management services in accordance with evidence-based practice guidelines
- Employ critical thinking to solve problems
- Educate patients, care givers, the public, and other health care providers in an effective manner
- Accept responsibility for patients' therapeutic outcomes
- Manage health care resources effectively through the application of pharmacy administration and management skills
- Obey all state and federal pharmacy practice laws
- Conduct themselves in a professional and ethical manner, consistent with Christian ideals
- Serve actively in professional organizations
- Adapt to changes in the health care environment
- Engage in continuous professional development and lifelong learning

Accreditation Status

The Accreditation Council for Pharmacy Education (ACPE) accredits Doctor of Pharmacy programs offered by Colleges and Schools of Pharmacy in the United States and selected non-US sites. For a Doctor of Pharmacy program offered by a new College or School of Pharmacy, ACPE accreditation generally involves three steps: Precandidate accreditation status, Candidate accreditation status, and Full accreditation status. Precandidate accreditation status denotes a developmental program that is expected to mature in accord with stated plans and within a defined time period. Precandidate accreditation status is awarded to a new program of a College or School of Pharmacy that has not yet enrolled students in the professional program and authorizes the College or School to admit its first class. Candidate accreditation status is awarded to a Doctor of Pharmacy program that has students enrolled but has not yet had a graduating class. Full accreditation status is awarded to a program that has met all ACPE standards for accreditation and has graduated its first class. Graduates of a class designated as having Candidate accreditation status have the same rights and privileges of those graduates from a fully accredited program. ACPE conveys its decisions to the various boards of pharmacy and makes recommendations in accord with its decisions. It should be noted, however, that decisions concerning eligibility for licensure by examination or reciprocity reside with the respective state boards of pharmacy in accordance with their state statutes and administrative rules. The Doctor of Pharmacy program of the Harding University College of Pharmacy was awarded Candidate accreditation status during the June 24-28, 2009 meeting of the ACPE Board of Directors based upon an on-site evaluation conducted March 17-19, 2009, and discussion with University and College officials. If the program continues to develop as planned, Full accreditation to the Doctor of Pharmacy program will be considered by the Board following the graduation of students from the program. ACPE may be contacted at 20 North Clark Street, Suite 2500, Chicago, IL 60660 312/664-3575, 800/533-3606; FAX 312/664-4652 web site www.acpe-accredit.org

Administration

Burks, David B., Ph.D.

Long, Larry R., Ph.D.

Hixson-Wallace, Julie A., Pharm.D., BCPS

Smith, Forrest, Ph.D.

Mercer, Jeffrey B., Pharm.D.

Grace, Susan, M.A.E.

Kell, Carol, M.B.A.

Yates, Kenneth (Bill), D.V.M., M.S.

Kissack, Julie Cold, Pharm.D., BCPP

President, Harding University

Vice President for Academic Affairs

Dean

Associate Dean for Academic Affairs

Assistant Dean for Experiential Education

Director of Student Affairs

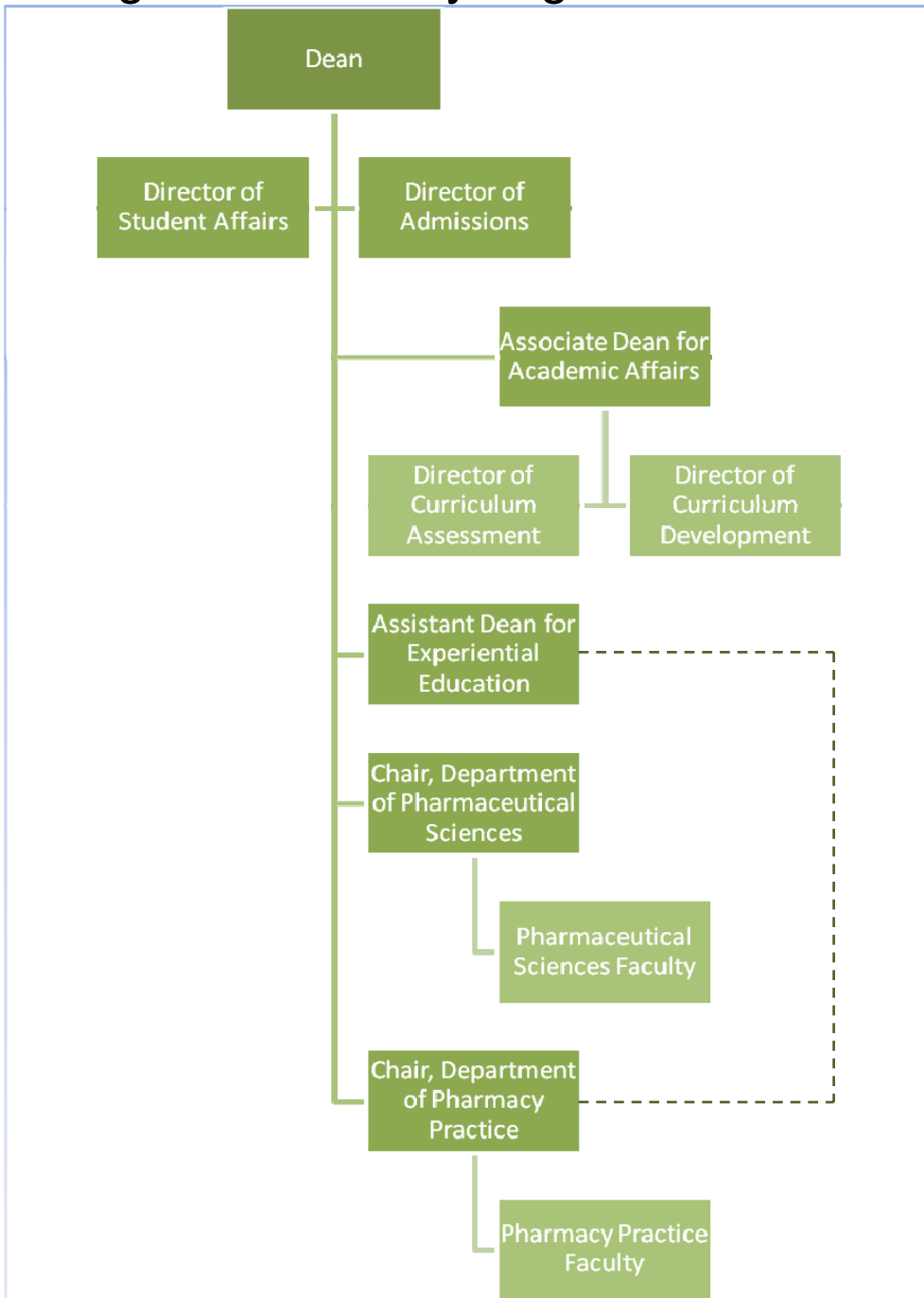
Director of Admissions

Chair, Department of Pharmaceutical Sciences

Chair, Department of Pharmacy Practice

Organizational Structure of Harding University College of Pharmacy

College of Pharmacy Organizational Chart



Organizational Units and Departments

Dean's Office (501) 279-5205

Hixson-Wallace, Julie A., Pharm.D., BCPS	Dean
Smith, Forrest, Ph.D.	Associate Dean for Academic Affairs
Mercer, Jeffrey B., Pharm.D.	Assistant Dean for Experiential Education
English, Angela	Administrative Assistant to the Dean
Meadows, Kacy	Administrative Secretary

Office of Student Affairs and Admissions (501) 279-5528

Grace, Susan, M.A.Ed.	Director of Student Affairs
Kell, Carol, M.B.A.	Director of Admissions
Celsor, Pam	Administrative Secretary

Department of Pharmaceutical Sciences (501) 279-5530

Yates, Kenneth (Bill), D.V.M, M.S.	Chair and Professor
Atchley, Daniel H., Ph.D.	Associate Professor
Smith, Forrest, Ph.D.	Professor
Weston, Scott, B.S.Pharm., Ph.D.	Associate Professor
Willmore, Catherine, B.S.Pharm., Ph.D.	Associate Professor
Yeboah, George Kwame, M.P.H., Ph.D.	Assistant Professor
Jones, Pam	Administrative Secretary

Department of Pharmacy Practice (501) 279-5530

Kissack, Julie Cold, Pharm.D., BCPP	Chair and Professor
Anderson, Katherine, Pharm.D., CGP, FASCP	Assistant Professor
Deas, Crystal, Pharm.D., BCPS	Assistant Professor
Gettman, Lana, Pharm.D.	Assistant Professor
Grace, Susan, M.A.E.	Instructor
Hixson-Wallace, Julie A., Pharm.D., BCPS	Professor
Holland, Christy, Pharm.D.	Assistant Professor
Howard, Tim, B.S.Pharm.	Instructor
Kell, Carol, M.B.A.	Instructor
Max, Melissa, Pharm.D.	Assistant Professor
Mercer, Jeffrey B., Pharm.D.	Assistant Professor
Mire, Jean Anne, B.S. Pharm., M.B.A.	Assistant Professor
Nesbit, James, B.S.Pharm., Ph.D.	Assistant Professor
Smith, Jeanie, Pharm.D.	Assistant Professor
Story, Rayanne, Pharm.D.	Assistant Professor
Ward, Richard, Pharm.D.	Assistant Professor
Ritchie, Deborah	Administrative Secretary

Doctor of Pharmacy Curriculum**SEMESTER / HOURS****FALL SPRING****FIRST PROFESSIONAL YEAR**

Introduction to Pharmacy & Health Care Delivery Systems PHAR 301	2	
Patient Counseling/Communication PHAR 305	3	
Clinical Human Anatomy and Physiology PHAR 320	5	
Medical Immunology PHAR 322	3	
Introduction to Pharmaceutical Sciences PHAR 325	3	
Patient-Centered Care I PHAR 370	<u>3</u>	
	19	

Christian Bioethics PHAR 302		2
Biostatistics/Literature Evaluation PHAR 303		3
Pathophysiology PHAR 321		4
Biochemistry/Biotechnology PHAR 323		3
Pharmaceutics PHAR 326		3
Pharmaceutics Lab PHAR 327		1
Patient-Centered Care II PHAR 371		<u>2</u>
		18

SECOND PROFESSIONAL YEAR

Pharmacy Practice Management PHAR 404	2	
Pharmacology & Chemistry I PHAR 431 (cardiovascular, pulmonary, & renal)	3	
Pharmacotherapy I PHAR 450 (cardiovascular, pulmonary, & renal)	5	
Patient-Centered Care III PHAR 472	3	
Patient Assessment PHAR 477	2	
Elective	<u>2</u>	
	17	

Psychosocial Aspects of Disease PHAR 406		2
Medical Microbiology PHAR 424		3
Pharmacology & Chemistry II PHAR 432 (endocrine, GI, musculoskeletal, and integument)		3
Pharmacotherapy II PHAR 451 (endocrine, GI, musculoskeletal, and integument)		5
Patient-Centered Care IV PHAR 473		3
Elective		<u>2</u>
		18

THIRD PROFESSIONAL YEAR

Pharmacy Law PHAR 507	2	
Pharmacology & Chemistry III PHAR 533 (infectious disease, hem/onc)	3	
Pharmacotherapy III PHAR 552 (infectious disease, hem/onc)	5	
Patient-Centered Care V 574	3	
Clinical Pharmacokinetics PHAR 578	3	
Special Populations PHAR 579	<u>2</u>	
	18	

Spiritual/Professional Values PHAR 508		2
Pharmacology & Chemistry IV PHAR 534 (nervous system)		3
Pharmacogenomics PHAR 535		2
Pharmacotherapy IV PHAR 553 (nervous system)		4
OTC Pharmacotherapy PHAR 554		3
Patient-Centered Care VI PHAR 575		2
Elective		<u>2</u>
		18

FOURTH PROFESSIONAL YEAR

Advanced Pharmacy Practice Experiences	36 hours	
Patient-Centered Care VII PHAR 676	2 hours	

TOTAL HOURS**146**

Doctor of Pharmacy (PHAR) Course Descriptions

301. INTRODUCTION TO PHARMACY & HEALTH CARE DELIVERY SYSTEMS. (2) Fall. This course orients the entering pharmacy student to the social, economic and political environments within which pharmacist-delivered care is currently being delivered to the patient. The role of the pharmacist in a variety of practice settings is examined. Students will also explore current topics in pharmacy.
302. CHRISTIAN BIOETHICS. (2) Spring. This course introduces the basic concepts and language of Christian medical ethics, in the context of biblical principles, to topics that pertain to pharmacy practice. Students are given the opportunity to develop skills in the application of medical ethics to clinical cases. Some of the topics to be included are response to death and dying, advanced directives and end-of-life decisions, stem cell research, reproductive rights, and legal issues of health care.
303. BIostatistics/LITERATURE EVALUATION. (3) Spring. This course is designed to enable the student to develop an understanding of basic statistics and research design procedures and terms such that clinical studies in the medical and pharmaceutical literature may be objectively evaluated. The course will also provide the student with the necessary tools such that he or she will be able to effectively describe, summarize, analyze, and make valid conclusions from data collected through his or her own research endeavors.
305. PATIENT COUNSELING/COMMUNICATION. (3) Fall. This course will help the pharmacy student develop effective methods for creating positive, therapeutic relationships with patients through the application of communication skills (empathy, assertiveness training, effective listening, etc.) and other behavioral interventions. The course will also focus on the organization and provision of drug information to the patient and follow-up care. This course was created to help pharmacy students to internalize a wide variety of communication skills and intervention strategies in order to reduce drug-related patient morbidity and mortality.
320. CLINICAL HUMAN ANATOMY AND PHYSIOLOGY. (5) Fall. This course is devoted to the study of clinical gross anatomy and clinical physiology. It is designed to provide students with essential knowledge of the major anatomical regions, structures of the body and the important physiologic functions related to health and disease. Emphasis will be placed upon the relationship of components within a specific region as well as topographical and functional anatomy and physiology through the use of case studies and virtual laboratory experiences. The major anatomic features and physiologic functions of the human organism will be examined and discussed, with correlations to diagnostic modalities currently used by practitioners in order to establish correct diagnoses and plan appropriate therapies. Case studies will illustrate the anatomical findings in the classical clinical presentations of the most common chief complaints. The course includes regular lecture and laboratory sessions.
321. PATHOPHYSIOLOGY. (4) Spring. This course covers the fundamental mechanisms of human disease process, including manifestation, diagnosis and treatment of central nervous system, musculoskeletal, oncological, neurological, dermatological, and gastrointestinal diseases, endocrine, metabolic, immunological, cardiovascular, renal, hepatic, and respiratory diseases.
322. MEDICAL IMMUNOLOGY. (3) Fall. This course is devoted to the basic principles of the immune system as an adaptive physiological system from a biomedical perspective as applied to pharmacy practice. Major topics include immunohematology, the lymphoid system, immunogenetics, antibody and cell-mediated immune responses, immune ontogeny, as well as immunity against microorganisms and immune-mediated diseases.
323. BIOCHEMISTRY/BIOTECHNOLOGY. (3) Spring. This course is devoted to the study of chemical factors affecting bioactivity of drugs, role of enzymes in biochemistry and disease, metabolism of biochemicals and drugs, maintenance of acid/base balance, lipids and prostaglandins; cholesterol and steroid hormones, biosynthesis of amino acids and nucleotides; nucleic acids, molecular genetics and biotechnology; immunology; targets for therapeutic intervention. Additional topics will include recombinant DNA technology, mammalian cell culture, and protein purification and expression.
325. INTRODUCTION TO PHARMACEUTICAL SCIENCES. (3) Fall. This course is intended to provide a foundation of the principles that are fundamental to the study of the pharmaceutical sciences. This basic knowledge will allow the student to integrate physical, chemical, and biological concepts into various practice functions. Also included in this course are mathematical principles and quantitative methods utilized in the contemporary practice of pharmacy. The calculations required in the quantitative development and assessment of prescriptions, dosage forms, drug delivery systems, and drug therapy modalities are integrated in a manner applicable to pharmacy practice. Additional topics will include a history of the biopharmaceutical industry and the drug discovery and development processes.
326. PHARMACEUTICS. (3) Spring. This course is intended to give the student a basic knowledge of the pharmaceutical principles involved in formulation, design, compounding, and evaluation of dosage forms and drug delivery systems. The course will also familiarize the student with the concepts of drug standards, good manufacturing practice, and quality control. The student will gain background knowledge and skills necessary to

- apply biopharmaceutic principles to the selection and evaluation of drug products for use in patients. Emphasis will be placed on the various formulation and physiologic factors that affect drug response and absorption.
327. PHARMACEUTICS LABORATORY. (1) Spring. This course is designed to acquaint the student with basic compounding skills and techniques related to pharmaceutical dosage forms. The course also involves the application of calculations in laboratory exercises. The laboratory is designed around a student-centered, problem-based approach to learning.
370. PATIENT-CENTERED CARE I. (3) Fall. This course involves both didactic and experiential components and is designed to introduce the first year student to patient care, pharmacy care, drug information, traditional community pharmacy practice, and service-learning. Activities include: shadowing of a health care provider, longitudinal patient care (Patient Caring), introduction to drug information, introduction to pharmacy law, group discussions and presentations, and opportunities for community service activities and reflection groups. Students will also be required to learn basic information regarding half of the top 100 OTC drugs through a self-directed process.
371. PATIENT-CENTERED CARE II. (2) Spring. This course involves both didactic and experiential components and is a continuation of Patient-Centered Care I. Students will be required to learn basic information regarding the other half of the top 100 OTC drugs through a self-directed process.
404. PHARMACY PRACTICE MANAGEMENT. (2) Fall. This course will address the discussion and analysis of management principles in relation to community and institutional pharmacy management, including planning, organizing, motivation, controlling, and marketing.
406. PSYCHOSOCIAL ASPECTS OF DISEASE. (2) Spring. An individual suffering from a disease or a disability can experience an increase or a decrease in the severity of a particular handicap, depending on social-environmental conditions. A psychosocial model of disease and disability will be developed in this course, and literature dealing with psychosocial interventions will be examined.
424. MEDICAL MICROBIOLOGY. (3) Spring. This course is an introduction to the techniques and principles of the isolation, cultivation, identification and properties of microorganisms relevant to human health and disease.
431. PHARMACOLOGY & CHEMISTRY I. (3) Fall. This course integrates pharmacology and medicinal chemistry of cardiovascular, pulmonary and renal agents. Course content will emphasize chemical structure of these agents; drug structure-activity relationships and mechanisms of action; chemical reactions involved in the metabolism of these agents; drug mechanisms related to the occurrence of adverse effects; generic and trade names of these agents; pharmacological effects produced by these agents and their relationship to the blood, heart, circulatory system, lungs and renal system.
432. PHARMACOLOGY & CHEMISTRY II. (3) Spring. This course integrates pharmacology and medicinal chemistry of endocrine, GI, musculoskeletal and integument agents. Course content will emphasize chemical structure of these agents; drug structure-activity relationships and mechanisms of action; chemical reactions involved in the metabolism of these agents; drug mechanisms related to the occurrence of adverse effects; generic and trade names of these agents; pharmacological effects produced by these agents and their relationship to the endocrine, GI, musculoskeletal and integumentary systems.
450. PHARMACOTHERAPY I. (5) Fall. This course will integrate the pathophysiology of selected diseases and disorders related to the cardiovascular, pulmonary and renal systems with the therapeutic use of drugs used to treat these diseases and disorders. At the conclusion of this course, students will be able to explain the rationale for use of specific drug categories in the treatment of cardiovascular, pulmonary, and renal disorders. Course content will emphasize recognition and management of medication-related problems and decision-making processes including utilization of laboratory tests and patient assessment skills to monitor drug efficacy and toxicity. Problem-based case studies will be used to assist students in designing a pharmacy care plan for the patient. The use of complementary and alternative therapies as well as the social/behavioral/administrative aspects of cardiovascular, pulmonary, and renal disorders will be addressed. This is a student-centered learning course designed to begin the process of life long learning for students as health care professionals.
451. PHARMACOTHERAPY II. (5) Spring. This course will integrate the pathophysiology of selected diseases and disorders related to the endocrine, GI, musculoskeletal and integumentary systems with the therapeutic use of drugs used to treat these diseases and disorders. At the conclusion of this course, students will be able to explain the rationale for use of specific drug categories in the treatment of endocrine, GI, musculoskeletal and integument disorders. Course content will emphasize recognition and management of medication-related problems and decision-making processes including utilization of laboratory tests and patient assessment skills to monitor drug efficacy and toxicity. Problem-based case studies will be used to assist students in designing a pharmacy care plan for the patient. The use of complementary and alternative therapies as well as the social/behavioral/administrative aspects of endocrine, GI, musculoskeletal and integument disorders will be addressed. This is a student-centered learning course designed to begin the process of lifelong learning for students as health care professionals.
472. PATIENT-CENTERED CARE III. (3) Fall. This course involves both didactic and experiential components

and is a continuation of Patient-Centered Care II. The course will continue the transition from didactic instruction to practical application of pharmacy practice to better prepare the student as a provider of patient care. Activities include: longitudinal patient care (Patient Caring), pharmacy law related to institutional practice, institutional practice experience, group discussions and presentations, and opportunities for community service activities and reflection groups. The course examines a variety of nonprescription health care products which pharmacists advise and educate patients about on a daily basis. Some of the topics covered include inhalation delivery devices, home diagnostic and monitoring tests, considerations for the diabetic patient, ambulation aids, home health accessories and others. Students will also be required to learn basic information regarding half of the top 200 prescription drugs through a self-directed process.

473. PATIENT-CENTERED CARE IV. (3) Spring. This course involves both didactic and experiential components and is a continuation of Patient-Centered Care III. Students will also be required to learn basic information regarding the other half of the top 200 prescription drugs through a self-directed process.

477. PATIENT ASSESSMENT. (2) Fall. This interactive course is designed to introduce the student to the pharmacy care process, especially the relationship between patient assessment skills and the pharmacist. The student will learn basic skills for evaluating and monitoring pharmacotherapy as well as common triaging skills utilized in various pharmacy settings. The course will review basic laboratory monitoring, methods of physical assessment, the concepts of pharmacy care, therapeutic planning, and monitoring drug therapy. The course will assist the student with developing insight into the relationship between these components and the patient's pharmacotherapy. Students will be required to demonstrate assessment techniques. The course is intended to prepare the student for pharmacotherapy sequences and pharmacy practice experiences.

507. PHARMACY LAW. (2) Fall. This is a study focusing on the federal laws governing the practice of pharmacy. The course will emphasize introductory legal concepts that encompass the rights and responsibilities of the pharmacist and a practical application of these concepts.

508. SPIRITUAL/PROFESSIONAL VALUES. (2) Spring. The relationship between spirituality and the professional is studied with the goal of equipping students to function in the professional world with the strengths of a strong prayer life and spirituality. Setting priorities between personal, family and professional demands are examined.

509. INTRODUCTION TO TEACHING. (2) Offered upon sufficient demand. This is an elective course designed to stimulate interest of pharmacy students in a career in teaching. Through facilitating small groups of students, discussing readings from the literature, and assisting faculty in a variety of teaching activities, the student is better able to evaluate the possibility of a career in teaching.

510. MAJOR WORLD DISEASES AND IMPACT ON HEALTH CARE. (3) Offered upon sufficient demand. This elective course is designed to discuss the major diseases of the world, their impact on history and the development of health care and public policy. Drugs and biologics have been developed to treat these diseases with varying degrees of effectiveness. Current approaches will be discussed.

520. BIOTECHNOLOGY. (2) Offered upon sufficient demand. This elective course is designed to familiarize the student with technology. Emphasis will be given to methods involving genetic manipulations and immunologic tools. In addition, the course will include a thorough review of the most current agents (both those approved and those undergoing testing) including a discussion of how they function and how they are produced.

533. PHARMACOLOGY & CHEMISTRY III. (3) Fall. This course integrates pharmacology and medicinal chemistry of anti-infective, hematology and oncology agents. Course content will emphasize chemical structure of these agents; drug structure-activity relationships and mechanisms of action; chemical reactions involved in the metabolism of these agents; drug mechanisms related to the occurrence of adverse effects; generic and trade names of these agents; pharmacological effects produced by these agents and their relationship to infectious, hematologic and oncologic processes.

534. PHARMACOLOGY & CHEMISTRY IV. (3) Spring. This course integrates pharmacology and medicinal chemistry of nervous system agents. Course content will emphasize chemical structure of these agents; drug structure-activity relationships and mechanisms of action; chemical reactions involved in the metabolism of these agents; drug mechanisms related to the occurrence of adverse effects; generic and trade names of these agents; pharmacological effects produced by these agents and their relationship to nervous system disorders.

535. PHARMACOGENOMICS. (2) Spring. This course will discuss the science of understanding the correlation between an individual patient's genetic make-up (genotype) and their response to drug treatment. Explanations will be given regarding the basis for some drugs working well in some patient populations and not as well in others. The genetic basis of patient response to therapeutics and its relationship to the development of more effectively designed drugs for therapeutic treatment will be emphasized.

540. PROJECT DEVELOPMENT. (2) Offered upon sufficient demand. This elective course is designed to acquaint the student with the techniques involved in the development of a project in either the basic or clinical sciences. A project will be assigned to the student and the student will be expected to perform literature reviews and other work deemed necessary by the faculty instructor to produce an acceptable final written report. This

course may be taken up to two times for credit. Prerequisites: consent of instructor and a GPA of 2.5 or better.

541. INTRODUCTION TO RESEARCH. (2) Offered upon sufficient demand. This elective course is designed to acquaint the student with current techniques utilized in basic and clinical research. A problem will be assigned by the instructor and the student will be expected to do the library and laboratory or clinical work required to prepare a report. This course may be taken up to three times for credit. Prerequisites: consent of instructor and a GPA of 2.5 or better.

552. PHARMACOTHERAPY III. (5) Fall. This course will integrate the pathophysiology of selected diseases and disorders related to the infectious, hematologic and oncologic processes with the therapeutic use of drugs used to treat these diseases and disorders. At the conclusion of this course, students will be able to explain the rationale for use of specific drug categories in the treatment of infectious, hematologic and oncologic processes. Course content will emphasize recognition and management of medication-related problems and decision-making processes including utilization of laboratory tests and patient assessment skills to monitor drug efficacy and toxicity. Problem-based case studies will be used to assist students in designing a pharmacy care plan for the patient. The use of complementary and alternative therapies as well as the social/behavioral/administrative aspects of infectious, hematologic and oncologic processes will be addressed. This is a student-centered learning course designed to begin the process of lifelong learning for students as health care professionals.

553. PHARMACOTHERAPY IV. (4) Spring. This course will integrate the pathophysiology of selected diseases and disorders related to the nervous system with the therapeutic use of drugs used to treat these diseases and disorders. At the conclusion of this course, students will be able to explain the rationale for use of specific drug categories in the treatment of nervous system diseases and disorders. Course content will emphasize recognition and management of medication-related problems and decision-making processes including utilization of laboratory tests and patient assessment skills to monitor drug efficacy and toxicity. Problem-based case studies will be used to assist students in designing a pharmacy care plan for the patient. The use of complementary and alternative therapies as well as the social/behavioral/administrative aspects of nervous system diseases and disorders will be addressed. This is a student-centered learning course designed to begin the process of lifelong learning for students as health care professionals.

554. OTC PHARMACOTHERAPY. (3) Spring. This course examines the role of over-the-counter (OTC) therapeutic, preventive and testing products as well as durable medical equipment and medical supplies in the pharmacotherapy and medical management of patients. Students examine the evidence base for the use of OTC medicines in the management of minor disease states. Issues of advice and recommendations when responding to patient symptoms are also addressed.

560. DRUG MISADVENTURES. (2) Offered upon sufficient demand. This elective course is designed to provide the student with more in-depth knowledge of major adverse reactions associated with commonly prescribed drug categories. Information relating to incidences, pre-disposing factors, and the management of adverse reactions will be discussed. Drug interactions will also be included.

561. SPECIAL TOPICS IN PHARMACOTHERAPY. (2) Offered upon sufficient demand. This elective course is intended to develop the student's critical thinking and appreciation of various controversial pharmacotherapeutic topics. Students will be initially provided with clinical case studies related to the controversial pharmacotherapeutic topics that will form the foundation of the critical thinking process. Students will work together in small groups. Students will be evaluating the clinical cases using the problem-based learning method and the ASHP Clinical Skills format. During the class, a group will select a controversial topic for presentation either supporting or questioning the current pharmacotherapeutic approach to treatment.

562. SUBSTANCE ABUSE. (2) Offered upon sufficient demand. This elective course is designed to facilitate comprehensive learning regarding various aspects of substance abuse and addiction in our society and ways in which the pharmacist can offer a positive influence. Related topics to be covered include epidemiology, prevention and treatment approaches, special population issues, and clinical aspects pertaining to each drug class. Literature review, internet sites, and guest speaker(s) will be employed during the class. In addition, the case study format will be utilized to illustrate the diverse clinical situations related to different drug categories and to enhance the student's active participation in the learning process.

574. PATIENT-CENTERED CARE V. (3) Fall. This course involves both didactic and experiential components and is a continuation of Patient-Centered Care IV. The course will continue the transition from didactic instruction to practical application of pharmacy practice to better prepare the student as a provider of patient care. Activities include: longitudinal patient care (Patient Caring), long term care or home health care practice experience, group discussions and presentations, and opportunities for community service activities and reflection groups. The course will provide exposure to clinical scenarios utilizing standardized patients and health care providers as well as opportunities to review and practice patient assessment skills. Additionally, current pharmacy practice issues will be discussed. Students will also be required to learn more details regarding the top 200 prescription drugs as well as basic information regarding the top 50 dietary supplements, both through a self-directed process.

575. PATIENT-CENTERED CARE VI. (2) Spring. This course involves both didactic and experiential components and is a continuation of Patient-Centered Care V. Students will also be required to learn the top 25 injectable drugs through a self-directed process.
578. CLINICAL PHARMACOKINETICS. (3) Fall. This course integrates basic pharmacokinetic concepts and the design and monitoring of therapeutic drug regimens. Emphasis is placed on learning how to analyze and interpret patient-specific drug concentration time data and to use this information to design pharmacy care plans.
579. SPECIAL POPULATIONS. (2) Fall. This course will look at therapeutic management of common disorders within special populations (e.g. pediatrics and geriatrics). Topics will include differences in drug absorption, distribution, metabolism and elimination in these populations and the effects these differences have on the pharmacodynamics and pharmacokinetics of common therapeutic agents used within these patient populations.
661. INDUSTRY PHARMACY SALES. (4) This elective practice experience is specifically designed to give the student experience in conducting sales activities and is designed for those students who believe they may want to pursue a career in this area.
670. INPATIENT/ACUTE CARE GENERAL MEDICINE. (4) This required practice experience is designed to give the student a basic understanding of disease states encountered in internal medicine. This course will stress the application of pharmacotherapy in patient care and require the student to develop skill in taking medication histories, monitoring patients, providing drug information and providing patient education. This pharmacy practice experience is also designed to expose the student to the team concept of health care.
671. CRITICAL CARE. (4) This hospital-based elective experience is designed to enable the student to acquire skills and knowledge regarding basic principles of specific critical care disease states and their treatment. The student will gain experience working with an interprofessional team to care for the critically ill patient.
672. HEMATOLOGY/ONCOLOGY. (4) This elective experience will enable the student to develop proficiency in the knowledge of neoplastic disease and rational therapy with oncological agents. The student will gain experience regarding the supportive therapy required in the treatment of patients with cancer.
673. PSYCHIATRY. (4) This elective pharmacy practice experience is designed to give the student in-depth exposure to the area of mental health. The student will work with other members of the health care team to monitor drug therapy of patients with psychiatric diseases or drug abuse problems.
676. PATIENT-CENTERED CARE VII. (2) Spring. The fourth-year required patient care experience consists of activities designed to pull together the concepts presented from the classroom to the pharmacy practice experiences. This experience will cap the transition from formal education to licensure as a pharmacist. Activities include: NAPLEX review, objective standardized clinical scenario practice, group discussions and presentations, and opportunities for reflection groups. The course will summarize the professional education by providing exposure to clinical scenarios utilizing standardized patients and health care providers as well as opportunities to review and practice patient assessment skills.
680. AMBULATORY CARE. (4) This required practice experience will provide the student with the necessary assessment skills to implement and monitor cost effective drug therapy for safety and efficacy in the primary care and/or specialty clinic patient care environment.
681. ADVANCED COMMUNITY. (4) This required experience is designed to expose the student to a variety of patient-oriented services in community practice. These services may include: (1) patient counseling on appropriate drug use, home diagnostic test kits, durable medical equipment; (2) monitoring therapy for safety and efficacy; (3) providing drug information to physicians and nurses; (4) participating in the design, development, marketing and reimbursement process for new patient services; and (5) medication therapy management. This experience is designed to give the student further experience in documenting pharmacy care interventions in community pharmacy practice.
682. LONG TERM CARE. (4) The elective advanced pharmacy practice experience in long term care is designed to provide the student with an in-depth experience in the provision of pharmacy care to older patients and those requiring long term care services. The student will also be exposed to additional aspects of consultant pharmacy practice for institutionalized long term care and subacute patients.
683. HOME HEALTH CARE. (4) This elective advanced pharmacy practice experience in home health care provides the student with exposure to the specialty of home infusion therapy. The student will gain experience working with pharmacists and nurses to care for the home patient. The student will be involved in preparation and monitoring of parenteral and enteral nutrition, antibiotics, cancer chemotherapy, specialty compounded drugs, and home health aids.
684. NUCLEAR PHARMACY. (4) This elective experience introduces the student to the practice of nuclear pharmacy and medicine. The nuclear pharmacy experience will concentrate on pharmacy care and radiopharmaceutical compounding, quality assurance, health physics and regulatory compliance. The nuclear medicine experience will offer the student the opportunity to communicate with the nuclear medicine personnel and participate in the clinical use of diagnostic and therapeutic radiopharmaceuticals. The student will also gain

experience in the area of health physics as it is practiced in the nuclear pharmacy and hospital.

685. **ACADEMIC ADMINISTRATION.** (4) An elective experience designed to stimulate the interest of pharmacy students in academia and provide the student with an understanding of the function and process of the academy. Through interviews with faculty, readings in the literature, participation in academic and administrative meetings, development of teaching materials with pharmacy faculty chosen as preceptors in the students' area of interest, the exploration of teaching methodologies and several "hands-on" projects, the student is better able to evaluate the possibility of a career in academia as well as assume a position in academia. Students interested in participating in the Academic Administration advanced pharmacy practice experience must have a GPA of 3.0 or better.

686. **HEALTH MISSIONS.** (4) This elective practice experience provides the student with experience in working with an underserved population in the provision of health care through a church-related mission point. Sites may be in the continental United States or overseas. Students interested in participating in an overseas health missions advanced pharmacy practice experience must have a GPA of 3.0 or better.

690. **ADVANCED HEALTH SYSTEM.** (4) This required experience will expose the student to the broad-based daily duties often required of a health system-based pharmacist. These duties may include: (1) participating in the health system's formulary process; (2) participating in therapeutic protocol development; (3) participating in the management of medical emergencies; and (4) performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development. The student will gain experience in the dispensatory functions of a pharmacist in a health-system setting.

691. **RESEARCH.** (4) The elective research experience will provide the student with the opportunity to participate in an ongoing research project and develop skills necessary for pursuit of graduate education, fellowship or research-oriented career.

Educational Philosophy

The Harding University College of Pharmacy desires to graduate pharmacists who accept the responsibility of improving the spiritual and physical health of the world by providing patient-centered care that ensures optimal medication therapy outcomes delivered through the highest standards of Christian service. Therefore, the educational philosophy employed in providing the Doctor of Pharmacy curriculum to its students must be one that embraces the same mission. Using the core values of the College as guidance, this philosophy can be realized. In Advancement of our students as individuals and pharmacists, the educational environment is one that supports each individual in reaching their fullest potential and of reaching the fullest potential of the curricular components. In demonstrating Christianity, the servanthood of Christ serves as the example for how to respond to and treat one another in the classroom as well as at experiential sites when modeling behavior for students to imitate. Collaboration is key to the educational philosophy in recognizing that no one member of the health care or educational environment is greater than another but that all must work together to provide optimal care for the individual being served. Trustworthiness in the education we provide is demonstrated in standing by one's word and always accepting the responsibility entrusted to us by other health care providers and the public. Innovation in education occurs as we seek to find the teaching and learning methodologies that are the best for student learning and then share these methodologies with others. Outreach is embraced as the faculty seek to touch the lives of the students, the community, and all other stakeholders in the College's sphere of influence and make a difference in a positive way. Nurturing leads the faculty and students to care for one another and create an environment where learning is encouraged and inquiry is rewarded. Service in education drives us to do our best in whatever role we fill – that of teacher, mentor, learner, servant, or friend. The whole of these ACTIONS is an educational philosophy that will develop lifelong learners who will care for their fellow man in their professional and personal lives while leading others to Christ.

Technical Standards

In addition to the academic requirements for admission, candidates for the Doctor of Pharmacy degree must be able to exhibit mastery of technical standards for this field by performing the essential functions in each of the following categories: observation, communication, sensory/motor, intellectual, behavioral/social and ethical. The college is committed to enabling students with disabilities by reasonable means of accommodations to complete the Doctor of Pharmacy degree program. Some accommodations cannot be made because they are not reasonable.

When a student is admitted to the College of Pharmacy, a list of the technical standards is sent with each acceptance letter. Students respond in writing whether they can meet the standards with or without accommodations. If accommodation is requested, the student must submit documentation of disability with

proposed accommodation from a certified specialist to the Office of Student Affairs and Admissions. The College of Pharmacy at Harding University has an ethical responsibility for the safety of patients with whom the students come into contact. It is the patient's safety that is the driving force in establishing technical requirements.

These functions include, but are not limited to:

- **Observation:** A candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiological and pharmacological demonstrations in animals, evaluation of microbiological cultures, and microscopic studies of microorganisms and tissues in normal and pathological states. A candidate must be able to visually observe and interpret presented information. A candidate must be able to observe a patient accurately at a distance and close at hand. This standard necessitates the functional use of vision, hearing and somatic senses.
- **Communication:** A candidate must be able to communicate effectively and sensitively with patients, caregivers, and all members of the health care team. The purpose of this communication is to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communication. Communication includes speech, reading, writing and computer literacy. These skills include the appropriate use of oral and written English, hearing, reading and computer literacy.
- **Sensory/Motor:** A candidate must have sufficient motor function and skills required in the compounding of medications including using techniques for preparing sterile solutions, e.g. parenteral or ophthalmic solutions. A candidate must have sufficient motor function to gain information from patients by physically touching patients. Examples of such tasks may include assessing range of motion of a joint, blood pressure reading, taking a pulse reading. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.
- **Intellectual (Conceptual, Integrative, and Quantitative Abilities):** A candidate must demonstrate a fundamental and continuing ability to use critical thinking and analytical skills to independently and in collaboration with a health care team synthesize knowledge, solve problems and explain health care situations. A candidate must be fully alert and attentive at all times in clinical settings.
- **Behavioral/Social:** A candidate must demonstrate professional demeanor appropriate to his/her educational level. A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, and the prompt completion of all patient care responsibilities. A candidate must possess the ability to develop mature, sensitive, and effective relationships with patients. A candidate must be able to tolerate physically taxing workloads and to function effectively under stress. A candidate must be able to function within regulatory limits and modify behavior based on criticism. A candidate must be able to adapt to changing environments, to display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. A candidate must possess compassion, integrity, interpersonal skills, and motivation to excel in pharmacy practice.

Professional Competencies and Outcomes

Upon completion of the Doctor of Pharmacy degree program at Harding University College of Pharmacy, graduates will achieve the ability to meet competencies and outcomes that follow Center for the Advancement of Pharmaceutical Education (CAPE) standards and the North American Pharmacist Licensure Examination (NAPLEX) competency statements.

0.1. PHARMACEUTICAL CARE: Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, economic, and professional issues, emerging technologies, and evolving pharmaceutical, biomedical, sociobehavioral, and clinical sciences that may impact therapeutic outcomes.

0.1.1 Provide patient-centered care.

0.1.1.1. Design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient-specific and evidence-based.

0.1.1.2. Communicate and collaborate with prescribers, patients, care givers, and other involved health care providers to engender a team approach to patient care.

0.1.1.3. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, and other involved health care providers.

0.1.1.4. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

0.1.1.5. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient-specific therapeutic outcomes.

0.1.2. Provide population-based care.

0.1.2.1. Develop and implement population-specific, evidence-based disease management programs and protocols based upon analysis of epidemiologic and pharmaco-economic data, medication use criteria, medication use review, and risk reduction strategies.

0.1.2.2. Communicate and collaborate with prescribers, population members, care givers, and other involved health care providers to engender a team approach to patient care.

0.1.2.3. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to other health care providers and to the public.

0.1.2.4. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

0.1.2.5. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact population-based, therapeutic outcomes.

0.2. SYSTEMS MANAGEMENT: Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.

0.2.1. Manage human, physical, medical, informational, and technological resources.

0.2.1.1. Apply relevant legal, ethical, social, economic, and professional principles/issues to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.

0.2.1.2. Communicate and collaborate with patients, prescribers, other health care providers, and administrative and supportive personnel to engender a team approach to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.

0.2.1.3. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

0.2.1.4. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact management of human, physical, medical, informational, and technological resources in the provision of patient care.

0.2.2. Manage medication use systems.

0.2.2.1. Apply patient- and population-specific data, quality assurance strategies, and research processes to assure that medication use systems minimize drug misadventures and optimize patient outcomes.

0.2.2.2. Apply patient- and population-specific data, quality assurance strategies, and research processes to develop drug use and health policy, and to design pharmacy benefits.

0.2.2.3. Communicate and collaborate with prescribers, patients, caregivers, other involved health care providers and administrative and supportive personnel to identify and resolve medication use problems.

0.2.2.4. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

0.2.2.5. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact medication use systems, to develop use and health policy, and to design pharmacy benefits.

0.3. PUBLIC HEALTH: Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.

0.3.1. Assure the availability of effective, quality health & disease prevention services.

0.3.1.1. Apply population-specific data, quality assurance strategies, and research processes to develop identify and resolve public health problems.

0.3.1.2. Communicate and collaborate with prescribers, policy makers, members of the community and other involved health care providers and administrative and supportive personnel to identify and resolve public health problems.

0.3.1.3. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

0.3.1.4. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may affect the efficacy or quality of disease prevention services to amend existing or develop additional services.

0.3.2. Develop public health policy.

0.3.2.1. Apply population-specific data, quality assurance strategies, and research processes to develop public health policy.

0.3.2.2. Communicate and collaborate with prescribers, policy makers, members of the community and other involved health care providers and administrative and supportive personnel to develop public policy.

0.3.2.3. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

0.3.2.4. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may affect public health policy, to amend existing or develop additional policies.

1. ANATOMY, PHYSIOLOGY and PATHOPHYSIOLOGY

1.1. Utilize and integrate knowledge of physiology, pathophysiology and anatomy in order to formulate a therapeutic

care plan.

- 1.1.1. Utilize knowledge of physiology and anatomy to recommend and defend the course of treatment that best addresses a patient's needs
- 1.1.2. Discuss the pathophysiological factors contributing to a specific patient problem and disease state.
- 1.1.3. Interpret and evaluate patient data taking into consideration normal and disease states as well as the interaction and interrelationship among organ systems.
- 1.1.4. Apply knowledge of physiology, pathophysiology and anatomy to evaluate the effectiveness of a treatment regimen and manage medications in a manner that assures optimal therapeutic outcomes.
- 1.2. Taking into consideration the differences in a patient's anatomy, physiology and pathophysiologic state, recommend changes in pharmacotherapeutic regimens that eliminate drug interactions, reduce side effects, increase compliance and improve therapeutic outcomes.
 - 1.2.1. Based on individual patient characteristics and medical conditions, determine alternative pharmacotherapeutic options by evaluating patient specific variables with regard to pathophysiology and anatomical characteristics.
- 1.2.2. Modify drug therapy regimens based on the evaluation of a patient's anatomy, physiology and pathophysiologic state.
- 1.3. Use appropriate scientific terminology to convey anatomical, physiologic and pathophysiologic concepts.
 - 1.3.1. Effectively communicate the rationale based on the patient's pathophysiologic state for therapeutic decisions at an appropriate level of understanding for patients, caregivers, and other health care professionals.
 - 1.3.2. Respond accurately and appropriately to questions related, either directly or indirectly, to patient pathophysiology posed by patients and other health care professionals.
- 1.4. Develop evidence-based disease prevention programs for patient populations.
 - 1.4.1. Considering patient pathophysiology from a population perspective, suggest appropriate use of pharmacologic agents in the prevention of disease or the modification of normal bodily function.
 - 1.4.2. Recognize potential problems in disease prevention initiatives by utilizing the knowledge of principles of anatomy, physiology and pathophysiology.

2. BIOLOGY (BIOCHEMISTRY, MOLECULAR BIOLOGY, and CELLULAR BIOLOGY)

- 2.1. Describe the structure, function and metabolic pathways for carbohydrates, amino acids and lipids.
 - 2.1.1. Identify the biochemical class (lipid, carbohydrate, amino acid) to which a monomeric compound belongs.
 - 2.1.2. Outline the general primary biochemical pathway by which such a compound is oxidized in the cell.
 - 2.1.3. Predict pathological consequences of blockages or regulatory errors in these pathways. Note points where drug therapeutic intervention may be possible.
 - 2.1.4. Describe how foods vary in nutritional value, relating this to the chemical composition of the foodstuff.
 - 2.1.5. Relate energy generation, storage, and mobilization in the body to the function of adipose tissue, liver, and kidney.
 - 2.1.6. Distinguish essential from nonessential nutrients, including lipids, amino acids, vitamins, and minerals, and explain why they are essential.
- 2.2. Discuss the alterations in lipid and carbohydrate metabolism that occur as a result of diabetes.
 - 2.2.1. Distinguish among the types of diabetes in terms of their underlying causes.
 - 2.2.2. Relate differences in causes of different types of diabetes to upsets in metabolic pathways for lipids and carbohydrate, and connect these upsets to symptoms of the various types of diabetes. Note where drug therapeutic intervention may be possible.
- 2.3. Discuss the metabolism of lipoproteins, medical problems associated with abnormal lipoprotein levels and therapeutic agents used to treat lipid disorders.
 - 2.3.1. For lipids taken in the diet, outline the process of digestion and transport within the body, noting the role of lipoproteins, triglycerides, and cholesterol.
 - 2.3.2. Outline the mechanisms of storage and mobilization of lipids for energy production in the body.
 - 2.3.3. Predict pathological consequences of blockages or regulatory errors in these mechanisms and processes. Note points where drug therapeutic intervention may be possible.
- 2.4. Describe the metabolism of arachidonic acid and discuss the therapeutic implications related to the mechanism of NSAIDs and asthma therapy.
 - 2.4.1. Relate the structure of arachidonic acid to its biochemical role as a precursor of prostaglandins, thromboxanes, and leukotrienes.
 - 2.4.2. Describe the reactions performed by cyclo-oxygenases and outline the connections to the inflammatory process and to asthma.
 - 2.4.3. Employ knowledge of NSAID structural features to predict and rationalize their therapeutic effects and adverse effects.
 - 2.4.4. Relate dietary intake of polyunsaturated fatty acids to cyclo-oxygenase action and production of mediators of inflammation.

- 2.4.5. Employ knowledge of leukotriene modifiers to predict and explain their action in treating asthma.
- 2.5. Describe how enzyme activity is regulated through second messengers and hormones.
 - 2.5.1. List common second messengers and the biochemical pathways they play a role in.
 - 2.5.2. List common protein and peptide hormones and relate them to physiological systems such as the immune system, digestion, blood pressure regulation, and others. Do the same for common lipid-based hormones. Note enzymes that produce or are regulated by these hormones.
 - 2.5.3. Note points in these pathways where drug therapeutic intervention may be possible.
- 2.6. Describe the processes involved in replication, transcription and translation of genetic information.
 - 2.6.1. Describe the enzymatic reactions involved in the processes of replication, transcription, and translation.
 - 2.6.2. Relate the action of antibiotics to these processes, describing the basis for selective inhibition of microbial processes over mammalian processes.
 - 2.6.3. Explain how changes in genes and their expression can lead to altered biochemical function, and contribute to pathologies such as cancer and inborn errors in metabolism. List biochemical mechanisms leading to such genetic changes.
 - 2.6.4. Outline the processes by which nucleotides are synthesized biochemically, and relate these to pathologies such as gout, Lesch-Nyhan disease, and immunodeficiencies. Note points in these pathways where drug therapeutic intervention may be possible.
 - 2.6.5. Outline forensic and diagnostic uses of DNA amplification and hybridization technology. Describe the biochemical reactions that form the basis for this technology.
- 2.7. Describe the role of vitamin and minerals in metabolism and identify reactions utilized by these compounds.
 - 2.7.1. List the vitamins and minerals needed for human health, and describe the amounts needed in the diet.
 - 2.7.2. List dietary sources of the various vitamins and minerals, noting their relative richness as sources.
 - 2.7.3. Identify the structure of vitamins and the related enzymatic cofactors, and note characteristic features. Relate the structure and chemical features to their function in enzymatic catalysis.
 - 2.7.4. Note characteristic chemical properties of the required minerals, and relate these to their function in enzymatic catalysis.
- 2.8. Describe the biochemistry of membranes.
 - 2.8.1. List the general biological functions performed by membranes.
 - 2.8.1.1. List lipids commonly found in biological membranes.
 - 2.8.1.2. Describe the leaflet structure of lipid bilayers and relate this to the chemical features of lipids commonly found in biological membranes.
 - 2.8.2. Relate the lipid composition of biological membranes to differences in physical properties of the membrane, and hence to differences in biological function. Note pathologies associated with membrane lipid biosynthesis and turnover.
 - 2.8.3. Describe how proteins are associated with biological membranes, and relate the type of association (peripheral, integral) to the biological functioning of the protein.
 - 2.8.4. Describe the role of biological membranes in drug absorption, distribution, and action.
- 2.9. Describe DNA recombination and discuss the impact it has on production of proteins as drugs.
 - 2.9.1. Describe the general process of expression cloning of proteins, and note differences in such protein production by bacteria, yeast, and animal cells.
 - 2.9.2. Compare such artificially-produced proteins to those derived from traditional natural sources, noting differences in purity, cost, effectiveness, and safety.

3. LIBRARIES and EDUCATIONAL RESOURCES

PHARMACEUTICAL CARE: Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, economic, and professional issues, emerging technologies, and evolving biomedical, sociobehavioral, and clinical sciences that may impact therapeutic outcomes.

- 3.1. Provide patient-centered care.
 - 3.1.1. Design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient-specific and evidence-based.
 - 3.1.1.1. Understand and use principles of evidence-based medicine to assess information needs formulate focused queries, acquire the best available evidence, evaluate the evidence, and apply clinical expertise in using the evidence in providing patient-centered care.
 - 3.1.1.2. Maintain awareness of evidence-based information resources. Identify and locate the best evidence on clinical questions, including systematic reviews, meta-analyses, practice guidelines, and randomized controlled trials.
 - 3.1.2. Communicate and collaborate with prescribers, patients, care givers, and other involved health care providers to engender a team approach to patient care.
 - 3.1.2.1. Identify and regularly use information resources that enhance the pharmacist's understanding of patient viewpoints, beliefs, and attitudes.

- 3.1.2.2. Effectively communicate research findings at appropriate levels for patients and healthcare professionals.
- 3.1.3. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, and other involved health care providers.
 - 3.1.3.1. Understand and use principles of evidence-based medicine to assess information needs, formulate focused queries, acquire the best available evidence, evaluate the evidence, and apply clinical expertise in using the evidence in providing patient-centered care.
 - 3.1.3.2. Maintain awareness of evidence-based information resources. Identify and locate the best evidence on clinical questions, including systematic reviews, meta-analyses, practice guidelines, and randomized controlled trials.
 - 3.1.3.3. Identify and regularly use information resources that enhance the pharmacist's understanding of patient viewpoints, beliefs, and attitudes.
 - 3.1.3.4. Effectively communicate research findings at appropriate levels for patients and healthcare professionals.
 - 3.1.3.5. Identify, evaluate and regularly use a variety of information resources, including those intended for lay people and those written for healthcare professionals and including reference books, full text databases, websites, and primary literature.
 - 3.1.3.6. Demonstrate proficiency in searching the biomedical literature using a variety of resources and interfaces, including MEDLINE, via PubMed or other interfaces: Build search strategies using Boolean operators, controlled vocabularies where available (e.g. National Library of Medicine Medical Subject Headings (MeSH)), database limiting capabilities and field searching. Refine and implement effective search strategies for different purposes.
 - 3.1.3.7. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.
 - 3.1.3.8. Determine accuracy of information by investigating authority of resources, effectiveness of search strategy, and potential biases or conflicts of interest in the information retrieved.
 - 3.1.3.9. Determine applicability of the information to specific clinical questions and draw conclusions from new information to build on previous knowledge base.
- 3.1.4. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.
 - 3.1.4.1. Understand issues of privacy, copyright, plagiarism and other issues involved in the legal and ethical uses of information.
- 3.1.5. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient-specific therapeutic outcomes.
 - 3.1.5.1. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.
 - 3.1.5.2. Practice life-long learning by maintaining records of information retrieval processes and by updating and refining information search and retrieval skills to maintain awareness of current issues, products and services.
 - 3.1.5.3. Use current awareness tools such as journal and database alerting services.
- 3.2. Provide population-based care.
 - 3.2.1. Develop and implement population-specific, evidence-based disease management programs and protocols based upon analysis of epidemiologic and pharmaco-economic data, medication use criteria, medication use review, and risk reduction strategies.
 - 3.2.1.1. Understand and use principles of evidence-based medicine to assess information needs, formulate focused queries, acquire the best available evidence, evaluate the evidence, and apply clinical expertise in using the evidence in providing patient-centered care.
 - 3.2.1.2. Maintain awareness of evidence-based information resources. Identify and locate the best evidence on clinical questions, including systematic reviews, meta-analyses, practice guidelines, and randomized controlled trials.
 - 3.2.2. Communicate and collaborate with prescribers, patients, care givers, and other involved health care providers to engender a team approach to patient care.
 - 3.2.2.1. Identify and regularly use information resources that enhance the pharmacist's understanding of patient viewpoints, beliefs, and attitudes.
 - 3.2.2.2. Effectively communicate research findings at appropriate levels for patients and healthcare professionals.
 - 3.2.3. Retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information to patients, their families, and other involved health care providers.
 - 3.2.3.1. Understand and use principles of evidence-based medicine to assess information needs, formulate focused queries, acquire the best available evidence, evaluate the evidence, and apply clinical expertise in using the evidence in providing patient-centered care.
 - 3.2.3.2. Maintain awareness of evidence-based information resources. Identify and locate the best evidence on clinical questions, including systematic reviews, meta-analyses, practice guidelines, and randomized controlled trials.
 - 3.2.3.3. Identify and regularly use information resources that enhance the pharmacist's understanding of patient viewpoints, beliefs, and attitudes.
 - 3.2.3.4. Effectively communicate research findings at appropriate levels for patients and healthcare professionals.
 - 3.2.3.5. Identify, evaluate and regularly use a variety of information resources, including those intended for lay people

and those written for healthcare professionals and including reference books, full text databases, websites, and primary literature.

3.2.3.6. Demonstrate proficiency in searching the biomedical literature using a variety of resources and interfaces, including MEDLINE, via PubMed or other interfaces: Build search strategies using Boolean operators, controlled vocabularies where available (e.g. National Library of Medicine Medical Subject Headings (MeSH)), database limiting capabilities and field searching. Refine and implement effective search strategies for different purposes.

3.2.3.7. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.

3.2.3.8. Determine accuracy of information by investigating authority of resources, effectiveness of search strategy, and potential biases or conflicts of interest in the information retrieved.

3.2.3.9. Determine applicability of the information to specific clinical questions and draw conclusions from new information to build on previous knowledge base.

3.2.4. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

3.2.4.1. Understand issues of privacy, copyright, plagiarism and other issues involved in the legal and ethical uses of information.

3.2.5. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient-specific therapeutic outcomes.

3.2.5.1. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.

3.2.5.2. Practice life-long learning by maintaining records of information retrieval processes and by updating and refining information search and retrieval skills to maintain awareness of current issues, products and services.

3.2.5.3. Use current awareness tools such as journal and database alerting services.

SYSTEMS MANAGEMENT: Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.

3.3. Manage human, physical, medical, informational, and technological resources.

3.3.1. Apply relevant legal, ethical, social, economic, and professional principles/issues to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.

3.3.1.1. Understand issues of privacy, copyright, plagiarism and other issues involved in the legal and ethical uses of information.

3.3.2. Communicate and collaborate with patients, prescribers, other health care providers, and administrative and supportive personnel to engender a team approach to assure efficient, cost-effective utilization of human, physical, medical, informational, and technological resources in the provision of patient care.

3.3.2.1. Effectively communicate research findings at appropriate levels for patients and healthcare professionals.

3.3.2.2. Identify, use, and share available resources for continuing education in the effective uses of current information resources and technologies.

3.3.3. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

3.3.4. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact management of human, physical, medical, informational, and technological resources in the provision of patient care.

3.3.4.1. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.

3.3.4.2. Practice life-long learning by maintaining records of information retrieval processes and by updating and refining information search and retrieval skills to maintain awareness of current issues, products and services.

3.3.4.3. Use current awareness tools such as journal and database alerting services.

3.3.4.4. Identify, use, and share available resources for continuing education in the

3.4. Manage medication systems.

3.4.1. Apply patient- and population-specific data, quality assurance strategies, and research processes to assure that medication use systems minimize drug misadventures and optimize patient outcomes.

3.4.1.1. Identify, evaluate and regularly use a variety of information resources, including those intended for lay people and those written for healthcare professionals and including reference books, full text databases, websites, and primary literature.

3.4.2. Apply patient- and population-specific data, quality assurance strategies, and research processes to develop drug use and health policy, and to design pharmacy benefits.

3.4.2.1. Identify, evaluate and regularly use a variety of information resources, including those intended for lay people and those written for healthcare professionals and including reference books, full text databases, websites, and primary literature.

3.4.3. Communicate and collaborate with prescribers, patients, caregivers, other involved health care providers and

administrative and supportive personnel to identify and resolve medication use problems.

3.4.4. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

3.4.5. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact medication use systems, to develop use and health policy, and to design pharmacy benefits.

3.4.5.1. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.

3.4.5.2. Practice life-long learning by maintaining records of information retrieval processes and by updating and refining information search and retrieval skills to maintain awareness of current issues, products and services.

3.4.5.3. Use current awareness tools such as journal and database alerting services.

PUBLIC HEALTH: promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.

3.5. Assure the availability of effective, quality health and disease prevention services.

3.5.1. Apply population-specific data, quality assurance strategies, and research processes to develop identify and resolve public health problems.

3.5.1.1. Identify, evaluate and regularly use a variety of information resources, including those intended for lay people and those written for healthcare professionals and including reference books, full text databases, websites, and primary literature.

3.5.2. Communicate and collaborate with prescribers, policy makers, members of the community and other involved health care providers and administrative and supportive personnel to identify and resolve public health problems.

3.5.3. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

3.5.2. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may affect the efficacy or quality of disease prevention services to amend existing or develop additional services.

3.5.2.1. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.

3.5.2.2. Practice life-long learning by maintaining records of information retrieval processes and by updating and refining information search and retrieval skills to maintain awareness of current issues, products and services.

3.5.2.3. Use current awareness tools such as journal and database alerting services.

3.6. Develop public health policy.

3.6.1. Apply population-specific data, quality assurance strategies, and research processes to develop public health policy.

3.6.1.1. Identify, evaluate and regularly use a variety of information resources, including those intended for lay people and those written for healthcare professionals and including reference books, full text databases, websites, and primary literature.

3.6.2. Communicate and collaborate with prescribers, policy makers, members of the community and other involved health care providers and administrative and supportive personnel to develop public policy.

3.6.3. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

3.6.4. Maintain professional competence by identifying and analyzing emerging issues, products, and services that may affect public health policy, to amend existing or develop additional policies.

3.6.2.1. Use available services of librarians and other information professionals to supplement information retrieval and to learn about new resources or enhancements to existing resources.

3.6.2.2. Practice life-long learning by maintaining records of information retrieval processes and by updating and refining information search and retrieval skills to maintain awareness of current issues, products and services.

3.6.2.3. Use current awareness tools such as journal and database alerting services.

4. MEDICINAL CHEMISTRY

4.1. Acquire, comprehend, apply, analyze, synthesize, and evaluate information about the chemical structure of drugs and drug classes in order to design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient-specific and evidence-based.

4.1.1. Identify the chemical and/or pharmacological classification to which a drug belongs.

4.1.2. Predict therapeutic applications for individual drugs based on knowledge of chemical and/or pharmacologic classification.

4.1.3. Given patient-specific information, select optimal drug within a pharmacologic class based on structure-activity relationships (SAR) and those structural features responsible for binding to biological targets that account for relative drug potencies and receptor affinities.

4.1.4. Select optimal drug therapy within a chemical and/or pharmacologic class based on structural features that affect absorption, distribution, metabolism and excretion.

4.1.5. Determine the appropriate route(s) of drug administration based on the contribution of specific chemical features to drug solubility in biological fluids and delivery vehicles.

- 4.1.6. Predict and prevent drug-drug interactions, drug-food interactions, drug-herbal interactions, and drug side effects and toxicities by applying knowledge of structural features and other chemical principles.
- 4.1.7. Select appropriate drug therapy based on mechanism of drug action via integration of knowledge gained from the drug structure with concepts of organic chemistry, anatomy, physiology, pharmaceuticals and pharmacology.
- 4.2. Recommend changes in pharmacotherapeutic regimens based on chemical differences among drugs that relate to solving patient problems, providing patient-centered care, and providing population-based care.
 - 4.2.1. Based on individual patient characteristics and medical conditions, evaluate pharmacotherapeutic options by analyzing chemical features that determine solubility, routes of metabolism, duration of action, and acid-base characteristics.
 - 4.2.2. Modify drug therapy regimens based on the evaluation of structural features and chemical properties of drugs that are related to adverse drug reactions, drug-drug interactions, nutritional effects, and lack of efficacy.
- 4.3. Resolve drug therapy problems of individual patients by applying knowledge of drug chemistry across pharmacological classes.
 - 4.3.1. Prevent drug-drug interactions by consideration of the pharmacodynamics and pharmacokinetic differences of drugs.
 - 4.3.2. Utilizing chemical principles, predict the potential adverse effects that contribute to patient morbidity and non-adherence.
 - 4.3.3. Anticipate and prevent problems with drug delivery systems and routes of administration associated with the chemical properties of drugs.
 - 4.3.4. Select an appropriate multi-source drug product based on knowledge of the chemical, physical and biochemical properties of a generic drug.
- 4.4. Use appropriate chemical terminology to explain chemical, pharmacological and basic therapeutic concepts.
 - 4.4.1. Effectively communicate the chemical rationale for therapeutic decisions at an appropriate level of understanding for patients, caregivers, and other health professionals.
 - 4.4.2. Respond accurately and appropriately to questions related, either directly or indirectly, to drug structure or chemistry that are posed by patients and other health care professionals.
- 4.5. Maintain professional competence by employing knowledge of structural features to predict mechanisms, adverse effects, metabolism, solubility, acid/base characteristics, potential drug interactions, and therapeutic effects of future drug products.

5. PHARMACEUTICS

- 5.1. Identify and explain the physicochemical and formulation properties of a drug that influence its absorption and stability.
 - 5.1.1. Identify and describe the factors that influence the aqueous solubility and partition coefficient of a drug. Explain the importance of appropriate aqueous solubility and partition coefficient in the formulation design and absorption of drugs.
 - 5.1.2. Understand and explain the ionization of weak acidic and weak basic drugs and calculate the fraction of a drug in its ionized and un-ionized forms as a function of pH. Describe how pKa and pH influence the observed solubility and partitioning of a drug. Types of liquid, solid and semisolid dosage forms available.
 - 5.1.3. Identify, evaluate, and explain the factors that affect the chemical stability of a drug under various environmental and packaging conditions.
 - 5.1.4. Identify and explain the factors that control the physical and microbiological stability of a drug product under various environmental and packaging conditions..
 - 5.1.5. Identify and explain the unique pharmaceutical challenges posed by contemporary biotechnology based drug products (biopharmaceuticals).
- 5.2. Identify and explain the properties of a drug that influence dosage form design and its route of administration.
 - 5.2.1. Describe the various routes of administration available for drug delivery, and discuss the advantages and disadvantage of each delivery system.
 - 5.2.2. Describe the characteristics of an ideal drug delivery system. Identify the various types of liquid, solid and semisolid dosage forms available.
- 5.1.3. Discuss how physicochemical properties of a drug influence the design of various dosage forms, including biotech drugs.
- 5.1.4. Explain the various formulation approaches taken to improve the in-vitro dissolution, solubility, stability and absorption of drugs from different dosage forms.
- 5.1.5. Identify physical-chemical and formulation properties that make a drug suitable for modified release/controlled release, and explain the various formulation approaches available for modifying drug release from dosage forms.
- 5.1.6. Discuss the methods/techniques used for establishing the performance and quality of dosage forms.
- 5.3. Identify and explain the dosage form features that influence therapeutic outcomes.
 - 5.3.1. Describe the role and functions of inactive/inert ingredients in different types of dosage forms.

- 5.3.2. Describe the various methods of compounding and/or manufacture of different types of dosage forms.
- 5.3.3. Explain the importance of packaging and storage conditions in expiration dates and drug product quality and assurance.
- 5.3.4. Select an appropriate packaging container based on the physicochemical properties of the drug which meets a patient's need.
- 5.3.5. Explain principles underlying the proper use of dosage forms, and their influence on bioavailability and therapeutic outcome.
- 5.3.6. Determine the importance of selection of appropriate dosage form in drug therapy.
- 5.3.7. Explain the influence of formulation, physiological, and anatomical factors on drug absorption from dosage forms.
- 5.3.8. Discuss how compliance and adherence can be improved by appropriate dosage form selection.
- 5.3.9. Select and recommend the best route of administration and dosage form for a patient.
- 5.3.10. Identify and prevent drug interactions and incompatibilities based on presence of active and inactive pharmaceutical ingredients.
- 5.3.11. Identify, solve, and prevent drug therapy problems related to dosage form, delivery system, and route of administration.
- 5.4. Make appropriate selection decisions for multi-source drug products.
 - 5.4.1. Explain and understand the concepts of pharmaceutical equivalence, bioequivalence and therapeutic equivalence. Understand the basis for therapeutic equivalence or nonequivalence.
 - 5.4.2. Use the Orange Book appropriately to select and recommend a drug.
 - 5.4.3. Select and recommend appropriate drug product according to scientific, legal and economic guidelines where appropriate.
- 5.5. Compound safe and effective extemporaneous pharmaceutical products.
 - 5.5.1. Apply relevant standards of practice (including ethical guidelines) to prepare safe and effective dosage forms and perform in-process quality control.
 - 5.5.2. Search and apply most accurate and standardized information on extemporaneous compounding.
 - 5.5.3. Evaluate the suitability of an extemporaneously compounded dosage form for the administration of a drug for a patient.
 - 5.5.4. Identify physical and chemical incompatibilities among active and inactive pharmaceutical ingredients of a formulation; recommend and follow approaches to avoid incompatibilities and unwanted interactions.
 - 5.5.5. Calculate and measure the correct quantity of active and inactive pharmaceutical ingredients.
 - 5.5.6. Use correct laboratory measuring procedures to obtain the desired quantity of all formulation ingredients.
 - 5.5.7. Use good extemporaneous compounding practices in the preparation of a patient specific drug product.
 - 5.5.8. Design and maintain an adequate operational facility for compounding pharmaceutical products.
- 5.6. Preparing safe and effective sterile dosage forms and enteral nutrition products.
 - 5.6.1. Apply relevant standards of practice (including ethical guidelines) to prepare safe and effective sterile dosage forms and perform in-process quality control.
 - 5.6.2. Calculate and measure the correct quantity of ingredients for preparing a sterile product.
 - 5.6.3. Use proper aseptic techniques to prepare sterile products.
 - 5.6.4. Identify physical and chemical incompatibilities among active and inactive components of sterile formulations; recommend and follow approaches to avoid unwanted interactions and incompatibilities.
 - 5.6.5. Use sterilization methods that are appropriate for the drug and product.
 - 5.6.6. Calculate the rate of drug administration based on the prescription order and the type of infusion pump used.
 - 5.6.7. Determine a patient's fluid, electrolyte and nutritional needs and calculate the composition of parenteral or enteral nutrition sources to meet their needs.
 - 5.6.8. Apply appropriate quality control procedures for sterile products.
 - 5.6.9. Evaluate the impact of physical and chemical stability on a sterile product.
 - 5.6.10. Design and maintain an adequate operational facility for compounding sterile pharmaceutical products.
- 5.7. Maintain professional competence by identifying and analyzing emerging issues in pharmaceutical dosage forms and compounding.

6. PHARMACOKINETICS

- 6.1. Evaluate the basic pharmacokinetics and pharmacodynamic properties of a drug and relate that to the manner in which the drug is used therapeutically.
- 6.2. Identify and explain the physical/chemical characteristics of a drug the influences its absorption, distribution and elimination.
- 6.3. Evaluate the primary and secondary drug information literature with regard to the pharmacokinetics and pharmacodynamics of drugs.
- 6.4. Estimate individual patient's kinetic parameters for any given drug from limited number of biological samples or from population kinetic data and patient characteristics.

- 6.5. Design dosage regimens based on the patient-specific or population (average) kinetic data.
- 6.6. Predict the effects of route and/or method of drug administration on the plasma concentration-time profiles using the individual or population (average) kinetic data and judge the appropriateness of dosage form and route of administration.
- 6.7. Predict the effects of changes in the pharmacokinetic parameters (due to drug interactions, disease states, or special populations) on the plasma concentration-time profile of drugs and modify, if necessary, the dosage regimen based on the altered kinetic parameters.
- 6.8. Explain the influence of transporters on the pharmacokinetics/pharmacodynamics of a drug and how to determine their influence in failure of drug therapy would be assessed.
- 6.9. Explain how the role of pharmacogenomics in pharmacokinetics/ pharmacodynamics of drugs would be utilized with regard to individualizing dosage regimens and possibly predicting adverse drug reactions.

7. PHARMACOLOGY

- 7.1. Acquire, comprehend, synthesize, apply and evaluate information about the pharmacology of therapeutic agents in order to design, implement, monitor, evaluate, and adjust pharmaceutical care plans that are patient-specific and evidence based.
 - 7.1.1. Recognize the pharmacological classification to which a therapeutic agent belongs.
 - 7.1.2. Determine therapeutic applications for an individual therapeutic agent based on its pharmacological classification. Recognize how drugs within a pharmacological class differ from one another with regard to mechanism of action, pharmacokinetic parameters and side effects.
 - 7.1.3. Given patient-specific information, select optimal therapeutic agents based on their binding sites and molecular mechanisms of action which account for relative drug potencies, efficacies and therapeutic outcomes.
 - 7.1.4. Select optimal drug therapy within a pharmacologic class based on knowledge related to absorption, distribution, metabolism and excretion.
 - 7.1.5. Address and prevent side effects and toxicities from therapeutic agents and xenobiotics by applying knowledge of mechanisms of toxicity.
 - 7.1.6. Address and prevent drug-drug interactions, drug-food interactions, and drug nutraceutical interactions by applying knowledge of pharmacodynamic and pharmacokinetic principles.
- 7.2. Based on differences in pharmacological properties among drugs, recommend changes in pharmacotherapeutic regimens that eliminate drug interactions, reduce side effects, increase compliance and improve therapeutic outcomes.
 - 7.2.1. Based on individual patient characteristics and medical conditions, determine alternative pharmacotherapeutic options by evaluating site and mechanism of action, pharmacokinetics, adverse effects and drug interactions.
 - 7.2.2. Modify drug therapy regimens based on the evaluation of pharmacological properties of drugs that are related to adverse drug reactions, drug-drug interactions, nutritional effects, and lack of efficacy.
 - 7.2.3. Apply the knowledge of pharmacology to review medication usage to optimize therapeutic outcomes.
 - 7.2.4. Apply knowledge of drug mechanism of action to reduce the incidence of duplicate therapy and polypharmacy in patients
- 7.3. Use appropriate scientific terminology to convey pharmacological and basic therapeutic concepts.
 - 7.3.1. Effectively communicate the pharmacological rationale for therapeutic decisions at an appropriate level of understanding for patients, caregivers, and other health care professionals.
 - 7.3.2. Respond accurately and appropriately to questions related, either directly or indirectly, to biological activity of therapeutic agents, posed by patients and other health care professionals.
- 7.4. Develop evidence-based disease prevention programs for patient populations.
 - 7.4.1. Suggest appropriate use of pharmacologic agents in the prevention of disease or the modification of normal bodily function.
 - 7.4.2. Recognize potential problems in disease prevention initiatives by utilizing the knowledge of pharmacological principles.

8. PHARMACY PRACTICE

- 8.1. Formulate a patient-centered pharmaceutical care plan (new or revised) in collaboration with other health care professionals, patients, and/or their caregivers.
 - 8.1.1. Gather and organize accurate and comprehensive patient information to identify ongoing or potential drug therapy problems.
 - 8.1.1.1. Obtain necessary information from the patient, caregiver, and/or other members of the health care team.
 - 8.1.1.2. Identify relevant information in the patient profile or medical record.
 - 8.1.1.3. Interview the patient or caregiver employing effective communication strategies.
 - 8.1.1.4. Identify the patient's primary complaint(s) and reason(s) for seeking medical care.
 - 8.1.1.5. Perform selected aspects of physical assessment, as appropriate.
 - 8.1.1.6. Protect the confidentiality of patient information.

- 8.1.2. Interpret and evaluate patient and drug-related data needed to identify actual or potential drug therapy problems (prescription and non-prescription).
 - 8.1.2.1. Evaluate information obtained from the patient's history and physical assessment.
 - 8.1.2.2. Assess any patient history of allergies and intolerances.
 - 8.1.2.3. Evaluate laboratory test results and pharmacokinetic data.
 - 8.1.2.4. Perform any additional patient calculations needed (e.g. creatinine clearance, ideal body weight, body surface area, body mass index)
 - 8.1.2.5. Identify the cause and significance of adverse drug effects.
 - 8.1.2.6. Evaluate the significance of actual or potential drug interactions.
 - 8.1.2.7. Assure that there is not excessive medication use or unnecessary drug duplication.
 - 8.1.2.8. Determine the extent to which medical conditions or diseases are treated or controlled.
 - 8.1.2.9. Assess patient adherence to previously prescribed medication regimens.
 - 8.1.2.10. Identify signs or potential indicators of drug misuse or abuse.
- 8.1.3. Develop a complete medical and drug therapy problem list.
 - 8.1.3.1. Use relative priority to direct the pharmacotherapeutic plan.
 - 8.1.3.2. Differentiate active from inactive problems.
 - 8.1.3.3. Rank patient problems based on urgency and severity.
 - 8.1.3.4. Identify any preventative and health maintenance issues.
- 8.1.4. Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.
 - 8.1.4.1. Construct well-built questions based on the patient's drug therapy problem(s) or needed information.
 - 8.1.4.2. Identify the types and quality of information that are available in primary, secondary, and tertiary information sources, including web-based resources and those intended for lay audiences.
 - 8.1.4.3. Employ effective and efficient search strategies to find appropriate sources of drug and health information using a variety of information resources.
 - 8.1.4.4. Effectively and efficiently search secondary sources such as MEDLINE to locate pertinent primary literature.
 - 8.1.4.5. Critically analyze all relevant literature, considering its applicability and validity to the information needed.
 - 8.1.4.6. Critically analyze primary literature with regard to study design, methodology, findings, and conclusions.
 - 8.1.4.7. Integrate evidence from the literature with clinical expertise and consideration of patient preferences to draw a conclusion.
 - 8.1.4.8. Provide drug information clearly, accurately, concisely, and in a timely manner in a language appropriate for the target audience.
 - 8.1.4.9. Properly cite reference sources utilized.
- 8.1.5. Select and recommend appropriate drug (prescription and non-prescription) and non drug therapy as part of the care plan.
 - 8.1.5.1. Identify pharmacotherapeutic goals and endpoints of therapy.
 - 8.1.5.2. Apply principles of biochemistry, medicinal chemistry, pharmacology, and pathophysiology to select the appropriate drug(s).
 - 8.1.5.3. Consider social, economic, and cultural factors that influence a patient's perspective on health, illness, and medication use.
 - 8.1.5.4. Apply pharmacokinetic and pharmacodynamic principles to select the appropriate dose, dosage schedule, and drug delivery system.
 - 8.1.5.5. Determine the appropriate therapy duration.
 - 8.1.5.6. Apply pharmacoeconomic principles in drug selection.
 - 8.1.5.7. Identify and minimize or avoid drug interactions, adverse effects, and contraindications associated with the recommended drug therapy.
 - 8.1.5.8. Assure that there is not excessive medication use or unnecessary drug duplication.
 - 8.1.5.9. Recommend complementary therapies as appropriate to enhance therapeutic outcomes.
 - 8.1.5.10. Apply principles of nutrition to improve health, augment drug therapy, and reduce disease risk.
 - 8.1.5.11. Recommend medical goods and devices that are appropriate based on the patient's needs.
- 8.1.6. Devise and implement a patient monitoring plan to ensure achievement of desired therapeutic outcomes.
 - 8.1.6.1. Monitor patient-specific subjective and objective parameters for drug efficacy and toxicity.
 - 8.1.6.2. Assess appropriate parameters in a timely manner and at appropriate intervals/frequencies.
 - 8.1.6.3. Determine whether patient-specific goals have been met and adjust the care plan accordingly.
 - 8.1.6.4. Anticipate, monitor for, and report adverse effects and drug interactions.
 - 8.1.6.5. Refer patients to other health care professionals when indicated.
- 8.2. Prepare and dispense medication(s) prescribed (or recommended) as part of the patient's care plan.
 - 8.2.1. Review and interpret prescription orders for patients.
 - 8.2.1.1. Evaluate the acceptability of prescription order transmission and legitimacy of source.

- 8.2.1.2. Determine the validity of the patient-prescriber relationship.
- 8.2.1.3. Clarify, add, and/or correct prescription order information when necessary.
- 8.2.2. Accurately prepare and dispense medications and/or supervise the preparation of medications.
 - 8.2.2.1. Correctly count, measure, mix, reconstitute, and calculate the quantity of medications to dispense.
 - 8.2.2.2. Correctly prepare the label for the finished prescription.
 - 8.2.2.3. Select an appropriate container based on the chemical and physical properties of the drug that meets the patient's characteristics or needs.
- 8.2.3. Accurately compound individual or bulk medications.
 - 8.2.3.1. Locate accurate information on extemporaneous formulations.
 - 8.2.3.2. Evaluate the suitability of an extemporaneously compounded formulation.
 - 8.2.3.3. Calculate the correct quantity of ingredients.
 - 8.2.3.4. Use correct gravimetric and volumetric measuring procedures to obtain the desired quantity of the formulation component.
 - 8.2.3.5. Use good compounding practices in the extemporaneous production of a patient specific drug delivery system.
 - 8.2.3.6. Identify physical and chemical incompatibilities among components of a given formulation and recommend appropriate alternatives to avoid incompatibilities.
- 8.2.4. Prepare, store, and assure quality of sterile dosage forms.
 - 8.2.4.1. Calculate the correct quantity of components when preparing a sterile product.
 - 8.2.4.2. Use proper aseptic techniques to prepare sterile dosage forms.
 - 8.2.4.3. Use sterilization methods that are appropriate for the pharmaceutical product.
 - 8.2.4.4. Calculate the rate of drug administration based on the prescription order and the type of infusion pump used.
 - 8.2.4.5. Determine a patient's fluid, electrolyte and nutritional needs and calculate the amount and composition of parenteral nutrition sources to meet those needs.
 - 8.2.4.6. Perform proper quality control procedures.
 - 8.2.4.7. Evaluate the stability and compatibility of sterile formulations.
- 8.2.5. Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
- 8.2.6. Resolve ethical and moral decisions faced by pharmacists.
- 8.3. Develop population-specific, evidence-based disease management programs.
 - 8.3.1. Assess the health needs of a specific patient population by analyzing epidemiologic data and identifying risk factors that would adversely affect patient health.
 - 8.3.2. Develop appropriate criteria and outcome indicators and conduct medication reviews in specific populations.
 - 8.3.3. Evaluate pharmaco-economic data relevant to appropriate disease-specific treatment plans.
 - 8.3.4. Design evidence-based disease management programs that incorporate outcome indicators, drug treatment protocols, risk reduction strategies, and education programs for health care providers and patients.
 - 8.3.5. Assure that all relevant members of a patient population receive needed services
- 8.4. Communicate and collaborate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.
 - 8.4.1. Communicate clearly, accurately, compassionately, confidently, and persuasively with patients, caregivers, other health care professionals, and the public using appropriate listening, verbal, nonverbal, and written communication skills.
 - 8.4.2. Exhibit a caring and respectful attitude and demonstrate empathy while establishing rapport and communicating with the patient and/or caregiver.
 - 8.4.3. Establish collaborative relationships with other healthcare professionals that foster a team approach to patient care.
 - 8.4.4. Demonstrate professionalism and leadership within professional and civic organizations.
 - 8.4.5. Effectively communicate drug and health information at appropriate levels for patients and healthcare professionals.
 - 8.4.6. Demonstrate sensitivity and tolerance within multicultural interactions and settings.
 - 8.4.7. Educate patients and/or caregivers about drug therapy.
 - 8.4.7.1. Explain to patients or caregivers the drug, dosage, indication, and storage requirements for a given drug.
 - 8.4.7.2. Educate patients or caregivers on the symptomatology, significance, frequency, and management of adverse drug reactions.
 - 8.4.7.3. Explain any action that should be taken in the event of a missed dose.
 - 8.4.7.4. Demonstrate proper administration technique for a given drug delivery system and, as appropriate, confirm the patient's ability to perform such techniques.
 - 8.4.7.5. Facilitate patients assuming an active role in their self-care and overall health.
 - 8.4.7.6. Choose communication methods that are sensitive to the social and cultural background of the target audience.
 - 8.4.7.7. Confirm patient understanding of counseling provided and clarify if needed.

- 8.4.8. Educate patients or caregivers about the proper use of medical goods and devices.
 - 8.4.8.1. Identify print, audiovisual, and/or computerized sources of patient education information on medical devices and goods that meet the patient's needs.
 - 8.4.8.2. Demonstrate and verify the proper use of medical goods and devices to ensure effective use.
 - 8.4.8.3. Communicate storage, calibration, and maintenance information for medical goods and devices.
- 8.4.9. Document pharmaceutical care activity in a patient profile or medical record to facilitate communication and collaboration among healthcare providers.
- 8.5. Maintain professional competency in providing pharmaceutical care by committing oneself to being an independent, self-initiated life-long learner.
 - 8.5.1. Identify and analyze emerging issues, products, and services that may impact patient specific and population-based pharmaceutical care.
 - 8.5.2. Assess one's own knowledge and abilities independently.
 - 8.5.3. Set personal knowledge and ability goals and take responsibility for attaining them.
 - 8.5.4. Recognize self-limitations and seek appropriate assistance/clarification.
 - 8.5.5. Review topics relevant to patient care activities to enhance knowledge base and preparedness.
 - 8.5.6. Accept feedback and implement suggestions for improvement.
 - 8.5.7. Manage time appropriately and efficiently.
 - 8.5.8. Exhibit intellectual curiosity and personal commitment to ensure ongoing professional competency.

9. SOCIAL and ADMINISTRATIVE SCIENCES

- 9.1. Apply the following social/behavioral principles and theories in the design, delivery and evaluation of pharmaceutical care.
 - 9.1.1. Differentiate between psychosocial and drug therapy approaches to providing pharmaceutical care and employ both approaches in practice.
 - 9.1.2. Identify and describe relationships between patient and practitioner knowledge, attitudes, beliefs, and behaviors, and use information to design pharmaceutical care plans.
 - 9.1.3. Describe relevant behavioral theories of health, illness and medication use, and apply these theories to the pharmacotherapy plan.
 - 9.1.4. Identify and describe social and behavioral factors associated with medication non adherence, and identify strategies to improve adherence.
 - 9.1.5. Apply social and behavioral research to understand and improve pharmaceutical care.
 - 9.1.6. Apply concepts of behavioral change to facilitate improved patient outcomes in health promotion, disease prevention and medication management.
 - 9.1.7. Demonstrate sensitivity to the various multicultural factors involved in pharmaceutical care.
 - 9.1.8. Display professional attitudes, beliefs and behaviors in the delivery of pharmaceutical care.
 - 9.1.9. Use ethical principles and theories to consider alternative sides of a pharmaceutical care and/or health care dilemma.
- 9.2. Communicate with prescribers, patients, caregivers, and other involved health care providers to engender a team approach to patient care.
 - 9.2.1. Develop verbal, non-verbal, written, and graphic communication skills to communicate effectively with patients, physicians, and others.
 - 9.2.2. Apply effective communication skills in interprofessional relationships to improve the clinical, economic, and humanistic outcomes of patients.
 - 9.2.3. Demonstrate provision of culturally and linguistically appropriate pharmaceutical care services to diverse patient populations.
 - 9.2.4. Use communication skills in educating and counseling patients, e.g.,
 - 9.2.4.1. Setting the stage
 - 9.2.4.2. Establishing rapport
 - 9.2.4.3. Eliciting information from the patient (Question asking)
 - 9.2.4.4. Providing information to the patient (Patient Education)
 - 9.2.4.5. Organizing the encounter
 - 9.2.4.6. Promoting adherence to appropriate therapy
 - 9.2.4.7. Encouraging patient involvement
 - 9.2.4.8. Demonstrating sensitivity to and adjustment of communication based on contextual or cultural factors, including health literacy, literacy, cognitive impairment, etc.
 - 9.2.4.9. Exhibiting professional demeanor
 - 9.2.4.10. Exhibiting professional decision-making
 - 9.2.4.11. Concluding the encounter.
- SYSTEMS MANAGEMENT: Manage and use resources of the health care system, in cooperation with patients,

prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.

9.3. Describe and demonstrate appropriate utilization of management principles and use of health care resources in the American health care system.

9.3.1. Identify the key features of private and public payers of health care.

9.3.1.1. Differentiate modes and mechanisms of paying for health and pharmaceutical care

9.3.1.2. Describe benefits provided under Medicare.

9.3.1.3. Describe the roles of state and federal governments in financing and administering Medicaid.

9.3.2. Describe the objectives of health insurance and managed health care programs.

9.3.2.1. Differentiate between insuring health and managing health care.

9.3.2.2. Describe the evolution of pharmacists' roles in the health care system.

9.3.2.3. Understand the impact of health care costs on the medication distribution and use systems.

9.3.2.4. Define the role of the pharmacist in providing medication therapy management.

9.3.2.5. Demonstrate the role of pharmacists in providing access to pharmaceutical care to all patients.

9.3.2.6. Demonstrate an awareness of health disparities and means of addressing the problem.

9.4. Manage pharmacy operations.

9.4.1. Evaluate a pharmacy for ownership or management using principles of financial management and business indicators.

9.4.2. Conduct a basic analysis to diagnose and resolve financial and management problems.

9.4.3. Establish a mission statement with component goals and actions.

9.4.4. Develop a strategic plan to achieve the identified goals.

9.4.5. Apply the principles of business planning to develop a business plan that supports the implementation and provision of pharmaceutical care services, identifies and acquires necessary resources, and assures financial success of the practice, i.e.,

9.4.5.1. Address the financial, legal, accounting, and managerial role of the management/technical team.

9.4.5.2. Determine the cost to dispense a prescription and the appropriateness of pricing strategies.

9.4.5.3. Determine a budget for financial resource allocation.

9.4.5.4. Predict patient care needs and professional service opportunities.

9.4.5.5. Establish effective time management and priority-setting procedures.

9.4.5.6. Determine strategies for managing organizational change.

9.4.5.7. Evaluate the achievements of a practice in relation to the established mission, fiscal resources, and customer needs.

9.4.6. Apply marketing principles to effectively market a pharmacy or pharmaceutical care service.

9.4.6.1. Assess demand (among patients, providers, and payers) and competition, and identify a viable market within a target location.

9.4.6.2. Develop strategies to address marketing needs (products/services, price, promotion, place, personnel).

9.4.6.3. Document services and outcomes to enhance marketing and reimbursement.

9.4.6.4. Develop direct-selling skills for approaching patients, providers, and payers to engage in medication therapy management or pharmaceutical care services.

9.4.7. Identify the impact of the government and third party payers on pharmacy operations and understand the basic principles/strategies for negotiating contracts with payers.

9.4.8. Develop strategies for reimbursement of pharmacy services, such as medication therapy management.

9.5. Manage personnel

9.5.1. Determine the organizational structure of a pharmacy.

9.5.2. Identify the components of a job description.

9.5.3. Identify a staff of persons (professional, technical and supportive) capable of fulfilling the practice mission.

9.5.4. Interpret state and federal regulations that affect personnel policies.

9.5.5. Understand the role of staffing plans in maintaining workforce productivity.

9.5.6. Determine the process used to recruit, retain, and reward an individual.

9.6. Optimize physical and technological resources required to fulfill the practice mission.

9.6.1. Evaluate a pharmacy's layout.

9.6.2. Design/redesign a pharmacy to maintain efficiency and enhances patient-focused care services.

9.6.3. Utilize automated medication storage and distribute systems, which improve the practice mission.

9.6.3.1. Determine the benefits of medication storage and distribution systems, medication packing systems, and bar-code labeling systems.

9.6.3.2. Identify electronic information systems that assists in the transfer of patient information needed for medication management.

9.6.3.3. Identify the role of pharmacists when computerized prescriber order-entry systems are utilized.

- 9.7. Manage medication distribution and control systems.
 - 9.7.1. Utilize inventory control concepts to develop and implement an inventory control system.
 - 9.7.1.1. Determine and maintain optimal inventory mix/level.
 - 9.7.1.2. Select drug products based on bioequivalence and therapeutic equivalence.
 - 9.7.1.3. Assess and evaluate the utility of automated medication storage and distribution devices.
 - 9.7.1.4. Maintain records of products received and removed from inventory.
 - 9.7.1.5. Perform drug control, storage and security functions.
 - 9.7.2. Design, select, implement, and/or manage drug distribution systems for various practice settings.
 - 9.7.2.1. Recognize distinguishing characteristics of drug distribution systems in a variety of settings, including automated systems.
 - 9.7.2.2. Develop appropriate job descriptions for a given drug distribution system.
 - 9.7.2.3. Develop and utilize policies and procedures that provide quality assurance/ control for improving the efficiency and effectiveness of a given drug distribution system.
- 9.8. Manage medication use systems.
 - 9.8.1. Participate in the pharmaceutical care system's process for reporting and managing medication errors and adverse drug reactions.
 - 9.8.1.1. Identify and report medication errors and adverse drug reactions to appropriate individuals and organizations (including institutional and federal).
 - 9.8.1.2. Evaluate information obtained from adverse drug reaction and medication error reporting systems to identify preventable causes.
 - 9.8.1.3. Recommend and implement actions to minimize the occurrence of adverse drug reactions and medication errors.
 - 9.8.2. Participate as part of a multidisciplinary team in the pharmaceutical care system's process for conducting medication use evaluations.
 - 9.8.2.1. Develop appropriate criteria and outcome indicators.
 - 9.8.2.1.1. Identify appropriate drugs for review.
 - 9.8.2.1.2. Identify appropriate criteria or indicators developed by national organizations and regulatory agencies.
 - 9.8.2.1.3. Adapt and/or modify existing criteria for use in a given situation.
 - 9.8.2.1.4. Develop criteria and/or indicators based on analysis of the literature, and site-specific considerations.
 - 9.8.2.2. Conduct medication use evaluations.
 - 9.8.2.2.1. Collect data for a medication utilization review.
 - 9.8.2.2.2. Apply criteria to collected drug utilization review data.
 - 9.8.2.2.3. Implement corrective actions to improve drug use, if necessary.
 - 9.8.2.2.4. Assess outcomes of these corrective actions through a multidisciplinary system.
 - 9.8.3. Participate in the development and implementation of a formulary system.
 - 9.8.3.1. Develop standards for drug product inclusion in the formulary.
 - 9.8.3.1.1. Compile and evaluate relevant scientific literature and drug use data across patients and prescribers within the system.
 - 9.8.3.1.2. Develop therapeutic interchange guidelines.
 - 9.8.3.2. Implement and manage the formulary system.
 - 9.8.3.2.1. Compile and evaluate data necessary to review therapeutic and/or generic classes of drugs and new products for formulary considerations.
 - 9.8.3.2.2. Monitor prescribers and pharmacists compliance with formulary standards.
 - 9.8.3.2.3. Implement corrective action if variances from the formulary standards occur.
 - 9.8.3.2.4. Communicate with managers and caregivers regarding formulary decisions.
 - 9.8.3.2.5. Re-evaluate formulary decisions and their impact on patient care on a continual basis.
 - 9.8.4. Apply principles of outcomes research and quality assessment methods to the evaluation of pharmaceutical care.
 - 9.8.4.1. Use appropriate structure, process, and outcome measures to evaluate the quality of pharmaceutical care.
 - 9.8.4.2. Apply elements of continuous quality improvement to pharmaceutical care.
 - 9.8.4.3. Apply appropriate drug use management methods to evaluate the quality of pharmaceutical care.
 - 9.8.4.4. Use appropriate critical pathways, clinical practice guidelines, and disease management protocols in the delivery of pharmaceutical care.
 - 9.8.4.5. Document quality assurance activities according to the specifications of relevant accrediting and regulatory bodies.
 - 9.8.4.6. Explain and demonstrate use of report cards in assessing the quality of health care.
 - 9.8.4.7. Apply principles of pharmacoeconomics in making pharmaceutical care decisions.
 - 9.8.4.8. Apply principles of humanistic outcomes in determining impact of pharmaceutical care services on patient's quality of life.
- 9.9. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

- 9.9.1. Comply with federal, state, and local statutes and regulations that affect pharmacy practice.
- 9.9.2. Apply principles of civil law to the practice of pharmacy.
 - 9.9.2.1. Recognize professional practice situations that may give rise to liability under civil law.
 - 9.9.2.2. Predict the likelihood of liability that may arise from errors of omission or commission in professional practice situations involving civil law.
- 9.9.3. Ensure that medication distribution systems (including Internet sources) provide timely and appropriate pharmacy services.
- 9.9.4. Identify ethical and moral decisions faced by pharmacists during the medication distribution process.
- PUBLIC HEALTH Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers
- 9.10. Assure the availability of effective, quality health and disease prevention services.
 - 9.10.1. Assure access to rational, safe, and cost-effective drug therapy and pharmaceutical care.
 - 9.10.1.1. Provide clinical preventive services to improve outcomes and quality of life
 - 9.10.1.2. Educate patients about behaviors that promote health, maintain wellness, prevent and control disease, and reduce health disparities.
 - 9.10.1.3. Evaluate the quality and effectiveness of clinical and community-based interventions designed to improve health.
 - 9.10.1.4. Use communication strategies strategically to improve health.
 - 9.10.2. Define and assess the health status of individuals and populations, including determinants of health and illness, factors contributing to health promotion and disease prevention, factors influencing the use of health services, and epidemiology (e.g., incidence, prevalence) of diseases.
 - 9.10.3. Assess and monitor at-risk populations to identify and report health problems, and to prioritize interventions in collaboration with patients, other health professionals, members of the community, and policy makers
 - 9.10.4. Select and implement strategies to prevent or detect disease in the target population.
 - 9.10.4.1. Determine the pharmacist practice activity domains in public health initiatives and responses and promoting safe medication use in society.
 - 9.10.4.2. Formulate strategies to offer disease detection and prevention programs to the public.
 - 9.10.4.3. Implement disease detection and prevention health care services (e.g., smoking cessation, weight reduction, diabetes screening, blood pressure screening, immunization services) to prevent health problems and maintain health.
 - 9.10.4.4. Provide public health related educational material or services tailored to the needs and background of a given audience.
 - 9.10.4.5. Identify the roles pharmacists play in emergency preparedness (e.g., bioterrorism and chemical terrorism, natural disasters) and response (e.g., medication dispensing, information provision, vaccination response teams, medical reserve corps) on the local community and national levels. Provide care and evaluate outcomes.
 - 9.10.4.6. Provide patients with access to poison control and treatment information.
 - 9.10.5. Identify methods to ensure that public health initiatives/programs continue to achieve stated goals.
 - 9.10.5.1. Conduct a continuing assessment of community health assets and needs.
 - 9.10.5.2. Prioritize pharmacy-based programs based on identifiable criteria and standards.
 - 9.10.5.3. Amend existing programs or develop additional services.
 - 9.10.5.4. Recognize the importance of promoting a healthy lifestyle, including the appropriate use of screening tools and immunizations.
 - 9.10.5.5. Consult and collaborate with other members of the health care team and public agencies; provide follow-up and referral when necessary.
 - 9.10.6. Evaluate the outcomes of the program/intervention.
 - 9.10.7. Advocate for improved policies that increase access to health services and reduce health risks.
- 9.11. Develop strategic efforts to collaborate with policy makers, payers, members of the community, health providers and other stakeholders and decision-makers to promote public health and resolve public health problems.
 - 9.11.1. Collaborate with pertinent local and state organizations, health care providers and policy makers responsible for the development of the public health initiatives and identify methods to stimulate their support.
 - 9.11.2. Synthesize a solution through an action plan in collaboration with community leaders and organizations, such as the following
 - 9.11.2.1. Develop a written plan for provision of informational and preventive efforts and identify potential methods and/or plans to generate physical or financial support from internal and external sources.
 - 9.11.2.2. Evaluate the conclusion and action plan to ensure goals will be met.
 - 9.11.2.3. Implement the action plan through collaboration with the ability to provide support for the position taken.
 - 9.11.3. Tailor activities by identifying clinical characteristics of the pharmacy practice and community and learning

about diseases associated with the service population and community

9.12. Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines.

9.12.1. Describe local, state, federal and international regulations affecting public health policy development.

9.12.2. Evaluate and resolve ethical dilemmas that arise in the development of public health policy or find a solution that is acceptable to all parties involved.

9.12.3. Describe legal and ethical implications of intervention in life threatening situations such as poisoning or drug overdose.

9.12.4. Demonstrate the ability to place health care and professional issues within appropriate historical, cultural, social, economic, scientific, political, and philosophical frameworks.

9.12.5. Display a respect and sensitivity for patient and family attitudes, behaviors and lifestyles, paying particular attention to cultural, ethnic and socioeconomic influences and incorporate cultural preferences, spiritual and health beliefs and behaviors into the patient care plan.

9.12.6. Incorporate the needs and perceptions of a culturally diverse society in public health policy.

9.12.7. Apply principles of pharmacoeconomics in public health policy development.

9.12.8. Evaluate public health policy in terms of costs and effectiveness.

9.12.9. Identify and collaborate with appropriate government agencies in the development of public health policy.

9.12.10. Explain the role of professional organizations in the development of public health policy.

9.12.11. Determine how professional standards and guidelines are incorporated into specific public health policies.

10. ASSURE SAFE and EFFECTIVE PHARMACOTHERAPY and OPTIMIZE THERAPEUTIC OUTCOMES

10.1. Obtain, interpret & evaluate patient information to determine the presence of a disease or medical condition, assess the need for treatment &/or referral, & identify patient-specific factors that affect health/pharmacotherapy/disease management.

10.1.1. Identify & assess patient information including medication, laboratory & disease state histories.

10.1.2. Identify &/or use instruments & techniques related to patient assessment & diagnosis.

10.1.3. Identify & define the terminology, signs, & symptoms associated with diseases & medical conditions.

10.1.4. Identify & evaluate patient factors, genetic factors, biosocial factors, & concurrent drug therapy that are relevant to the maintenance of wellness & the prevention or treatment of a disease or medical condition.

10.2. Identify, evaluate, & communicate to the patient or health-care provider, the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, & delivery systems.

10.2.1. Identify specific uses & indications for drug products.

10.2.2. Identify the known or postulated sites & mechanisms of action of pharmacotherapeutic agents.

10.2.3. Evaluate drug therapy for the presence of pharmacotherapeutic duplications & interactions with other drugs, food, diagnostic tests, & monitoring procedures.

10.2.4. Identify contraindications, warnings & precautions associated with a drug product's active & inactive ingredients.

10.2.5. Identify physicochemical properties of drug substances that affect their solubility, pharmacodynamic & pharmacokinetic properties, pharmacologic actions, & stability.

10.2.6. Interpret & apply pharmacodynamic & pharmacokinetic principles to calculate & determine appropriate drug dosing regimens.

10.2.7. Interpret & apply biopharmaceutic principles & the pharmaceutical characteristics of drug dosage forms & delivery systems, to assure bioavailability & enhance patient compliance.

10.3. Manage the drug regimen by monitoring & assessing the patient &/or patient information, collaborating with other health care professionals, & providing patient education.

10.3.1. Identify pharmacotherapeutic outcomes & endpoints..

10.3.2. Evaluate patient signs & symptoms, & the results of monitoring tests & procedures to determine the safety & effectiveness of pharmacotherapy.

10.3.3. Identify, describe the mechanism of, & remedy adverse reactions, allergies, side effects & iatrogenic or drug-induced illness.

10.3.4. Prevent, recognize, & remedy medication non-adherence, misuse or abuse.

10.3.5. Recommend pharmacotherapeutic alternatives.

11. ASSURE SAFE and ACCURATE PREPARATION and DISPENSING OF MEDICATIONS

11.1. Perform calculations required to compound, dispense, & administer medication.

11.1.1. Calculate the quantity of medication to be compounded or dispensed; reduce & enlarge formulation quantities & calculate the quantity of ingredients needed to compound the proper amount of the preparation.

11.1.2. Calculate nutritional needs & the caloric content of nutrient sources.

11.1.3. Calculate the rate of drug administration.

11.1.4. Calculate or convert drug concentrations, ratio strengths, &/or extent of ionization.

11.2. Select & dispense medications in a manner that promotes safe & effective use.

- 11.2.1. Identify drug products by their generic, brand, &/or common names.
- 11.2.2. Determine whether a particular drug dosage strength or dosage form is commercially available, & whether it is available on a nonprescription basis.
- 11.2.3. Identify commercially available drug products by their characteristic physical attributes.
- 11.2.4. Interpret & apply pharmacokinetic parameters & quality assurance data to determine equivalence among manufactured drug products, & identify products for which documented evidence of inequivalence exists.
- 11.2.5. Identify & communicate appropriate information regarding packaging, storage, handling, administration, & disposal of medications.
- 11.2.6. Identify & describe the use of equipment & apparatus required to administer medications.
- 11.3. Prepare & compound extemporaneous preparations & sterile products.
 - 11.3.1. Identify & describe techniques & procedures related to drug preparation, compounding, & quality assurance.
 - 11.3.2. Identify & use equipment necessary to prepare & extemporaneously compound medications.
 - 11.3.3. Identify the important physicochemical properties of a preparation's active & inactive ingredients; describe the mechanism of, & the characteristic evidence of incompatibility or degradation; & identify methods for achieving stabilization of the preparation.

12. PROVIDE HEALTH CARE INFORMATION and PROMOTE PUBLIC HEALTH

- 12.1. Access, evaluate, & apply information to promote optimal health care.
 - 12.1.1. Identify the typical content & organization of specific sources of drug & health information for both health-care providers & consumers.
 - 12.1.2. Evaluate the suitability, accuracy, & reliability of information from reference sources by explaining & evaluating the adequacy of experimental design & by applying & evaluating statistical tests & parameters.
- 12.2. Educate the public & health-care professionals regarding medical conditions, wellness, dietary supplements, & medical devices.
 - 12.2.1. Provide health care information regarding the prevention & treatment of diseases & medical conditions, including emergency patient care.
 - 12.2.2. Provide health care information regarding nutrition, lifestyle, & other non-drug measures that are effective in promoting health or preventing or minimizing the progression of a disease or medical condition.
 - 12.2.3. Provide information regarding the documented uses, adverse effects & toxicities of dietary supplements.
 - 12.2.4. Provide information regarding the selection, use & care of medical/surgical appliances & devices, self-care products, & durable medical equipment, as well as products & techniques for self-monitoring of health status & medical conditions.

Collaborative Skills Objectives

Students should develop the following collaborative skills that are applicable throughout all portions of the curriculum:

- Identify interaction behaviors that are essential for maximum personal effectiveness in interpersonal and intergroup situations in personal and professional situations
- Identify personal interaction behaviors and those of others in interpersonal, intergroup, and leadership situations in personal and professional activities
- Evaluate the appropriateness of personal interaction behavior and those of others in interpersonal, intergroup, and leadership situations in personal and professional activities
- Provide feedback to increase effectiveness of others in interpersonal, intergroup, and leadership situations in personal and professional activities
- Identify appropriate strategies to develop leadership skills in professional (organizational and practice) and personal situations
- Function independently and effectively in interpersonal and intergroup situations in personal and professional activities
- Use appropriate interaction behavior in interpersonal, intergroup and leadership situations in professional and personal activities
- Employ feedback from others to enhance personal effectiveness in interpersonal, intergroup, and leadership situations in professional and personal activities
- Contribute opinions, insights, information and leadership assertively and appropriately during group decision-making situations in professional and personal activities
- Assume leadership positions and/or participate in organizational/community/campus matters
- Apply personal interaction behaviors within professional and civic situations

- Use appropriate interpersonal and intergroup behavior during professional interactions with patients, other health care providers and the public
- Adapt interpersonal and intergroup behaviors to differing professional environments (practice and organizational)
- Contribute opinions, insights, information and leadership assertively and appropriately during health care team decision making processes
- Assume leadership positions and/or participate in professional and civic organizations on human health and non-health related matters

Lifelong Learning Skills Objectives

Students should develop the following lifelong learning skills that are applicable throughout all portions of the curriculum, especially development of the electronic portfolio:

- Articulate personal approach to learning including time management strategies, optimal locations for study and utilization of available instructional resources
- Identify strengths and growth opportunities within personal approach to learning
- Formulate strategies to address identified growth opportunities in personal approach to learning
- Describe the relationship of instructional strategies and assessment processes within individual courses to stated learning objectives
- Use learning objectives to guide learning efforts including the selection and use of instructional resources to facilitate learning
- Identify the characteristics of the spirit of inquiry, critical analysis and logical thinking
- Understand the obligation to participate in inquiry and professional growth
- Use self-assessment and feedback from others to increase learning performance
- Interpret assessment feedback from others to identify performance strengths and areas in need of refinement or remediation
- Self-assess the effectiveness of learning performance
- Formulate strategies to address performance areas in need of refinement or remediation
- Initiate action to correct identified learning deficiencies
- Formulate a strategy to assess abilities in critical analysis and logical thinking
- Formulate a strategy to participate in inquiry for professional improvement
- Complete learning activities on an ongoing basis for personal and professional development based upon self-determined areas of deficiency and or interest
- Describe postgraduate opportunities for ongoing personal and professional learning
- Explain the necessity of lifelong learning to maintain professional competence and personal growth
- Regularly self-assess learning needs for ongoing personal and professional growth
- Engage in learning activities on a regular, ongoing basis for personal and professional development
- Regularly engage in inquiry, critical analysis, and logical thinking in personal and professional activities

ACADEMIC POLICIES

General Policy

Students at Harding are expected to be honorable and to observe standards of academic conduct appropriate to a community of Christian scholars. Harding expects from its students a higher standard of conduct than the minimum required to avoid discipline. A student whose department or scholarship is unsatisfactory may be dismissed from the College at any time. It is the policy of the College, reflected in the attitude of each member of the faculty, to spare no effort in helping each student to attain his/her objective, a successful Christian pharmacy career. The university will not graduate any student who doesn't satisfactorily complete all curricular activities.

Academic Honesty: Our Integrity Covenant

We, the members of the Harding community, recognize that our covenant of integrity is with three parties. First and foremost, students and faculty recognize their covenant with God. All morality is ultimately defined by the very nature of God, in whom all truth can be found. Desiring to reflect the heart and nature of Christ, we make a covenant with our God to be truthful and transparent.

Second, we acknowledge that we have a covenant with each other. By doing our own work, working hard, and

receiving credit and recognition that represent effort and sacrifice, we create and maintain an atmosphere of excellence and fairness. As members, therefore, of this Christian community we covenant with each other to guard and protect our commonly held trust.

Third, integrity is a covenant that we make with ourselves. Our goal of being servants deserves our every effort to dedicate ourselves fully to those disciplines of study and research that will contribute to the formation of our character and our academic skills. Academic rewards obtained without personal and authentic effort rob us of both the spiritual and professional preparation that God desires.

Our academic integrity originates in the very nature of God, manifests itself in our commonly held and protected reputation, and reveals its value in the prepared Christ-like servanthood that results from a disciplined life.

Our Integrity Principles

Honesty: Using only authorized collaboration, information, and study aids for assignments and testing and being completely truthful in all academic endeavors.

Authenticity: Presenting only ideas and creative expressions that are unique, unless properly cited according to University guidelines. Submitting the work of another constitutes plagiarism.

Accountability: Holding ourselves to the highest ethical standards, and not allowing academic dishonesty in others to go unchallenged.

Our Integrity Pledge

I hereby pledge to God, to the Harding University academic community, and to myself that I will uphold godly standards of honesty, authenticity, and accountability in all my undertakings.

The University considers breaches of integrity to be serious offenses. All acts of dishonesty in any academic work constitute academic misconduct. This includes but is not necessarily limited to the following:

1. **Cheating:** Use or attempted use of unauthorized materials, information or study aids in any academic exercise. Such infractions include, but are not limited to, the following: using materials not authorized by the teacher, such as hidden notes, tape recorders, cell phones, cameras, text messages, wands, computers, or other electronic device, for the completion of a quiz or test; copying from another student during a quiz or test; copying another student's assignment or project; obtaining answers to on-line quizzes and tests; deliberate submitting of work that is not one's own and that violates the professor's instructions for the work for a grade or credit; the use of testing materials from past testing periods as a study guide unless authorized by a professor; possession of written materials not expressly authorized by the professor during an exam or test containing matter relevant to the course in which the examination is being taken; discussion of examination contents with any other student while taking an examination or test; divulging or receiving any information on the content or form of any examination that either student has not yet taken. The student who gives illegal aid shall be considered as responsible as the student who receives it.
2. **Plagiarism:** Representing the words, ideas or data of another as your own in any academic exercise. Plagiarism is a type of stealing, whether done deliberately or by mistake. Such violations include, but are not limited to the following: purchasing a paper from an electronic source or other entity; downloading a partial paper or an entire paper from the internet and submitting it as one's own or allowing someone else (including tutors) to write, or significantly rewrite, a paper and then submitting it as one's own; using ideas, paraphrases, and/or direct quotes from a source without clear documentation of that source; recycling a paper from a concurrent class or a class that was previously taken in high school or college without the permission of the instructor to do so; copying verbatim from a source without using quotation marks, even if the source has been cited; copying, in part or in whole, from a print source, media broadcast or recording, or the internet or other electronic media without proper acknowledgement of the source; copying another person's sentence style and structure, key words, organizational plan, or unique words or ideas without proper documentation.
3. **Fabrication:** Falsification or unauthorized invention of any information or citation in an academic exercise. Such misconduct includes, but is not limited to, the following: taking a course, test or quiz for another student; fabricating source information within an assigned paper and/or on the works cited page; fabricating lab or research information; submitting collaborative and/or group work as one's own, unless the instructor has given permission for students to do so; completing another student's class assignment for the student; collaborating on out-of-class assignments with students, professors, family members, and/or friends when the instructor intended for students to work independently; claiming to have attended an assigned function, such as a service activity, a performance, a job interview, a home visit, a symposium, an observation, or a lecture without having attended the function or performed the actual service; lying to a university employee about assignments or attendance; making unauthorized

- use of University letterhead; forging a signature for academic purposes; attempting to change an assigned grade or other information on any official University document, data source, or electronic item; making a statement that one knows is false with the intent to deceive.
4. *Aiding and Abetting Academic Dishonesty*: Intentionally helping or attempting to help another student commit an act of academic dishonesty. Such misconduct includes, but is not limited to, the following: allowing another student to copy one's work and submit the work as his or her own; stealing an exam or quiz from an instructor or copying a test or quiz and/or sharing it with other students; sharing test questions with another student who has not taken the test; giving answers to on-line quizzes and tests; sharing test results in a non-proctored test environment in which an honor code is imposed; failing to challenge dishonest conduct witnessed in other students.
 5. *Conduct unbecoming a professional while participating in a pharmacy practice experience, practicum, internship, field experience, or any similar academic experience*: Conduct unbecoming a professional includes, but is not limited to, the following: identifying oneself as a Harding student in off-campus locations for unauthorized academic, professional, or personal gain (for example, using a student nursing ID badge to gain access to a hospital area for non-educational purposes); violating the privacy of employees or patients in learning environments; disregarding policies of work environments in which learning occurs; acting in a manner that violates course policies or policies of the academic division.
 6. *Theft, abuse, hoarding, or concealment of academic property*: Academic property includes, but is not limited to, the following: library resources and materials; laboratory equipment and supplies; departmental or class resources; tests and quizzes.

Any faculty member who is aware of student conduct consistent with an academic integrity violation is required to complete an Academic Integrity Violation Form (available in the College of Pharmacy Faculty Handbook). All acts of potential academic misconduct will be handled in accordance with the University Academic Integrity Policy as outlined in the Graduate and Professional Catalog.

Registration

Registration: Registration is the responsibility of the student. Time windows when registration should occur will be communicated to the students by the Director of Student Affairs. Returning students typically preregister near the end of each semester for the following semester. Students who decide not to attend a term for which they have registered must withdraw from their classes for that term to avoid having grades of "F" recorded for those classes. See the "Withdrawal" section of this handbook.

Class Cancellation: When a class is cancelled by the College, all students enrolled in the cancelled course will be notified by the Director of Student Affairs and given opportunity to register for an alternate course.

Please Note: -- To cancel registration at any point after the Registrar's Office has entered course selections in the computer, a student must complete a Drop/Add form. If the appropriate official form is not completed, a grade of "F" will be assigned if the student does not attend the class.

Course Load

Each semester, Doctor of Pharmacy students are expected to carry the normal full-time course load (17 - 19 semester hours of credit in years one through three and 6-18 semester hours of credit in the fourth year). In special circumstances such as prior course failure or readmission, temporary part-time status may occur; however, continuous part-time study is not an option. A first, second, or third professional year student carrying fewer than 12 semester hours is considered a part-time student; a fourth year professional student carrying fewer than 6 semester hours is considered part-time.

Special Registration Regulations

Course Overload. A course overload is defined as registration for any additional hours of credit above the number of credit hours outlined for each semester in the Doctor of Pharmacy curriculum. In order to register for course overloads, students must have a grade point average of 2.5 or better. In addition, students must have the approval of 1) Director of Student Affairs; and 2) the faculty mentor designated for the student.

Elective Courses. Students can register for more than the required number of pharmacy elective courses if they have a grade point average of 2.5 or better. No student may enroll for more than 20 hours of credit per semester. Extra electives in one semester may not be used to replace designated electives in another semester.

Students who wish to take a research elective (PHAR 540 Project Development or PHAR 541 Introduction to Research) must contact the appropriate department chair (Pharmaceutical Sciences or Pharmacy Practice) at least three weeks before registration opens. The department chair will assist the student in completing the necessary documentation to authorize registration for a research elective.

Tuition, fees, and expenses for summer elective courses at Harding University, summer elective courses at other institutions, or concurrent enrollment in elective courses at other institutions are not included in the fall or spring semester tuition and must be paid for separately by the student. Furthermore, all elective requirements listed above still apply.

In order to receive elective credit from the College of Pharmacy, students who plan on taking an elective outside of Harding University must obtain permission from the Associate Dean for Academic Affairs and Director of Student Affairs before registering for the outside course and complete the appropriate documentation.

Inter-School/Departmental Courses. The following Harding University courses may be used to satisfy pharmacy elective requirements: Medical Spanish SPAN 283, Skills for Health Missions NURS 210, Culture of Poverty NURS 305, Health Care Missions NURS 413, First Aid HED 202, Women's Ministries BMIN 421, Conflict Management in Ministry BMIN 424, Seminar in World Missions BMIS 385, Development Ministry BMIS 388, Human Nutrition FCS 331, Advanced Nutrition FCS 431/531, Business and Professional Writing ENG 291, Financial Accounting ACCT 205, Managerial Accounting 206, Principles of Health Care Management HCM 210, Principles of Management and Supervision MGT 230, Survey in Health Information Systems HCM 315, Contemporary Issues in Health Care HCM 335, Long-Term Care Delivery HCM 425, Managing Change in Health Care Organizations HCM 440, Supervisory Management for Health Care Organization HCM 445. In order to register for courses outside the College of Pharmacy, a student must have a grade point average of 2.5 or better, meet all course pre-requisites, and must have consent of the instructor. The course must also fit into the Doctor of Pharmacy curriculum schedule. Courses not listed above must be approved by the Associate Dean for Academic Affairs and Director of Student Affairs.

Professional Credit for Graduate Coursework. Pharmacy students may receive elective credit for graduate level courses taken within the University. The following criteria apply to these decisions:

1. Students should have at least third professional year status or a previous four-year (or higher) degree in a relevant area.
2. Students must have a minimum grade point average of 3.0.
3. Course pre-requisites must be met.
4. Students must submit a letter to the appropriate graduate program director that states their interest and describes the benefits of this course to their professional goals.
5. Enrollment in the course must have the approval of the graduate program director.
6. Enrollment in the course must have the approval of the Director of Student Affairs.
7. Students will receive only undergraduate credit for such courses.

Course Limits

The decision of whether to offer a course (required or elective) will be based upon the availability of the faculty to teach the courses, as determined by the department chair, and by a minimum number of six students enrolling in the course and being present on the first day of class.

Early Assurance Program

The Early Assurance Program (EAP) is intended to guarantee highly qualified students an admission interview for a position in the College of Pharmacy Pharm.D. Program after the successful completion of prerequisite courses and maintenance of certain academic criteria at Harding University.

To be eligible for the College of Pharmacy's Early Assurance Program current high school seniors must meet the following requirements:

1. Enroll at Harding University beginning the fall semester after graduation from high school.
2. Attain an ACT composite score of at least 27 or SAT total of 1200.
3. Complete the application for the Early Assurance Program by November 1 of the freshman year.

Once admitted to the EAP a student must meet the following academic requirements in order to receive an admission interview for the Pharm.D. Program as an EAP student:

1. Be continuously enrolled at Harding University while in the EAP.
2. Satisfy all of the prerequisite classes for entry into the Pharm.D. program with a grade of “C” or better.
3. Participate in the academic advising and career seminar programs provided by the pre-pharmacy advisor at Harding University and the Director of Admissions for the College of Pharmacy.
4. Attain a minimum cumulative grade point average of 3.25 in all course work and a math/science grade point average of at least 3.00.
5. Earn a minimum composite score of 70% on the PCAT.
6. Begin the Pharm.D. program no later than three years after beginning pre-pharmacy course work.
7. Adhere to the Code of Conduct at Harding University.

Students enrolled in the EAP are required to take the Pharmacy College Admissions Test (PCAT) and have their official scores sent to PharmCAS. EAP students are required to submit a PharmCAS application and appropriate fees as well as a Harding University College of Pharmacy supplemental application but are not required to submit the \$50 supplemental application fee required of all other applicants. Completion of these requirements guarantees the EAP student an admission interview with the College of Pharmacy Pharm.D. Program. This interview is the final step in the admissions process and is weighed heavily in decisions for admission.

Leave of Absence

In the event that a student in the College of Pharmacy encounters a situation that requires a prolonged absence from the Program, that student may either request a leave of absence or withdraw from the College. A request for a leave of absence must be submitted in writing to the Director of Student Affairs with sufficient information to explain the situation. In the event that the student is ill or otherwise indisposed, the written requirement may be waived, and the Director of Student Affairs may initiate the action independently.

If the request for leave is deemed reasonable and appropriate for the circumstance, and if the student is in good academic standing at the time, the Director of Student Affairs may grant the leave. Otherwise, the Director of Student Affairs may, at his/her discretion, deny the leave, recommend that the student withdraw from the College, or may recommend that the student be dismissed from the College, following University policy. Conditions will be determined individually according to the merits of each case.

Withdrawal

Withdrawal from a course. Withdrawal from a course requires the approval of the Director of Student Affairs and must be submitted on the appropriate form, which may be obtained from the Registrar’s Office. A student may withdraw from a didactic class with a grade of “W” after Monday of the third week and on or before one-half of the scheduled class days of the course have been completed; the grade point average is not affected. If a student pursues a course beyond the last day for withdrawal, a grade will be recorded for that course and will be computed in the grade point average for that semester. If the official withdrawal is not completed within the time limits described, a grade of “F” will be assigned if the student discontinues class attendance and performance. After the last day for withdrawal, the grade of “W” can be recorded only in cases of illness or extreme circumstances that make it necessary for the student to completely withdraw from the College. For information regarding the course withdrawal procedure as it relates to refund of tuition, refer to the “Refunds” section of this handbook.

Since withdrawal from a course affects a student’s academic progress, such actions will be reviewed by the Director of Student Affairs and the faculty.

Unofficial withdrawal from one or more courses in the curriculum will be considered as student failure, and the student may be dismissed from the College.

Any student who withdraws or is dismissed from the College must follow the stated application procedures to be considered for re-admission. Applicants for re-admission are evaluated along with new applicants. **No withdrawn or dismissed student is ever guaranteed interview or re-admission to the College of Pharmacy.** Students who have been dismissed for academic reasons or ethical misconduct and the dismissal

has been upheld after all administrative recourse, are **not** eligible for readmission to the College.

Withdrawal from an Advanced Pharmacy Practice Experience. A student may withdraw from an advanced pharmacy practice experience (APPE), without receiving a grade, through the fourth day of the experience. If a student pursues a practice experience beyond the first four days of an APPE period, a grade will be recorded for that practice experience and will be computed in the GPA for that semester. After the first four days the grade of “W” can be recorded only in cases of illness or extreme circumstances that make it necessary for the student to completely withdraw from the College.

Withdrawal from the College. Occasionally students find they must withdraw completely from the College. The student should go to the Office of Student Affairs and Admissions to complete paperwork and a required exit interview. The student is then required to visit with the Office of Financial Services for an exit interview. The student will submit the completed and signed withdrawal form to the Registrar’s Office. Students will not be considered officially withdrawn until the registrar has received notification and completed the drop for all classes. Students who do not complete an official withdrawal may receive a failing grade for each class.

Suspension

If in the judgment of a member of the faculty of the College of Pharmacy, a situation has or is about to occur that would jeopardize in some fashion the student, patients, other students, the College or its affiliates, the Director of Student Affairs or his/her designee may immediately suspend a student from any College of Pharmacy course and initiate investigation within 2 business days following the suspension.

The Dean may extend that suspension until appropriate investigation and resolution can be reached.

Program Grading Scheme

Grading policies for Program courses (lecture and/or laboratory) will be determined by the faculty and noted on the course syllabi. The interpretation of the letter grades and their quality point values per credit hour is as follows:

A	Excellent	4.0
B+	Good	3.5
B	Good	3.0
C+	Average	2.5
C	Average	2.0
F	Failure	0.0
I	Incomplete	0.0
W	Withdrawn	0.0
MG	No Grade Reported	0.0
NC	No Credit	0.0
CR	Credit	0.0

Hours earned with a “Credit” grade will be added to the total required for graduation, but will not affect the grade point average. The grade of “I” (incomplete) may be assigned when students, due to extenuating circumstances such as illness or family emergency, have not completed all required coursework and/or examinations for completion of a course. The deadlines for removing an “I” are as follows: fall incompletes by the end of the eighth week of the spring semester; spring incompletes by July 1; summer incompletes by the eighth week of the fall semester. A grade of “I” is considered to be an “F” for grade point average computing purposes until it is removed, and it becomes an “F” automatically if not removed by the deadline. In cases of illnesses or extreme circumstances the “I” will be changed to the grade of “W” with the approval of the Director of Student Affairs.

Standard of Performance

Each candidate for a Doctor of Pharmacy degree must secure credit in the approved courses of the Pharmacy curriculum totaling 146 semester hours. In securing this credit each candidate must have a grade point average of at least 2.25 and no grades less than “C” in any given course. A student’s scholastic standing is normally determined by calculating a point average. This average, which is calculated for each semester and for the entire period of residence, is determined as follows: the total number of hours for which a grade is received is multiplied by the numerical equivalent for that grade. The results are added, and the sum is divided by the total

number of hours for which grades have been assigned. Should a course be repeated due to a previous failing grade, all grades received in that course are used in the computation of the grade point average. Should a course be repeated for which a passing grade has been previously received, and the repeated grade is "F", the course requirement for the curriculum has been satisfied.

Dean's List

A first, second, or third professional year student whose ratio of grade points to hours is 3.80 or better for 12 or more semester hours during a term is given Dean's List standing at the end of the semester. Fourth professional year students are given Dean's List standing if they earn the requisite grade point average of 3.80 or better for 12 or more hours during a semester.

Transfer Students

A transfer student is any person who has ever been enrolled in the professional level at another college or school of pharmacy. Harding University College of Pharmacy accepts transfer students with advanced standing; however, space is limited and because curricula in pharmacy schools vary greatly students may not transfer at the same level achieved at the previous college. To be considered for transfer admission applicants must meet the following criteria:

1. Be in good standing in a Pharm.D. program at another college of pharmacy that is ACPE accredited with a minimum of Candidate status
2. Satisfy core prerequisites for Harding University College of Pharmacy
3. Have a minimum grade-point average of 3.0 on a 4.0 scale

Student application materials include:

1. Transfer Student Application
2. Transcripts from the current program and all undergraduate coursework
3. Course syllabi for every pharmacy course completed and every pharmacy course that will be completed prior to transfer to Harding University College of Pharmacy
4. Pharmacy College Admission Test (PCAT) scores
5. Four letters of recommendation:
 - a. One from a supervising pharmacist (work or volunteer)
 - b. Two from faculty members from the current pharmacy school
 - c. One courtesy letter from the Dean of the current pharmacy school
6. Letter of explanation that addresses the reason transfer is being sought
7. Updated curriculum vitae which includes education, employment history, and any extracurricular activities or volunteer work
8. Personal interview is required

A minimum of 3 years in enrollment residence is required to receive the Pharm.D. degree from Harding University College of Pharmacy. No consideration will be given to students who wish to transfer solely to complete their Advanced Pharmacy Practice Experiences.

Advanced Standing

In determining advanced standing, the Director of Admission will consult with the appropriate Department Chair(s) to determine course equivalence. Based upon this evaluation, the Director of Admissions will make a recommendation regarding transfer credit for advanced standing to the Dean's office for final action.

International Students

An applicant who is not a citizen of the United States must follow the normal admissions procedure. This includes completing all pre-pharmacy course requirements in an American college or university. The College of Pharmacy Office of Student Affairs and Admissions does not evaluate transcripts from outside the United States. If course work has been earned in a foreign country, several steps to proceed are required. In order for the College of Pharmacy Office of Student Affairs and Admissions to determine whether the courses taken in a foreign country can be transferred for credit, foreign transcripts must be reviewed or evaluated by an undergraduate American institution. All of the credit accepted for transfer must appear on the transcript of an American college or university. Transfer credit must be identified as courses equivalent to those in the American college or university. In order to receive a transcript including the evaluation of transfer credit, the international student must be enrolled at the undergraduate American institution. Until this procedure has been accomplished, an application for admission cannot be accepted.

Federally funded financial aid is restricted for students who are citizens or permanent residents of the United States. It is required that the student provide documentation of financial ability to pay all expenses for the first year of study and demonstrate adequate health insurance coverage in the United States.

Academic Progression, Probation, and Dismissal

1. The implementation of all guidelines will be in addition to that of existing policies and standards of the University as published in the current Harding University Graduate and Professional Catalog.
2. Admission to the Harding University College of Pharmacy (HUCOP) is contingent on maintaining a cumulative GPA of at least 2.75 on all previous college course work. Grades below C cannot be accepted for any math or science course. A student may not enter the HUCOP while on academic warning status or academic suspension.
3. Early Identification of Academic Difficulty
 - 3.1. Students' academic performance will be monitored by the Office of Student Affairs and Admissions throughout the semester.
 - 3.2. Anyone identified as having a GPA \leq 2.5 will receive written communication indicating the need for improvement and the need to meet with the Director of Student Affairs (DSA) to obtain assistance. Commonly suggested sources of aid include: the course instructor(s), the Harding University Academic Resource Center, the University Counseling Center, faculty mentor(s), and the Director of Student Affairs. Faculty mentors will be notified of those students in their mentor-mentee groups who are experiencing academic difficulty.
4. Students must maintain a cumulative and per semester HUCOP GPA in all professional course work of at least 2.25. A student who fails to attain a 2.25 HUCOP GPA in any academic semester will be placed on academic probation and notified in writing by the DSA of this status.
 - 4.1. The Office of Student Affairs and Admissions may request letters of evaluation regarding the student entering academic probation from selected faculty members (i.e., instructors, mentors, etc.). These letters will be placed in the student's file, will be presented to the Academic Performance and Standards Committee (APSC) in academic appeal cases, and may be used to develop an academic recovery contract for the student.
 - 4.2. To be removed from probation the student must achieve at least a 2.25 semester GPA in each of the next two academic semesters, and the student's cumulative GPA must be at or above 2.25 within one academic year after the probationary semester. Students who fail to achieve this will be dropped from the rolls of the HUCOP.
 - 4.3. During the probationary period, the student must successfully complete an academic recovery contract developed with the Director of Student Affairs and approved by APSC. The contract will be the result of an evaluation of the student to determine the possible reasons for academic difficulty and development of a plan to address the areas contributing to academic difficulty.
 - 4.4. Students will have a cumulative GPA of 2.25 or higher and will have successfully completed all required first professional year courses and activities prior to beginning the second professional year.
 - 4.5. Students will have a cumulative GPA of 2.25 or higher and will have successfully completed all required second professional year courses and activities prior to beginning the third professional year.
 - 4.6. Students will have a cumulative GPA of 2.25 or higher, will have successfully completed all required third professional year courses and activities, and will have successfully completed at least six semester hours of electives prior to beginning the fourth professional year.
 - 4.7. A minimum cumulative GPA of 2.25 is required for graduation from the HUCOP.
 - 4.8. HUCOP will not recommend to the university for graduation any student who has not satisfactorily completed all curricular activities.

5. A student who receives a failing grade (F or U) in any course work outlined in the Doctor of Pharmacy curriculum must successfully complete an academic recovery contract developed with the Director of Student Affairs and approved by the Academic Performance and Standards Committee.

5.1. If a student receives two or more failing grades (F or U) in any course work outlined in the Doctor of Pharmacy curriculum, the student's name will be removed from the rolls of the HUCOP for academic deficiency.

6. The following policies will be applied to repeating courses in the professional curriculum of the HUCOP:

6.1. All F or U graded course work must be successfully repeated as soon as the course is offered again.

6.2. No required course in the professional curriculum may be repeated more than once.

7. Students on academic probation may not be appointed to any College committee or elected to any office in any College organization during the period of probation. Students holding such appointed or elected positions within the College must resign the position by the first class day of the semester in which they are placed on probation or dropped from the rolls of the HUCOP.

8. Students dropped from the rolls of the HUCOP may appeal to the APSC. Students may also appeal the terms of any academic recovery contract developed by APSC. Appeals must be submitted in writing within 10 working days (defined as days that the University is open for business) of notification via e-mail of probation, termination, or other APSC action. Students are encouraged to contact the Director of Student Affairs for advice concerning the appeal process. They are also encouraged to contact their faculty mentor and course coordinators for letters of evaluation. Students may appeal decisions of the APSC to the Associate Dean for Academic Affairs. Such appeals must be made in writing no later than 10 working days after notification via e-mail of an APSC decision.

9. Any student who receives a grade of "I" (incomplete) at the end of an academic semester must develop an academic plan with the Director of Student Affairs. The plan must be approved by the coordinator of the course in which the "I" was received and the coordinators of courses for which the "I" course is a prerequisite, assuming the student is currently enrolled in these courses. The plan must be in place at the start of the next semester with dates specified for the completion of incomplete work. It is expected that incomplete coursework will be completed in a timely manner (i.e. no later than the 8th week of the next semester or by July 1 following spring semester). A student who does not finish work as stated in the specified plan will have his or her class schedule canceled and will receive an "F" in the course in question.

10. Any student with a grade of "I" or "MG" (no grade reported) may not proceed to the advanced pharmacy practice experience portion of the curriculum until the grade is recorded or the course completed.

Readmission

Any student who has been placed on academic dismissal may petition for readmission. The steps to petition for readmission are as follows:

1. A dismissed student may petition, in writing, the Academic Performance and Standards Committee for readmission.
2. The Committee will investigate the circumstances of dismissal.
3. If the student is readmitted by the Academic Performance and Standards Committee, there will be placed upon the readmittance certain conditions and requirements designed to aid the student in attaining good standing within the College.
4. Breach of conditions or requirements will result in permanent dismissal of the student.
5. A student who fails to achieve a semester grade point average of at least 2.25 or who earns a grade of "F" at any time following readmission will be permanently dismissed.
6. The Committee will inform the faculty regarding its actions.
7. The decisions of the Committee may be appealed to the Associate Dean for Academic Affairs.

Grade Appeal Procedure

A student has the right to file an appeal if there is disagreement with the final grade that has been awarded in a course. Concerns may relate, but are not limited to: failure to abide by stated requirements described in the course syllabus, a disputed test question, and discrimination based on age, sex, religion, race, marital status,

national origin or disability. The procedure for bringing an academic appeal is as follows:

1. A formal appeal must be initiated within 30 days following the date that grades are posted on-line. The appeal must be completed within 60 days following the initiation of the process.
2. The student must initiate the process by presenting the appeal in writing to the faculty member who serves as course coordinator of the course. The faculty member will render a decision in writing.
3. If the appeal is not resolved by the faculty member, the student may present it in writing to the appropriate department chairperson. The department chairperson will render a decision in writing.
4. If the appeal is not resolved by the department chairperson, the student may present it in writing to the chairperson of the Academic Performance and Standards Committee. The committee will render its decision in writing.
5. If the appeal is not resolved by the Committee, further appeal rights are limited. The student may present the appeal in writing to the Associate Dean for Academic Affairs. This must be done within 10 days of the committee's decision. The appeal must specify the grounds, as well as supporting facts and arguments. Disagreement with the substance of the committee's decision shall not be an appropriate ground for appeal at this level. In reviewing the appeal, the Associate Dean for Academic Affairs will limit review to alleged failure to adhere to procedures, rules, and regulations governing the appeal process or new information that was not available to the Committee at the time of its determination. The Associate Dean for Academic Affairs will render a final decision in writing.

Student Advising Program

All students in the College of Pharmacy will be assigned to faculty mentor-student mentee small groups each year. Should a student encounter academic difficulties, their faculty mentor will become their formal academic advisor in the Student Advising Program. The Student Advising Program is under the direction of the Director of Student Affairs. This program provides information for successful matriculation and professional development of our students and key faculty members are utilized as resource personnel.

Students who are identified with special needs such as: low grade point average (current or cumulative), failing grades, or student requests are required to participate in a formal academic advising program. This program requires a coordinated effort between the following:

- A. Associate Dean for Academic Affairs – The responsibilities of the Associate Dean are to:
 1. Consult with the Director of Student Affairs on all cases of academic difficulty
 2. Serve as a resource to students experiencing academic difficulty
- B. Director of Student Affairs - The responsibilities of this office are to:
 1. Provide faculty-training programs
 2. Assign students to individual faculty advisors
 3. Monitor the advising process
- C. Faculty Members - The responsibilities of faculty advisors are to:
 1. Participate in training programs provided by the Director of Student Affairs
 2. Approve student registration forms
 3. Advise and/or refer students as appropriate
 4. Meet with advisees at least twice per semester
 5. Monitor student academic progress and assist the student in seeking appropriate help
 6. Provide status reports on each advisee to the Director of Student Affairs at the end of each semester
- D. Student Advisees - It is the student's responsibility to be aware of all department, College, and University degree requirements as published in the graduate and professional catalog, and to insure that such requirements have been met or that appropriate waivers have been secured and filed in the Office of the Registrar. The specific responsibilities of the advisees under this program are to:
 1. Obtain registration approval from their faculty advisor
 2. Meet with advisor at least twice per semester

Once the needs have been met to the satisfaction of the student, faculty advisor, Director of Student Affairs, and

Associate Dean for Academic Affairs participation in this advising program will no longer be required.

School-Wide Assessment

As part of the ongoing assessment, evaluation, and review of the College of Pharmacy curriculum, student information is used for evaluation and feedback to improve the educational program and to document student progress. Course evaluations, faculty evaluations, student progress assessment and feedback, surveys, videotaped encounters and group work are included in this process. Data are primarily reported in the aggregate, and individual identification will be protected.

There will be some instances when videotape review will be used to teach and assess interviewing skills and group dynamics. All persons being videotaped will give their consent prior to any other use of the videotaped material.

When data are used for documenting and publishing about the curriculum and student outcomes, appropriate institutional review will occur and aggregate data will be used. If the use of identifying information is needed, appropriate student consent will be obtained.

Advanced Pharmacy Practice Experiences Placement

Students are required to complete nine advanced pharmacy practice experiences during the fourth professional year. Advanced pharmacy practice experiences are preferentially assigned to students on normal academic progression. Students who interrupt their normal academic progression will be assigned to experiential sites as they become available. Exceptions may be made at the discretion of the Assistant Dean for Experiential Education.

Four specific advanced pharmacy practice experiences are required: inpatient/acute care general medicine, ambulatory care, advanced community, and advanced health-system. Together these experiences encompass a minimum of eight weeks of inpatient care (inpatient/acute care general medicine and advanced health-system) and a minimum of eight weeks of outpatient care (ambulatory care and advanced community). Five practice experiences are elective. Each advanced pharmacy practice experience is a minimum of 4 weeks in length, 40 hours weekly. The summer semester consists of three four-week pharmacy practice experience blocks, the fall semester consists of four four-week pharmacy practice experience blocks, and the spring semester consists of three four-week pharmacy practice experience blocks. Students will be enrolled for nine of these ten potential pharmacy practice experience blocks during their fourth professional year. The final four-week block in the spring semester is required for all fourth professional year students to complete a capstone, patient-centered care course which counts for 2 credit hours and meets for 4 hours a day, two days per week. In addition to academic credit for completion of the advanced pharmacy practice experiences (four credit hours each), the student receives 1500 hours of internship credit towards pharmacy licensure in the state of Arkansas.

During advanced pharmacy practice experiences, students will gain competency in the following areas: problem-oriented drug monitoring; therapeutic drug monitoring; medication histories; managing a patient's drug therapy; identification, resolution and prevention of drug-related problems; drug information/retrieval skills; application of knowledge of diseases and drug therapy to pharmaceutical care; consulting and counseling with health care professionals and patients; education of health care professionals; communication and presentation skills; and professional conduct.

Students are surveyed during the third professional year to determine preferences and eligibility for advanced pharmacy practice required and elective experience assignment. All students must submit a completed biographical sheet and survey form to the Assistant Dean for Experiential Education prior to advanced pharmacy practice experience assignments. College policy requires that all students have proper records of immunization, CPR training, and proof of health insurance on file prior to any assignment to a patient care setting. Some advanced pharmacy practice experience sites require additional immunizations or drug screening which must be completed at the student's expense prior to the beginning of the experience.

Students are assigned to fourth year advanced pharmacy practice experiences primarily within the Central Arkansas area. Due to limited availability of advanced pharmacy practice experience sites, students may be assigned to locations further away than the Central Arkansas area. The College will assist the student in securing lodging at distant sites, but all expenses incurred are the student's responsibility. Harding pharmacy students may also have an opportunity to complete all or part of their fourth year advanced pharmacy practice experiences at other locations across the country. This offers students who come from other areas a chance to

stay “close to home” and save on living costs. Students requesting an out-of-town fourth year advanced pharmacy practice experience must have a GPA of 2.75 or better.

The Harding in Zambia program offers students an opportunity to serve in a foreign mission field while gaining insight into the health care system, practice of pharmacy, and medical missions in Africa. The approved practice site is at the Namwianga Mission, Kolomo, Zambia. Students interested in participating in the Harding in Zambia program must have a GPA of 3.0 or better.

Class Attendance

Students are expected to attend class. Each professor is charged with the responsibility of establishing an absentee policy for his/her course, subject to the approval of the Department Chairperson. This policy must be a part of the course syllabus distributed to students. Students are responsible for assignments and work missed because of any absence.

Professional Meeting Attendance

The College acknowledges that viable professional organizations are essential to the well being of the pharmacy profession and contribute to the maintenance of high professional standards, thereby assisting in assuring that pharmacists offer their patients state-of-the-art health care.

As a result, the College encourages its students to become actively involved in professional organizations and provides them with the opportunity to do so.

The College also recognizes that the primary responsibility of students is to achieve academic excellence and that any activity which hinders their pursuit of academic excellence is not in the best interest of the students or profession.

Students may choose to participate in professional meetings that conflict with their academic schedule and activities. Students must obtain, in writing at least one month prior to any such meeting, approval from the professors and department Chairs, to be excused from classes/examinations. In such cases students will be required to meet the requirements of the professor(s) whose examination(s) was (were) missed to satisfy the requirements for the course(s) involved. Examples of such requirements may include but are not limited to taking examinations early or in a proctored setting at the professional meeting.

Outside Employment

While enrolled in the Doctor of Pharmacy degree program at Harding University, students are expected to devote their maximum efforts to successful completion of the professional curriculum. The College does not discourage part-time employment provided it does not conflict with the student's ability to maintain satisfactory academic performance. Student employment schedules are not a consideration in the College's scheduling of classes, laboratories, reviews, recitations, examinations, practice experiences, experiential meetings, or other curricular activities.

Examinations

The testing policy and procedures preserve the integrity and fairness of all examinations. Students must report for examinations as scheduled. Permission for a make-up exam due to illness or other emergency may be requested from the coordinator of the course. If permission is granted, it is the responsibility of the student to contact the course coordinator to schedule a make-up exam. It is the responsibility of the course coordinator to describe in the syllabus the course policy for making up exams that are cancelled due to inclement weather or some emergency.

Didactic Phase Proficiency Examination – to be implemented with classes entering in 2012 or later

Near the end of the third professional year of the program at a time designated by the Associate Dean for Academic Affairs, a didactic phase proficiency examination will be administered to all students. The examination will consist of written and objective standardized clinical portions and is designed to be a summative evaluation reflecting the content of the didactic phase of the program. Both components of the examination (written and clinical) must be passed independently of each other. Failure of the examination will result in one or more of the following based upon the overall score and prior

academic performance:

1. Delayed progression to the fourth professional year of the program.
2. Independent study and opportunity to retest.
3. Repetition of all or portions of the didactic curriculum.
4. Academic probation or dismissal.

Clinical Phase Proficiency Examination – to be implemented with classes entering in 2012 or later

Near the end of the fourth professional year of the program at a time designated by the Associate Dean for Academic Affairs, a clinical phase proficiency examination will be administered to all students. The examination will consist of written and objective standardized clinical portions and is designed to be a summative evaluation reflecting the content of the entire program. Both components of the examination (written and clinical) must be passed independently of each other.

Failure of the examination will result in one or more of the following based upon the overall score and prior academic performance:

1. Delayed graduation and ineligibility to take the NAPLEX.
2. Independent study and opportunity to retest.
3. Repetition of all or portions of the curriculum.
4. Academic probation or dismissal.

Students with Disabilities

It is the policy for Harding University to accommodate students with disabilities, pursuant to federal and state law. Therefore, any student with a *documented disability* (e.g. physical, learning, or psychological) who needs to arrange reasonable accommodations, must contact the Office of Student Affairs and Admissions and the Disabilities Office at the *beginning* of each semester. (If the diagnosis of the disability occurs during the academic year, the student must self-identify with the Disabilities Director *as soon as possible* in order to get academic accommodations in place for the remainder of the semester.) The Disabilities Office is located in Room 102 of the Lee Academic Center, telephone (501) 279-4019. A student with a *documented* disability must make a written request for accommodations which will be taken into consideration by the Director of Student Affairs. Accommodations may include test accommodations, tutoring, note taking, mentoring, preferential seating, etc., depending on the *documentation of the disability from a certified psychological examiner, psychologist, or medical doctor who made the diagnosis of the disability*.

Since some graduate courses are taught at different sites and students will not have access to the Disabilities Office located on Harding University's Searcy campus, the student must self-identify with the Director of Student Affairs and submit documentation by fax or mail to the Disabilities Office on our main campus. The necessary forms are available at:

http://pipelineprod.harding.edu/cp/render.UserLayoutRootNode.uP?uP_tparam=utf&utf=http%3A%2F%2Fwww.harding.edu%2FAcademicAffairs%2FPDF%2FGradSWDcombinedForm.pdf. Upon receiving the appropriate documentation approved by ADA Guidelines, academic accommodations may be set up by the instructor via a telephone conference with the Disabilities Director. If you have questions, please contact Teresa J. McLeod, M.Ed., Disabilities Director, at (501) 279-4019 or tmcleod@harding.edu.

This statement represents responsiveness to federal expectations. It also reveals the desire on the part of the institution to meet its own commitments to students in the academic arena who have *documented* disabilities as well as to those patients who will be served by the students. Decisions regarding granting of accommodations will take into consideration the student's ultimate ability to function in the clinical setting and in their future ability to practice pharmacy.

Application for Graduation

Students who expect to qualify for graduation must file a "Request for Degree" form with the Registrar's Office in the fall semester of the fourth professional year.

Degree Requirements

1. Completion of the Doctor of Pharmacy curriculum (totaling 146 semester hours) with a passing grade in each course and with a 2.25 cumulative grade point average.

2. Thirty-six months' residence in an accredited school or college of pharmacy, the final eighteen months of which must be completed at Harding University College of Pharmacy.
3. Recommendation by the faculty of the Harding University College of Pharmacy.
4. Payment of all financial obligations to the University.
5. Compulsory attendance at graduation exercises.

Graduation Exercises

A commencement ceremony is held annually at the end of the spring semester. Only students who have met all degree requirements are eligible to participate. The traditional cap and gown, with or without an academic hood, is considered formal academic attire for ceremonial events, and the addition of any ornamentation is quite limited by customary etiquette. At commencement, Harding has provided cords and ribbons for graduates to wear indicating specific academic honors. Any other addition to the formal academic regalia must be similarly appropriate, must represent only recognized organizations within the University, and must be approved in advance of commencement by the Director of Student Affairs.

Honor graduates are distinguished by the wearing of honor cords. A single gold cord shows academic honor; purple indicates membership in Rho Chi; green represents membership in Phi Lambda Sigma. Traditional hoods of academic regalia are bestowed upon the graduates at commencement. The hood is lined with the Harding University colors of gold and black and is trimmed in olive green, denoting pharmacy.

Successful completion of the Doctor of Pharmacy program does not guarantee the ability to secure licensure as a pharmacist in any given state. It is the candidate's responsibility to satisfy all requirements of state licensure including completion of internship hours, satisfactory criminal background checks, and drug screening.

Non-Academic Policies

Attitude and Conduct

Harding expects its students to conduct themselves as responsible citizens in a Christian community.

Enrollment at the University is viewed as a privilege that brings the attendant responsibilities and accountability. In order to encourage Christian living and growth, the University administers the student Code of Conduct. This code is provided to every student upon enrollment.

Upon registration to the University, students acknowledge and agree to abide by this code. Harding University reserves the right to refuse admission or dismiss students whose lifestyle is not consistent with the Christian principles for which Harding stands; and when the general welfare of the institution requires such action. Students suspended for disciplinary reasons during a semester may receive a grade of "F" in all courses for that semester.

Within the Harding University College of Pharmacy, the Code of Professional Conduct, as outlined below, has been established.

A. Code of Professional Conduct

(i) Preamble

The students, faculty and administration of the Harding University College of Pharmacy (HUCOP) cultivate professional and ethical standards by upholding the core values which are: advancement, Christianity, collaboration, trustworthiness, innovation, outreach, nurturing, and service. The vision and goals of the College are intended to create an atmosphere conducive to the professionalism of all members of the community. That atmosphere is supported and promoted by mutual respect and trust between students, faculty and administration. This code, set by administration, faculty and students, is a set of professional and ethical behaviors befitting a member of our community. Everyone in this community is responsible for upholding the standards in this Code of Professional Conduct. Therefore, any conduct determined as having an adverse effect on the Harding community may be subject to disciplinary action.

(ii) Professional Conduct

As members of the College of Pharmacy and the professional pharmacy community, students are expected to create and sustain a professional identity founded on our core values. Adherence to these principles is vital to the assurance of the development of a professional relationship between the pharmacist and society. These principles must become a part of a student's everyday life.

To accomplish the goals of professional development, students must:¹

- a) DEVELOP a sense of loyalty and duty to the profession of pharmacy by contributing to the well-being of others and by enthusiastically accepting the responsibility and accountability for membership in the profession.
- b) FOSTER professional competency through life-long learning, encourage creativity and innovation in practice, and strive for high ideals, teamwork, and unity within the profession in order to provide optimal patient care.
- c) SUPPORT professional colleagues by actively encouraging personal commitment to the *Oath of a Pharmacist* and *Code of Ethics for Pharmacists* as set forth by the profession.
- d) DEDICATE their lives and practice to excellence. This will require an ongoing assessment of personal and professional values.
- e) MAINTAIN the highest ideals and professional attributes to insure and facilitate the professional commitment required of the pharmacy caregiver.

Faculty and administration are also responsible for upholding similar professional standards as applicable to their roles within the community.

(iii) Conduct in College-related Activities in the Classroom and On Campus

The classroom and campus environment are primary settings for teaching and learning. As such, it is the responsibility of students and faculty to maintain an atmosphere that is conducive to teaching and learning. Behavior is expected to adhere to professional standards and to contribute in a positive way to the learning process. Behaviors that are rude, disruptive, or that infringe on the rights of faculty or other students to effectively engage in the teaching/learning process as well as absences from required activities such as mentor-mentee group meetings and specified chapel or devotional times will not be tolerated.

(iv) Conduct in College-related Activities Off Campus

This Code of Professional Conduct extends beyond the classroom and campus to hospitals, community pharmacies, and various other practice settings where our students and faculty may engage in professional activities. Patient confidentiality and sensitivity to the needs of all patients, including those with different cultural backgrounds, are critical in order to contribute maximally to patient care. In practice settings, preceptors are treated as members of the community, and as such, are also responsible for upholding the standards included in this Code.

(v) Professional Appearance / Attire

Additional professional standards include appropriate dress and proper attention to personal hygiene. Students preparing for careers in a health profession must take particular care regarding their appearance, specifically avoiding concerns of their appearance being unkempt. Specific activities and settings require particular attire and appearance. Students must be aware of and adhere to these expectations and requirements.

(vi) Academic Integrity

Mutual trust is a basic component of any community. Harding University expects students, as members of the academic community, to take seriously their position in that community. Students are expected to insure the continuance of trust among themselves and between them and the faculty by accepting responsibility for their own work. The University considers breaches of this trust and responsibility to be serious offenses. A student who engages in academic dishonesty is subject to disciplinary action under the Academic Integrity Policy, which is published in the University Graduate and Professional Catalog.

¹ Adapted from the *Pledge of Professionalism* adopted by the American Pharmacists Association Academy of Student Pharmacists.

(vii) Chemical Dependence / Impairment

Health care professionals – including future pharmacists – are faced with the challenges of chemical impairment. Pharmacy students need to be aware of these challenges and acknowledge that the HUCOP administration will take steps to assist chemically impaired students. The University's policies regarding personal wellness are published annually in the Harding University Student Handbook.

(viii) Non-Academic Disciplinary Procedures

Any student who violates the Code of Professional Conduct is subject to disciplinary action under the Non-Academic Judicial Policies, which are published in the HUCOP Student Handbook.

Any student who violates the University Code of Conduct is subject to disciplinary action under the Code of Conduct Disciplinary Procedures. Both documents are published on the Harding University web site: (<http://www.harding.edu/gradcatalog/PDF/SECTION1GradCat.pdf>).

Non-Academic Judicial Procedures

1. Any member of the University community may file charges against any student for misconduct. Charges shall be prepared in writing and directed to the Director of Student Affairs. Any charge should be submitted as soon as possible after the event takes place.
2. The Director of Student Affairs may conduct an investigation to determine if the charges have merit and/or if they can be disposed of administratively by mutual consent of the parties involved on a basis acceptable to the Director of Student Affairs. Any such administrative disposition shall be final, and there shall be no subsequent proceedings. If the charges cannot be disposed of by mutual consent, the Director of Student Affairs will convene a Non-Academic Disciplinary Committee to hear the matter and render a decision.
3. All charges shall be presented to the accused student in written form. A time shall be set for a hearing, no less than five days after the student has been notified.
4. Hearings shall be conducted by the Non-Academic Disciplinary Committee according to the following guidelines:
 - a. Hearings normally shall be conducted in private.
 - b. Admission of any person to the hearing shall be at the discretion of the Non-Academic Disciplinary Committee.
 - c. The complainant and the accused may present written evidence and witnesses, subject to cross-examination by the Non-Academic Disciplinary Committee.
 - d. Hearings shall be conducted under informal procedures. All procedural questions are subject to the final determination of the chair of the Non-Academic Disciplinary Committee.
 - e. After the hearing, the Non-Academic Disciplinary Committee shall determine by majority vote whether the student has violated the Code of Conduct, and if so what sanction(s) should be imposed. The Non-Academic Disciplinary Committee's determination shall be made on the basis of whether it is more likely than not that the accused student violated the Code.
5. A single verbatim record, such as a tape recording, shall be made of all hearings before the Non-Academic Disciplinary Committee. The record shall be the property of the University.
6. The following sanctions may be imposed for violations of the Code of Conduct:
 - a. Warning — a written notice that the student has violated institutional regulations.
 - b. Probation — a written reprimand for violation of specified regulations, with notice that further violations during the probationary period include the probability of more severe sanctions.
 - c. Loss of Privileges — denial of specific privileges.
 - d. Fines — not to exceed one hundred dollars.
 - e. Restitution — Compensation for loss, damage or injury. This may take the form of appropriate service or monetary or material replacement.
 - f. Discretionary Sanctions — Work assignment, service to the University, other community service, or other creative sanctions.
 - g. Suspension — Temporary separation of the student from the University for a specified period of time. Conditions for readmission may be specified.
 - h. Expulsion — Permanent separation of the student from the University.
7. Non-Academic disciplinary sanctions shall not be made part of the student's permanent academic record, but shall become part of the student's confidential record. Upon graduation, the student's confidential record shall be expunged of disciplinary actions other than suspension or expulsion.

Suspension or expulsion shall be expunged from the student's confidential record five years after final

disposition of the case.

Appeals

1. A decision reached or a sanction imposed by the Non-Academic Disciplinary Committee may be appealed by the accused student or the complainant to the Associate Dean for Academic Affairs. Such appeals shall be in writing, stating the reason(s) for the appeal, and shall be delivered to the Associate Dean for Academic Affairs within two days of the student's receipt of notice of the decision.
2. Except as required to explain the basis of new evidence, an appeal shall be limited to review of the record of the hearing and supporting documents for one or more of the following purposes:
 - a. To determine whether the original hearing was conducted fairly in light of the charges and evidence presented in accordance with prescribed procedures.
 - b. To determine whether the evidence presented at the hearing was sufficient to support the decision.
 - c. To determine whether the sanction(s) imposed was appropriate for the violation.
 - d. To consider new evidence or facts not brought out in the original hearing because they were not known to the appealing party at the time of the hearing.
3. In cases involving appeals by a student accused of violating the Code of Conduct, review of the sanction(s) upon appeal may not result in more severe sanctions for the accused student than those imposed by the Non-Academic Disciplinary Committee.
4. In cases involving appeals by complainants, the Associate Dean for Academic Affairs may, upon review of the case, reduce or increase the sanctions imposed by the Non-Academic Disciplinary Committee or remand the case to the Non-Academic Disciplinary Committee for consideration.

Background Checks and Drug Screening

The College of Pharmacy does not require a background check or drug screening for admission. However, random drug screening may be performed at the discretion of the Director of Student Affairs. **Admission into the College of Pharmacy does not guarantee eligibility for licensure as either a pharmacy intern or pharmacist in any state as state regulations may require a criminal record search to verify suitability for licensure.** Licensure as a pharmacy intern in the state of Arkansas is required during the first professional year and failure to obtain licensure will prevent a student's progression in the professional degree program. Additionally, many introductory and advanced pharmacy practice experience sites require a background check and/or drug screening for participation at the site. The Arkansas State Board of Pharmacy requires a criminal background check for licensure as a pharmacy intern. The Assistant Dean for Experiential Education for the College of Pharmacy will notify students of any such requirements well in advance of the beginning of the pharmacy practice experience. Any required background check and/or drug screening must be performed at the student's expense and the results reported directly to the clinical site and not to Harding University faculty or staff. Determination of student fitness for participation at a clinical site requiring such checks will be at the sole discretion of the clinical site.

Building Access

Student identification cards provide after-hours access to the Center for Health Sciences (CHS) building as well as to some of the interior classroom and other spaces for pharmacy and physician assistant students. The CHS is open to the public from 7 a.m. to 6 p.m. on weekdays. Pharmacy and physician assistant students may enter the building using their identification cards from 6 a.m. to 1 a.m., seven days a week. Student card entry is logged and entry information is monitored by college administrators. Professional behavior dictates respect of equipment, furnishings, and building access by all pharmacy and physician assistant students. Any student not exhibiting professional behavior in regards to building access, including destroying or damaging property, allowing unauthorized guests in the building, or compromising building security, will be addressed through the non-academic judicial procedures. Harding Public Safety routinely checks the security of the building and officers may be contacted at 501-279-5000 if the building is found unsecured after-hours.

Campus Health Care/Immunizations

The Health Services Center provides free health services and resources for enrolled students. Student Health Services, located at 605 E. Center St., is a walk-in clinic with no appointments necessary. Symptomatic treatment is provided for minor illnesses such as colds, headache, sinus congestion, upset stomach, aches, sprains, first aid for accidental injury, blood pressure screening, and allergy injections with physician permission. Students are assisted with referrals and appointments with local health professionals and agencies. Transportation may be provided if necessary. Office hours are 7:30 a.m. to 4:15 p.m. weekdays through fall and

spring. Hours for summer sessions are 7:30 a.m. to 12:30 p.m. When the clinic is closed, assistance may be provided through Residence Life Coordinators or Harding Public Safety. In the event of a serious illness or accident when the clinic is closed, the student should report to the nearest Urgent Care Facility or Emergency room for immediate treatment.

While residing in Searcy, students should provide information from their insurance for the appropriate procedure for out of area visits to a physician and for prescription costs. Also, it is strongly recommended that students identify with a local physician for local medical assistance or in case of an emergency.

Health insurance is available for purchase the first 30 days of each semester to eligible students. The plan covers hospitalization, surgical fees, and medical care as provided in the policy. The forms are available in Human Resources, located in the Ezell basement, room 130.

The University does not assume financial responsibility for any professional services that require a physician or any medical, surgical, or emergency services or hospitalization. Students are financially responsible for the costs of his/her services.

The contact information for the Health Services Center is HU Box 12271, Searcy, AR 72149-2271, 501-279-4346 (phone), 501-279-4577 (fax).

Applicants selected for admission to the program must provide evidence of good health, no communicable diseases, and required immunizations and screenings prior to matriculation. Forms will be available to those accepted into the program.

All students are required to maintain health insurance.

Immunizations and screening tests required are as follows:

1. Hepatitis B series and titer (this can take up to 6 months to complete)
2. Two MMRs or positive rubella titer
3. Tetanus/diphtheria (DPT, DTaP, or Td) primary series and Tetanus-Diphtheria-Pertussis (Tdap or Td) booster.
4. History of chicken pox with physician diagnosis documentation or two documented doses of varicella vaccine at least 28 days apart or positive varicella titer (if titer negative then series of two immunizations required)
5. A Mantoux 5TU PPD tuberculin skin test performed within four months prior to matriculation.

Additionally, all pharmacy students are required to show proof of health insurance. A copy of the front and back of the health insurance card should be submitted to the Office of Experiential Education prior to admission and annually while in the program.

Cell Phones

Out of courtesy for all those participating in the learning process, all cell phones and pagers must be turned off before entering any classroom, lab or formal academic, performance, or experiential event.

Computer Accessibility

Every student is required to have his/her own laptop computer upon entry into the program. The minimum requirements will be listed after acceptance into the program.

Food in Classrooms

The consumption of food and beverages is not allowed in laboratories. Food and beverages may be consumed in classrooms, public spaces, and the student lounge. Students are reminded that professional behavior includes having respect for building furnishings and maintaining a clean learning environment. Professional behavior also includes cleaning up after oneself and leaving no trash or spilled food or beverages behind. Demonstration of unprofessional behavior related to food or beverages may lead to the revocation of food privileges for the entire student body.

Fundraising

Harding University is blessed with talented, caring, and generous students, faculty, and staff. All fund-raising projects must be sponsored by a campus organization. The sponsoring organization must contact the Director of Student Affairs to place the project on the College calendar and to assess whether the project poses any

duplication of effort within the College community. Once approved by the Director of Student Affairs, the project must be approved by the Office of Student Life before any collections can be made.

A "Request for Fund Raising" form must be given to the Office of Student Life before the collection. This report includes:

1. The nature of the fund-raising effort.
2. How the money will be collected.
3. Who will collect and count the funds.
4. Other pertinent information.

After the collection, a "Fund-Raising Report" form must be submitted that summarizes the event.

Hazing

The University adheres to the Arkansas Hazing Law as outlined below.

§ 6-5-201. Definition

(a) As used in this subchapter, unless the context otherwise requires, "hazing" means:

(1) Any willful act on or off the property of any school, college, university, or other educational institution in Arkansas by one (1) student alone or acting with others which is directed against any other student and done for the purpose of intimidating the student attacked by threatening him with social or other ostracism or of submitting such student to ignominy, shame, or disgrace among his fellow students, and acts calculated to produce such results; or (2) The playing of abusive or truculent tricks on or off the property of any school, college, university, or other educational institution in Arkansas by one (1) student alone or acting with others, upon another student to frighten or scare him; or (3) Any willful act on or off the property of any school, college, university, or other educational institution in Arkansas by one (1) student alone or acting with others which is directed against any other student done for the purpose of humbling the pride, stifling the ambition, or impairing the courage of the student attacked or to discourage him from remaining in that school, college, university, or other educational institution, or reasonably to cause him to leave the institution rather than submit to such acts; or (4) Any willful act on or off the property of any school, college, university, or other educational institution in Arkansas by one (1) student alone or acting with others in striking, beating, bruising, or maiming; or seriously offering, threatening, or attempting to strike, beat, bruise, or maim; or to do or seriously offer, threaten, or attempt to do physical violence to any student of any such educational institution; or any assault upon any such student made for the purpose of committing any of the acts, or producing any of the results, to such student as defined in this section.

(b) The term "hazing" as defined in this section does not include customary athletic events or similar contests or competitions and is limited to those actions taken and situations created in connection with initiation into or affiliation with any organization.

§ 6-5-202. Restrictions

(a) No student of any school, college, university, or other educational institution in Arkansas shall engage in what is commonly known and recognized as hazing or encourage, aid, or assist any other student in the commission of this offense.

(b) (1) No person shall knowingly permit, encourage, aid, or assist any person in committing the offense of hazing, or willfully acquiesce in the commission of such offense, or fail to report promptly his knowledge or any reasonable information within his knowledge of the presence and practice of hazing in this state to an appropriate administrative official of the school, college, university, or other educational institution in Arkansas.

(2) Any act of omission or commission shall be deemed hazing under the provisions of this subsection.

§ 6-5-203. Hazing

(a) The offense of hazing is a Class B misdemeanor.

(b) Upon conviction of any student of the offense of hazing, he shall, in addition to any punishment imposed by the court, be expelled from the school, college, university, or other educational institution he is attending.

Harding's Policy Against Hazing

"The second is this: 'Love your neighbor as yourself.' There is no commandment greater than these." Mark 12:31

"Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves." Philippians 2:3

Harding's policy regarding hazing is as follows:

- No student shall 1) engage in what is commonly known and recognized as hazing, or 2) permit, encourage, aid or assist any person, whether a student or not, in the commission of hazing.
- No student shall 1) knowingly permit, encourage, aid or assist any person, whether a student or not, in committing hazing, or 2) willfully acquiesce in the commission of hazing, or 3) fail to report promptly his or her knowledge or any reasonable information within his or her knowledge of the presence and practice of hazing to any club sponsor or any officer of the university.

Hazing, according to law, is defined as: any action taken or created, whether on or off campus, that produces mental or physical discomfort. Such activities shall include, but not be limited to, “mind games,” verbal harassment, yelling at and putting individuals down by the manner in which they are treated and spoken to, paddling, beating, any activity that causes fatigue, physical or psychological shock, giving of food or drink that is distasteful or designed to cause nausea, any activity that is demoralizing, degrading or might cause one to lose self-respect. There is a clear legal concern for any club that fails to adhere to the guidelines established by Harding University in regards to the induction of new members. The purpose of the guidelines is not to make the induction of new members harder for the clubs, but to protect prospective members, as well as the club, from irrational acts that may not be well thought out. Any club or individual who persists in engaging in activities that have danger of physical or mental discomfort, pain or harm or that subjects the prospective member to humiliation and/or degradation should be aware that the club and/or the individual may become legally liable for such acts.

Hazing should not happen within our clubs. If we conduct ourselves in the action and spirit of the above scriptures, hazing will not happen. Some information is being provided here as means to help keep us informed.

How Can I Tell If An Activity or Method Is Hazing?

There is often a lack of awareness as to whether an activity constitutes hazing. Ask the following six questions to determine if a particular activity could be considered hazing:

1. Would you be proud to have parents witness and/or participate in the activity?
2. Would you be willing to perform this activity in front of a sponsor, University administrator, or one of the deans?
3. Would you be prepared to go to court to defend the merit of this activity?
4. Would you be willing to share a written description of this activity for other clubs to use?
5. Would you feel ridiculous doing this activity?
6. Will this activity achieve one or more of the goals and objectives of the induction process?

Historically, fraternities and sororities at various colleges and universities don't think hazing exists within their organization for the following reasons:

1. There is not intention of physical harm.
2. They cannot recognize how a “traditional activity” could be demeaning or an ineffective way to unify the group.
3. There is an underlying theme that new members should meet certain requirements before initiation, and many initiated members think that it is okay to ask new members to do things that they don't do.

What Can I Do to Help Stop Hazing?

To help prevent hazing, at least 2/3 of the club membership must participate with the inductees for all planned activities. All Class 1 members – new or old – of a social club at Harding University have an obligation to ensure that the club in which they hold membership upholds the guidelines set forth in this handbook and the dignity of the club. If a Class 1 member – new or old – witnesses or is subjected to any inappropriate activity, it is important that one of the following offices be contacted immediately:

1. University Public Safety, ext. 5000
2. University Office of Campus Life, ext. 4106
3. University Office of Student Life, ext. 4331
4. College of Pharmacy Office of Student Affairs and Admissions, ext. 5528

Inclement Weather Policy

If the President of the University closes the University due to inclement weather, an announcement will be made to the local news media and on Pipeline. You may call 501-279-4000 or 5000 for current information. Didactic classes will be rescheduled outside of normal class hours, if necessary. Closure of the University does not affect pharmacy practice experience responsibilities if the clinical site is open. When on pharmacy practice experiences, check with the clinical site first and then proceed using sound judgment.

Campus Security

Harding University maintains a full-time Department of Public Safety located in the Heritage building across from Admissions Services. Harding Public Safety should be advised of all incidents involving breach of security. They should also be contacted in cases of accident, injury, or other related emergencies. The Department of Public Safety may be contacted for other needs, such as locked keys in a vehicle, jump starting a battery, emergency transportation to the hospital, and courtesy escorts after dark.

Public Safety officers are medical First Responders and certified in CPR. They have additional training in crime prevention, emergency response, and other public safety concerns. Any suspicious behavior, on-campus traffic accidents, on-campus emergencies, and all crimes occurring on campus should be reported immediately to the Department of Public Safety.

Emergency Procedures

The following steps should be followed when an accident, injury, or other related emergency occurs.

1. Notify the Harding University Department of Public Safety immediately by dialing 279-5000 from ANY telephone nearest you. Give the location of the injured person and briefly describe the apparent injury. The Harding Department of Public Safety will then 1) place the 911 call and then 2) dispatch an officer to the scene and direct a bystander to guide any emergency vehicles to the scene on campus. No employee should assume the responsibility of transporting an injured or ill person. If there is difficulty in reaching Harding Department of Public Safety by telephone, send another person to the Harding Department of Public Safety.
2. Any attempt to render first aid or other treatment by an untrained party should be limited to only those steps necessary to sustain life and make the injured person as comfortable as possible.
3. Remain with the injured party at all times until professional medical aid arrives. A security officer trained as a First Responder will be on hand as soon as possible to maintain order and render whatever assistance possible.
4. After the injured person has been removed or treated by trained medical personnel, give the public safety officer on the scene as accurate a description as possible of the apparent cause of the accident and the nature of the injury.

By receiving professional medical treatment through standard emergency procedures, the victim of a serious injury or illness stands a much greater chance of survival and avoidance of serious after-effects.

EMERGENCY TELEPHONE NUMBERS:

Harding University Public Safety: 279-5000
Searcy Police Department/Fire Department: 911
Campus Health Services Center: 279-4346
Poison Control Center: 1-800-222-1222

When pharmacy practice experience sites are selected, information is collected about possible safety or security issues that may exist. Students will not be scheduled in sites with significant safety and security concerns. Students who perceive their personal safety or security to be at risk will be allowed to leave a pharmacy practice experience site with proper notice to the Program and to the clinical preceptor. If adequate remediation of the problem cannot be quickly obtained, an alternate clinical assignment will be made for that student.

Identification

Name badges will be provided for students at the beginning of the first professional year. These name badges must be worn at all pharmacy practice experience sites. Additional or replacement name badges will be provided as necessary and cost \$8.00. These may be obtained through the Office of Student Affairs and Admissions.

Pharmacy students must be readily identifiable at all times. In all pharmacy practice experience areas or places where other health professionals or patients are likely to be met, a program approved nametag identifying the wearer as a pharmacy student must be properly worn and visible. When meeting another health professional or

a patient, a pharmacy student must introduce him/herself as a pharmacy student and do so with sufficient clarity to insure that the other person understands. Some pharmacy practice experience sites may require additional identification.

Students employed in health care fields or settings are not permitted to identify themselves as pharmacy students while employed in another capacity.

Mental and Physical Health and Welfare of Students

The mental and physical health of students can strongly affect their academic and social success at the University, as well as influencing the other members of the University community.

Harding University provides counseling services through the following two avenues: the Professional Counseling Program and the Counseling Center. Both are staffed by professionally trained counselors. The Professional Counseling Program is located in the Thornton Education Center and the Counseling Center is located on the third floor of the McInteer building. Through the services offered by Christian counselors, students receive confidential assistance with personal, relational, and social problems. Strong emphasis is given to education and prevention of drug and alcohol-related problems. Any student can obtain help in assessing and overcoming difficulties in personal living. Students may also participate in small groups with specialized needs. A student may voluntarily request help or s/he may be referred by a proper representative of the University, a parent, or other interested persons. All services provided are non-fee services. Individuals requiring long-term professional help may be referred to an appropriate source. **Students may access the Counseling Center at counseling@harding.edu or the Professional Counseling Program at 501-279-4500.**

The Health Services Center provides services as previously described in the **Campus Health Care/Immunizations** section of this handbook.

Posting of Materials

Posting of signs, flyers, bulletins, announcements, etc. upon doors, walls, and windows is prohibited to prevent damage to campus physical facilities.

Bulletin boards for student-related announcements are located throughout the Center for Health Sciences building. Students should contact the Office of Student Affairs and Admissions for questions regarding bulletin boards.

Special notices and other information of interest may be posted only on "Public Notice" bulletin boards, located in various areas of the University campus and student center. These boards are monitored and maintained by the University Office of Student Life located on the second floor of the student center, Room 218.

Sexual Harassment

Harding University reaffirms the principle that students, faculty, and staff have the right to be free from sex discrimination in the form of sexual harassment by any member of the academic community.

Sexual harassment is **defined** as an attempt to coerce an unwilling person into a sexual relationship, or to subject a person to unwanted sexual attention, or to punish a refusal to comply, or to create a sexually intimidating, hostile, or offensive environment. Sexual harassment is generally understood to include a wide range of behaviors, from the actual coercing of sexual relations to the unwelcome or inappropriate emphasizing of sexual identity. This definition will be interpreted and applied consistent with Christian standards of behavior and conduct.

A student who believes that he or she has been sexually harassed may obtain redress through informal and formal procedures of the University. Complaints about sexual harassment will receive prompt and equitable response. The right to confidentiality of all members of the academic community will be respected in both informal and formal procedures, insofar as is possible. Retaliation against individuals for bringing bona fide complaints of sexual harassment is expressly prohibited. Knowingly or willfully making a false claim is subject to discipline up to but not limited to suspension from school. Formal procedures will not be initiated without a signed and verified written complaint. An individual found to have engaged in sexual harassment is subject to disciplinary action for violation of the policy, consistent with existing procedures.

Sexual harassment claims made by a student against another student are filed with the Office of Student Life. Claims made by a student against a faculty or staff member are filed with the Office of Human Resources located in the Ezell Building, Room 131.

Appearance

All members of the Harding community are expected to maintain standards of modesty and decency in dress appropriate to the Christian lifestyle and consistent with professional employment expectations. For these reasons, students are expected to adhere to an established dress code. Violations of the dress code will be referred to the Director of Student Affairs.

Men and Women:

1. Clothing should be neat, clean, and relatively free of the tattered and worn look.
2. Tight or form-fitting attire and garments designed as underwear or sleepwear should not be worn as outerwear.
3. Shorts should be midhigh or longer in length. Shorts are not permitted in classes, chapel, pharmacy practice experiences, or lyceum events such as American Studies programs.
4. Clothing that is unusual or displays material inconsistent with the mission of the University is prohibited.
5. Unusual hair color or hairstyles are not permitted.

Women:

1. Tops must have at least 2-inch shoulder straps. Clothing must not be low-cut and may not reveal cleavage or the midriff. Halter tops are not permitted.
2. Skirts and dresses must not have hemlines or slits that extend above the knee.
3. Piercing is limited to the wearing of earrings and a small nose stud.
4. Banquet dresses should be modest and becoming, conforming to the guidelines listed above. Dresses may not be strapless; however, the straps may be less than the above 2-inch requirement. Openings in the back must not extend below the natural bra line.

Men:

1. Shirts must be worn at all times. Tank tops and body shirts are limited to athletic participation only.
2. Caps, hats, and do-rags are not permitted in classes or chapel.
3. Hair should be neatly trimmed off the collar and free of extreme styles such as ponytails. Beards are to be neatly trimmed.
4. Piercing is limited to the earlobes and the wearing of small earrings or studs.

The Dean, in consultation with the faculty, staff and students, may designate special “dress-up” or “dress-down” days. During pharmacy practice experiences, professional dress is expected with a clean, well-pressed, short, white lab coat with the official College patch securely affixed on the left arm just below the shoulder, and the College-issued name badge. Men must wear a shirt and tie and women should dress in a skirt, dress, or trousers. No open-toed shoes are allowed on pharmacy practice experiences.

Non-Discriminatory Statement

Harding is committed to the policy of providing equal opportunity for all persons and does not discriminate in admissions, programs, or any other educational functions and services on the basis of race, color, creed, national origin, sex, age, veteran status, religion or disability to those who meet its admission criteria and are willing to uphold its values as stated in the Code of Conduct.

Based upon this commitment, Harding follows the principle of nondiscrimination and operates with applicable federal and state laws prohibiting discrimination. As a recipient of federal financial assistance, Harding is required by Title IX of the Educational Amendments of 1972, as amended, not to discriminate on the basis of gender in its admission policies, treatment of students, employment practices or educational programs except as required by religious tenets of the churches of Christ. Harding has a nondiscrimination policy available upon request in the offices of Student Services and Human Resources. Inquiries concerning the application of federal and state laws or regulations may be referred to the Office of Human Resources, Box 12257, 900 E. Center Ave., Searcy, AR 72149-0001; telephone (501) 279-4380. The person to ensure compliance with the nondiscrimination policy and discrimination laws and regulations is the chief financial officer of the University.

Parking

Professional students must pay applicable fees to have a University-issued parking sticker and vehicles MUST be registered or a parking ticket will be issued. Entering students will have time to complete this after their arrival on campus. The College of Pharmacy office must submit names to the Office of Parking Services prior to permits becoming available. To obtain a parking sticker go to: www.thepermitstore.com. Enter Harding as your destination. Information needed is your University ID and vehicle information. You will select option as a Student B. If there are questions, call the Office of Parking Services at 279-4005.

It is the policy of Harding University to permit all students to have and drive automobiles on campus and in the community under certain conditions and exceptions as cited below:

Vehicle Registration

1. All students enrolled at Harding University, living on or off campus, and their spouses must register their vehicles.
2. All vehicles driven on the University's campus must be properly licensed and registered with the Office of Parking Services.
3. All students who own one or more vehicles are required to register the vehicle(s) and correctly display a valid parking permit.
4. Permits must be affixed to the vehicle in the manner in which they were designed by the manufacturer. This will constitute the final phase of vehicle registration. The permit must be correctly/permanently affixed to avoid penalty.
5. Specific registration instructions can be found online at www.harding.edu/publicsafety.
6. The Office of Parking Services may utilize online resources to locate unregistered vehicles. The Office of Parking Services may also tow unregistered vehicles after the vehicle has accumulated five citations. (Separate citations may be written for a vehicle parked improperly and for not being registered.) Unregistered student-owned or driven vehicles may be registered by the Office of Parking Services with a \$35 surcharge added to the student's account in addition to any citations the vehicle may have received.
7. Students who falsify registration information are subject to disciplinary action.

Special Circumstances

1. Physically disabled persons who are connected with the University and who suffer a permanent or temporary physical disability may apply at the Office of Parking Services for special parking consideration.
2. Faculty, staff, and students who have a motor vehicle registered and, for some extraordinary circumstance, find it necessary to operate and park an unregistered vehicle on campus, may obtain a temporary permit without cost for a period of no longer than two weeks from the Office of Parking Services.
3. Students may not store or drive golf carts or all terrain vehicles (ATVs) on campus without prior approval from the Office of Student Life.

Rules and Regulations

1. Every person operating a vehicle on campus is held responsible for acquainting himself/herself with and obeying the traffic and parking regulations of the University.
2. Vehicles must be parked in designated slots (red spaces are for faculty/staff only).
3. Vehicles are considered parked when left unattended.
4. Tickets are written 24 hours a day, seven days a week. Example: If a vehicle is parked in a handicap slot, loading zone or staff area, it is subject to a ticket every hour (also see towing policy).
5. Reserved slots are restricted 24 hours a day.
6. Students may park in faculty/staff areas (i.e. red spaces) from 5 p.m. to 7:30 a.m., unless otherwise restricted.
7. Loading zones are for emergency and maintenance vehicles. Students loading and unloading will be allowed for 15 minutes.
8. Overnight parking (curfew to 7 a.m.) is NOT allowed on the north and east sides of campus and where otherwise posted.
9. No vehicle shall be parked in such a fashion as to obstruct pedestrian or vehicle traffic.
10. Double parking is not permitted on the campus at any time.
11. Parking is prohibited for vehicles in the following areas: all areas not distinctly designated as parking areas; red curbs; service lane zones and roads; traffic lanes within parking lots; on the grass or

sidewalks; on a pedestrian crossing.

12. Students driving vehicles with faculty/staff stickers are required to park in student parking.

A record will be kept of all fees and penalties assessed. Students may not register for the next semester until all fees have been paid.

Exceptional Circumstances

1. When leaving campus for vacations, leave your vehicle parked in student parking (not in "No Overnight" parking).
2. If you park illegally because of car failure, notify the Office of Parking Services. You will be required to move the vehicle within 24 hours unless other arrangements are made with the manager of Parking Services.

Appeals Process

To contest a parking citation, one must submit an appeal within 10 days of when the citation was written to the Traffic Appeals Committee via the Web site, www.scapay.com. The Appeals Committee is made up of Harding staff and faculty members. Committee members review each appeal and make their decision based on the information contained in the appeal as well as information from the ticket itself. When there is a question about an appeal, members of the committee may consult with the manager of Parking Services to find a resolution. The decision of the Traffic Appeals Committee is final.

Towing Policy

The University reserves the right to remove or have removed by impounding any vehicle parked in such a way as to constitute a serious hazard or any vehicle that impedes vehicular or pedestrian traffic movement, the operation of emergency equipment, the making of essential repairs and services, or for other cogent reasons, such as failure to properly register the vehicle, continuous parking violations (five tickets), or abandoned vehicles. Owners of such vehicles will be required to pay all costs involved in removing, impounding, or storing such vehicles.

General Information

1. The campus and buildings of Harding University are private property. The Office of Parking Services is responsible for regulating and enforcing traffic and parking regulations.
2. All parking violations should be handled through the Office of Parking Services located on the second floor of the Ezell building.
3. All traffic accidents or mishaps should be handled through the Office of Public Safety by calling 279-5000.
4. All Harding students are required to carry a valid Harding ID card at all times while on campus. This ID card must be surrendered to any Harding University faculty member, staff member, public safety officer, or parking enforcement officer upon request.
5. Harding University assumes no financial responsibility for any vehicle or its contents while parked on campus.

Penalties for Each Violation

Penalties for parking violations vary depending on the type of violation and the number of tickets received. Penalties may be amended by the Vice President for Finance. Penalties may be paid at the business office. Specific penalties for each fine can be found online at www.harding.edu/publicsafety.

Transportation/Housing

Pharmacy practice experiences during the first, second, and third professional years of the Program are offered at sites within an approximately one-hour drive of Searcy. Pharmacy practice experiences during the fourth professional year may be outside the local area. Students must provide their own transportation to experiential sites and classroom activities. It is therefore required that all pharmacy students have a means of transportation. This includes a valid driver's license and current auto liability insurance if transportation is to be provided through a personal vehicle.

Students are responsible for their own housing during all phases of the professional curriculum. Available University owned housing can be viewed at www.harding.edu/housing. The Office of Student Affairs and Admissions will assist with locating suitable housing for the first three years of the professional curriculum, but the student is ultimately responsible for making adequate housing arrangements. The College will assist with

locating suitable housing when a student is assigned to a remote experiential site during the fourth professional year, but the student is ultimately responsible for making adequate housing arrangements.

Rules, Regulations and Procedures

In addition to the rules and regulations contained here within, students are expected to adhere to the rules and policies of Harding University and also to the rules, regulations and policies of other institutions or facilities where they may be assigned. Harding University's rules and guidelines can be found in the Student Handbook (http://www.harding.edu/PDF/Student_Handbook.pdf). Any conflicting policies should be discussed with the Director of Student Affairs. All information herein is subject to change with timely notification to students in writing.

Student Complaints

Harding University College of Pharmacy is committed to a policy of fair treatment of its students in their relationships with the administration, faculty, staff, and fellow students. The purpose of this policy is to establish, implement, and operate a student complaint procedure. This policy shall be continuously accessible by students through the Harding University College of Pharmacy website (www.harding.edu/pharmacy).

Internal Complaints. Information concerning filing of complaints, such as academic dishonesty or academic disputes (grading, progression, program requirements, etc.) is provided in the College of Pharmacy Student Handbook. For all other matters, the student shall file a written complaint with the Dean of the College of Pharmacy. The complaint must be in writing, signed and dated by the student filing the complaint and submitted using the attached Student Complaint Form. All complaints will be handled in accordance with written policies of Harding University and the College of Pharmacy. The Dean shall, based upon the complaint and information from such further investigation deemed necessary, promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue; provided, however, where the Dean deems it necessary or appropriate, the matter shall be considered by the Vice President for Academic Affairs. If the Dean finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action to the University or by ACPE, or involves an interpretation which the Dean believes should be made by the President, the complaint will be submitted to the President for determination. The time frame for resolution is generally within two months. The complainant will be notified in writing of the response to the complaint. If the student wishes to appeal the Dean's response, an appeal may be filed with the Vice President for Academic Affairs. The decision of the Vice President for Academic Affairs will be provided in writing to the complainant and is final. A record of student complaints regarding the College is kept on file in the Dean's office. Such record of complaints will be made available for consideration during scheduled ACPE evaluations and/or a special ACPE evaluation. The original written complaint and written response to the complaint from the Dean, and if applicable, the letter of appeal and the written decision of the Vice President for Academic Affairs shall be placed in a file on student complaints to be maintained by the Office of Dean of the College of Pharmacy. A photocopy of all documents placed in the file on student complaints shall also be placed in the file on the student who submitted the original written complaint. All aspects of student complaints shall be treated as confidential in accordance with Harding University policies on confidentiality of student records.

ACPE Standards Information. The Accreditation Council for Pharmacy Education (ACPE) is required by the U.S. Secretary of Education to require its pharmacy programs to record and handle student complaints regarding a school's adherence to the ACPE Standards. ACPE must demonstrate a link between its review of complaints and its evaluation of a program in the accreditation process. Therefore, in order to demonstrate compliance with the U.S. Department of Education Criteria for Recognition, and with the prior review and advice of Department of Education personnel, ACPE requires pharmacy schools to provide an opportunity for pharmacy students to provide comments and/or complaints about the school's adherence to ACPE's Standards. The colleges and schools of pharmacy accredited by ACPE have an obligation to respond to any written complaints by students lodged against the college or school of pharmacy, or the pharmacy program that are related to the standards and the policies and procedures of ACPE. Any student who wishes to file a complaint may visit the ACPE website (<http://www.acpe-accredit.org/complaints/default.asp>) to access the standards and the procedures for filing a complaint.

Other Student Services

More information on services offered to Harding University students in regards to Harding ID card, Student Center and Cafeteria, Bookstore, Health Services, Housing, Parking, Career Services, the Professional Counseling Program, the Counseling Center, the Media Center, Technology, and Library Services can be found in the Student Handbook. It is available in the Student Life Office, or it can be viewed at http://www.harding.edu/PDF/Student_Handbook.pdf.

Pharmacy Student Organizations

Harding University recognizes the significant role of students in institutional decision-making. Students in the University's schools and colleges serve with faculty and staff on many committees. In the College of Pharmacy students are appointed to the following committees: Admissions Committee, Chemical Dependence and Impairment Intervention Committee, Non-Academic Disciplinary Committee, Assessment Committee, Curriculum Committee, Academic Performance and Standards Committee, Spiritual Life Committee, and the Missions Advisory Board. Various student government organizations serve as the voice of the students and are liaisons with the administration and faculty. Students at Harding University College of Pharmacy are encouraged to cultivate involvement in professional organizations and extracurricular activities while enrolled. The number of student organizations will be limited during the early years of the College. We are planning an approach that begins with an American Pharmacists Association-Academy of Student Pharmacists chapter and a Student Society of Health-System Pharmacists chapter. Meetings will provide a forum for discussion of matters relating to scholarly, scientific, and professional attitudes and performance among pharmacy students and will serve to familiarize students with problems confronting and conditions existing in the pharmacy profession. Once these organizations are established and the student body has a chance to explore other professional organizations, consideration will be given to developing student chapters of other professional organizations. The Director of Student Affairs serves as the administrative leader of student organizations. Each organization is also assigned a faculty advisor.

Council of Students (COS). The Council of Students is an organization of elected professional pharmacy students working for the furtherment of existing programs set forth by the preceding councils and for the attainment of various new goals set forth by the present council. All students of the College of Pharmacy are included in the student body organization. The Council of Students meets once a month and acts as the official voice of the student body. Its objectives include establishing two-way communication expressing views on pharmacy education between students and educators. The Council strives to promote and perpetuate professionalism of pharmacy in all endeavors with adherence to the principles of ethical practice in all fields of pharmacy. COS is available to all students for consultation and advice when needed and endeavors to consider all student opinions. Student involvement in institutional decision processes is also sought by student participation on various school committees.

Class Representation. Each professional year pharmacy class has elected class officers whose primary goal is to be aware of student needs within the class and to represent those needs as members of the COS. Class officers plan class projects and class social events in addition to overseeing class fund raising activities and the setting of class dues to provide for their fourth professional year banquet and related graduation festivities.

American Pharmacists Association (APhA) Academy of Student Pharmacists (ASP). Its purpose is to provide the pharmacy student/pharmacist with a forum to express his/her views concerning pharmacy and to insure that he/she has a voice in determining the future directions that the profession will take. Members keep abreast of professional information by meetings, by reading and discussing the bulletins issued from the Washington headquarters of the American Pharmacists Association, and by reading the Journal of the Association that each member receives. Many members also attend regional and national conventions that place them in contact with peer practitioners. In conjunction with the Academy of Student Pharmacists, students have the opportunity to discuss both national and local issues pertaining to pharmacy. Members are encouraged to read the various state publications and to participate in the activities of the parent organization.

Student Society of Health-System Pharmacists (SSHP). The American Society of Health-System Pharmacists (ASHP) is the 30,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, home care agencies, long-term facilities, and other components of health systems. An important element in achieving the goals of the ASHP is providing a

mechanism at every school of pharmacy whereby students are afforded increased opportunities to learn about pharmacy practice health systems. ASHP believes this is best achieved through the establishment of student societies of health-system pharmacy, directly affiliated with the respective ASHP Affiliated State Chapter and closely linked to programs, services, and activities of the ASHP Pharmacy Student Forum.

Financial Assistance

Financial aid is available to most Harding students in the form of scholarships, government grants, loans, work-study programs, veterans programs, and vocational rehabilitation programs.

These funds are administered wholly or in part by the Office of Student Financial Services. Requests for information and assistance should be directed to Harding University, Box 12282, Searcy, AR 72149-2282; telephone 501-279-4257 or 1-800-477-3243 (toll free); or e-mail finaidgrad@harding.edu.

Requirements: Application for aid should be made as follows:

1. Apply or be admitted to Harding University College of Pharmacy. Application forms are available online at www.harding.edu/pharmacy.
2. Complete the Free Application for Federal Student Aid (FAFSA).
3. Request any other application forms for financial aid from the Office of Student Financial Services.

In most cases, to qualify for professional student financial aid, a student must be enrolled for at least 5 hours each semester. Before enrolling for less than half time, students should check with the Office of Student Financial Services to determine what effect it will have on their financial assistance.

Financial aid awards are based on current federal and state regulations. To help meet students' needs (as determined by the FAFSA), awards are made in the following order: grants, scholarships, loans and work-study. Students have the right to accept or decline any aid offered.

Financial Aid Funding Limitations:

Full-Tuition Limitation: The combined maximum award for all Harding-funded grants, scholarships, discounts, or other assistance is limited to a student's full-tuition charges. Should a student receive multiple Harding-funded awards in excess of full tuition, the awards will be reduced to actual tuition costs. NOTE: NCAA grant-in-aid athletic contracts are exempt from the full-tuition limitation.

Direct-Costs Limitation: Harding-funded scholarship assistance may be combined with other financial assistance (including private, state and federal grants and scholarships), not to exceed a student's actual direct costs. Direct costs include full tuition, technology fees, standard fees, campus housing and declining credit balance (DCB). The cost of books, activity fees, and the costs associated with maintaining or purchasing a computer are not considered direct costs. Should a student receive multiple awards in excess of direct costs, Harding-funded scholarships will be reduced until total scholarships/discounts do not exceed direct costs.

Financial Aid Budget Limitation: Aid in the form of student loans and work-study maybe received in excess of direct costs, not to exceed a student's financial aid budget. A financial aid budget includes all direct costs, as well as reasonable allowance for books, transportation to and from school, and personal expenses. Please refer to the financial aid Web site for a listing of all financial aid budget components.

Return of Title IV Funds (Federal Aid): Professional students receiving Title IV financial aid (federal loans, federal grants, etc.) and who withdraw, drop out or are dismissed before completing more than 60 percent of the payment period are subject to a calculation to determine if the funds must be returned to the federal or state financial aid programs. In some cases, all Title IV aid must be returned. **The calculation of the return of these funds may result in the student owing a balance to the University and/or the federal government.** Once the student has completed more than 60 percent of the payment period, all federal financial aid assistance is considered to be earned, and the funds may be retained. If funds must be returned, the order of return is as follows: Unsubsidized Federal Stafford Loan; Subsidized Federal Stafford Loan; Federal PLUS Loan; Other Title IV aid programs. A detailed explanation of the required Return of Title IV Funds calculation is available in the Office of Student Financial Services and on the University Web site at www.harding.edu/finaid.

Financial Aid Probation and Suspension: Students who receive Title IV financial aid must make satisfactory progress toward a degree. Satisfactory progress includes maintaining a cumulative grade point average of at least 2.5 by the completion of the first professional year in attendance. Enrollment, academic progress and grade point average monitoring occurs at the end of each fall and spring semester. Failure to maintain the required grade point average or successfully completing degree work as specified will result in financial aid probation status. Probation is removed at the end of a semester where the student has satisfied the grade point average and enrollment criteria. Failure to remove financial aid probation status the following semester results in financial aid suspension.

Students on financial aid suspension are not eligible to receive Title IV financial aid. Students with mitigating circumstances regarding financial aid may appeal in writing to the Harding University College of Pharmacy Director of Student Affairs. Appeals must be received by August 1 for the fall term.

Student Classification

All students are classified as professional during each professional year of the curriculum.

Types of Financial Assistance

Financing a college education is a concern shared by virtually all prospective students and their families. The financial information contained in the following pages presents educational expenses in a realistic manner and suggests ways that you can meet them.

Harding University, a private institution without benefit of tax support, must meet its operating costs by income from student tuition and fees, government grants, auxiliary enterprises, gifts, and endowment earnings. As tuition and fees are discussed in the following pages, you will discover that the cost of attending Harding is moderate compared to many colleges and universities of the same size and quality.

The following financial aid programs are available to students who enroll at Harding University College of Pharmacy.

Loan Programs

Federal Stafford Student Loans: The federal Stafford student loan program makes loans available to both undergraduate and graduate students. Loans normally are made through participating lenders and are electronically processed by the Student Financial Services Office. Through this program students borrow at an interest rate of 6.8 percent. Repayment does not begin until six months after students graduate or cease taking a half-time load of study. The government pays the interest while students are in school if they qualify for a subsidized loan based on need. Students who do not qualify on the basis of need are given unsubsidized loans and are responsible for the interest that accrues while in school.

Federal Graduate/Professional PLUS Loans: Students may borrow up to the cost of attendance. Repayment begins within 30-60 days of the final loan disbursement, but can be deferred until the student graduates or is no longer in the program. Interest is fixed at 8.5%. Students without a credit history are eligible; those with adverse credit may require a co-signer.

Employment Programs

Work on campus is a source of financial aid to students. There are two work programs: The Work-Study program, funded by the federal government; and the Harding work program. To qualify for either program, students must complete the FAFSA.

Students approved for work on campus are eligible for work but are not guaranteed an assignment. Neither can Harding promise students will be able to earn the entire award for which they are eligible. After arriving on campus, those who have been approved for and have not obtained work should contact the Human Resources office for assistance in locating an assignment. Students are paid minimum wage on the college Work-Study program and may be switched to the Harding program when Work-Study funds are expended. The Harding program rate of pay is 85 percent of minimum wage.

Scholarships

The Honors, Awards, and Scholarship Committee reviews all candidates for honors, awards, and scholarships. To be considered, students must complete a curriculum vitae (CV) form and attach a photograph. The CV

should be submitted to the Director of Admissions and should be updated annually. Two exceptions to this requirement are those scholarships that require application directly to the donor and merit scholarships that are based upon academic grade point average and/or rank in class. In addition to the requirements listed for each scholarship, the committee considers additional criteria in selecting recipients, such as involvement in student organizations and activities, as well as professional and public service.

Currently available scholarships include:

CVS/pharmacy Scholarship. The CVS/pharmacy scholarship provides annual scholarship funds for selected students. Recipients are selected based on academic performance, patient counseling skills, and their level of interest in community pharmacy practice.

Walgreens Diversity Scholarship. This scholarship is awarded annually to a student engaged in efforts to promote diversity and community awareness.

Wal-Mart Pharmacy Scholarship. The recipient of this scholarship is a student who has strong academic credentials and who has demonstrated leadership qualities.

Richard Farmer Scholarship. This scholarship is awarded on the basis of academic performance and financial need.

Pharmacists Mutual Scholarship. This scholarship is awarded on the basis of desire to be a community practitioner who practices in a state in which the company operates. Selection of the recipient is based on both academic achievement and on need.

National Association of Chain Drug Stores Foundation Scholarship. This scholarship is awarded to students with an interest in community pharmacy.

Dean's Scholarship. This scholarship is awarded annually to the top ten percent of the class based on GPA.

Veterans Programs

Veterans must be certified for eligibility by their local VA offices and must contact the appropriate representative in the Office of Student Financial Services. Veterans of the post-Vietnam period must have made contributions into the educational program (Montgomery and New GI Bill) in order to receive benefits. An educational program is also available to certain members of the Reserves and National Guard. Widows and children of eligible veterans should contact the Office of Veterans Affairs to apply for assistance through educational benefits.

Disabled veterans entering under Public Law 16 should apply to their state Veterans Administration headquarters for counseling and approval, and then contact the Office of Student Financial Services. In compliance with the Veterans Administration's minimum standards of progress, if a student receives VA assistance, is placed on academic probation, and does not remove this probation within one semester, he or she will be suspended from receiving VA education benefits for the following semester.

Vocational Rehabilitation

Students who are permanently disabled may receive free vocational counseling and financial assistance toward the cost of their college education, provided their vocational objective is approved by a rehabilitation counselor. They should apply directly to the vocational rehabilitation counseling service of their state Department of Education and at the same time notify the Office of Student Financial Services at Harding so that assistance may be given if necessary.

EXPENSES

Application Fee

One fee should accompany the Admission Application – a \$50 non-refundable application fee. This should be sent as a check or money order made payable to Harding University. The application fee is designed to cover the cost of application processing.

Typical Expenses

Please note that these tuition rates and miscellaneous fees are for the 2009-2010 academic year and are subject to change without prior notice. For a student enrolled in 12 or more hours per semester the tuition per semester is \$13,650 and per academic year (2 semesters) is \$27,300. For a student enrolled in less than 12 hours per semester the tuition is \$758 per semester hour.

A typical resident student taking more than 12 hours per semester can meet all regular expenses of tuition, fees, room, and food service for \$36,578 for the school year. A non-boarding student can meet expenses of tuition and fees for \$27,766. These expenses are illustrated in the following table:

	SEMESTER	YEAR
Tuition	\$13,650.00	\$27,300.00
Technology/Academic Enrichment Fee	220.00	440.00
Meals/Room/Board	4406.00	8812.00
Parking fee (annual fee)	<u>26.00</u>	<u>26.00</u>
Total basic cost for typical student	\$18,302.00	\$36,578.00

Upon acceptance to the College of Pharmacy, students must submit a \$750.00 tuition deposit, paid in \$250 increments, to hold their place in the class. The first deposit is due 14 days from acceptance. The second and third are due May 1st and June 1st. This fee is applied toward the first semester's tuition.

For students in the fourth professional year, who will take nine, four-week advanced pharmacy practice experiences (APPEs), the fee is based on the current tuition rate. All students will be assigned to at least one APPE per semester and up to as many as four APPEs per semester (fall only) during the fourth professional year. The last month of the fourth professional year all students will be enrolled in Patient-Centered Care VII, the cost of which is included in the fourth year APPE fees.

Other potential expenses include books/equipment (estimated to be \$600.00-\$1000.00 per semester in the first and second professional years but less or nonexistent in the third and fourth professional years); required laptop/software (not to exceed \$1500.00); travel to practice sites (estimated to be \$275 per practice experience in the first through third professional years and \$500 per practice experience in the fourth professional year); criminal background check and drug screening as needed for specific practice sites (estimated to be \$65.00); and a graduation fee.

Students who are accepted and wish to live in on-campus housing must submit a housing/security deposit. The housing deposit will be used to reserve a room each semester and as a security deposit against damage. Married students applying for campus housing should file an apartment reservation deposit. The apartment reservation deposit is refundable if the reservation is cancelled 30 days before occupancy date. For questions regarding campus housing, contact the Office of Residence Life at 501-279-4256.

Financial Responsibility

Harding's financial well-being is dependent upon prompt payment of accounts. For this reason, Harding transcripts and diplomas will not be released if a student has failed to take care of any indebtedness to the University. Exception is made for government loans if they are not past due. Failure to meet financial obligations to the University may result in the delinquent account being placed with a collection agency. Students are responsible for all attorney fees and other collection costs incurred by the University in collecting accounts. Term charges are not reduced for late enrollment. There will be a \$25 service charge on all dishonored checks.

Payment of Accounts

Payments may be mailed in or made in person at the Business Office, located in the Administration Building. Payments may be in the form of cash, check, money order or credit card. Visa, MasterCard, and Discover credit cards are accepted.

Payment Options

1. Pay the total balance by the due date on the first billing statement.
2. Enroll in Harding University Payment Plan. Enrollment fee is \$25 per term (fall and spring only). Deadline to enroll is the first day of classes. Pay the balance due in four monthly payments. A late fee of \$35 will be assessed if a due date is not met. No interest will accrue on the Harding Payment Plan.

3. Accounts not paid in full or not enrolled in the payment plan will be subject to a 9 percent per annum interest charge compounded monthly. Interest charges are not reduced for delays in receiving financial aid.
4. Any additional charges incurred during a term will be posted to the student's account and should be paid by the due date on the statement. Examples include adding classes, traffic fines, library fines, adding declining balances, etc. Any credits posted to an account will appear on the monthly statement. Zero balance statements are only mailed at the beginning of the term.

Students wishing to apply for financial aid must complete a Free Application for Federal Student Aid. Deadlines must be observed, and supporting documents may be required. Applications must be completed each year the student requests financial aid. Students must be sure to observe filing dates beginning with April 15 for the following school year. Students are notified periodically of documentation (if any) that is missing from their financial aid file.

If prior term charges have not been paid in full, enrollment for a future term will be delayed until payment is received or satisfactory payment arrangements have been approved.

Refunds

Students are granted admission with the understanding that they are to remain for the duration of the curriculum. A student who enrolls in the professional curriculum but does not attend or stops attending and does not officially withdraw may not receive a refund. An official withdrawal from the University begins in the Student Life Office. A refund of tuition will be made based on the following schedule. (Days indicated are days of the term, excluding Saturday and Sunday.)

Day 1-3	100 percent refund of tuition
Day 4-5	90 percent refund of tuition
Day 6-10	80 percent refund of tuition
Day 11-15	60 percent refund of tuition
Day 16-20	40 percent refund of tuition
Day 21-25	20 percent refund of tuition
Day 26-end of term	No refund

After a student withdraws from the University, room and board (if applicable) will be refunded on a pro rata basis. No refunds for board will be made for absences while enrolled in the University.

If a student's withdrawal is the result of misconduct, the institution is under no obligation to make any refunds.

Housing Security Deposit: The security deposit will be kept as long as a student lives in University housing. When the student leaves University housing, the deposit will be applied to any unpaid balance on the student's account or it will be refunded within 90 days.

Credit Balance Refunds: Students may request a refund through Pipeline. No refunds are issued during the first week following registration.

Tuition Refund Plan: A protective insurance program provided by DEWAR Insurance Company is available and enrollment is voluntary. The policy will minimize the financial loss for students who suffer a serious illness or accident and have to leave the University. Enrollment is processed by the Business Office.

Council of Students Constitution of the College of Pharmacy

Article I

Section 1. The name of this organization shall be formally recognized as the COUNCIL OF STUDENTS.

Article II

Nature

Section 1. The Council of Students is an organization of elected professional pharmacy students working for the furtherment of existing programs set forth by the preceding councils and for the attainment of various new goals set forth by the present council. Each member shall perform his/her specific duty according to his/her conscience and understanding of the Constitution and Bylaws of the Council of Students.

Article III

Objectives

Section 1. The objectives of the Council of Students shall be:

- (a) To participate in and contribute to the accomplishments of the aims and purposes of the Council of Students;
- (b) To promote and perpetuate professionalism of pharmacy in all endeavors pertaining to the students of Harding's College of Pharmacy;
- (c) To inculcate a sense of individual obligation to the community, state, nation, and world transmitting to posterity the principles of ethical practice in all fields of pharmacy;
- (d) To be available to students for consultation and advice when needed, and to consider all student opinions;
- (e) To establish two-way communication expressing views on pharmacy education between students and educators.

Article IV

Membership and Organization

Section 1. Eligibility

Membership in the Council of Students shall be limited to students with an overall GPA that is greater than 2.50, with conduct in accordance with the code of conduct contained in the Constitution and Bylaws of the Council of Students.

Section 2. Membership

The membership of the Council of Students shall consist of no more than those listed below, constituted by each representative group and/or office.

- (a) There shall be no more than five offices, and the number of those offices shall not be expanded for the purpose of governing the Council of Students;
- (b) Delegates-at-Large shall be composed of the presidents of each of the clubs, classes or recognized organizations specified below, and a member selected at the discretion of the organization he/she is to represent;

OFFICERS: President, Vice President, Secretary, Treasurer, and Parliamentarian

DELEGATES: 1st year class, 2nd year class, 3rd year class, 4th year class, President Pro Tem, APhA-ASP, and SSHP

Section 3. Faculty Advisor

The faculty advisor shall have a seat on the Council of Students serving in an advisory capacity only; i.e.,

a non-voting member. He/she should be available for consultation with any Council of Students representative, and should be at all Council of Students meetings.

Section 4. Judgment

The Council of Students shall be the judge of its own membership, with the reservation that expulsion of a member may take place only if the member's qualifications no longer comply with the eligibility requirements of the code of conduct set forth by the Constitution and Bylaws of the Council of Students, or said member stands in neglect of his duties. Attendance is mandatory at all Council of Students meetings. No one is allowed more than one unexcused absence from the scheduled meetings per semester. If a member has two unexcused absences, the organization is responsible for replacing the member or forgoing their seat on the Council of Students.

Section 5. New Organization Approval

Each prospective new organization shall be evaluated by the Council of Students in the same manner, based on the following guidelines:

- (a) There should be a parent organization.
- (b) The organization should be pharmacy-related.
- (c) The survival of the organization needs to be long term. It should not be based on a mission of an individual.
- (d) The organization should reaffirm the mission of the college of pharmacy.
- (e) There should be a unique reason for the organization's existence that cannot be met by other organizations.
- (f) The organization should strengthen the Council of Students.
- (g) The organization's membership in COS should not establish an undesired precedent.
- (h) There should be sister organizations at other pharmacy schools.

Article V

Council of Student (COS) Elections

Section 1. Executive Committee Elections

- (a) The length of the offices listed above will be from May 1 to April 30, one year in length.
- (b) Executive Committee officers shall file intent to run during the ninth week of classes in the spring semester. The Intent to Run Form as well as Constitution and Bylaws are available from the COS Parliamentarian. Verification of each candidate's GPA shall take place in the same week with the Director of Student Affairs. In case of an unqualified candidate, he/she shall be asked to withdraw his/her name from the ballot prior to the election;
- (c) Elections shall be during the early part of the tenth week. All students enrolled at Harding's College of Pharmacy are eligible to vote;
- (d) If necessary, a run-off election may be held during the middle of election week. The results will be announced soon thereafter;
- (e) The President of the Council of Students must be a 3rd year student during his/her term of office;
- (f) All Council of Students' officers must have an overall grade point standing that is greater than 2.50;
- (g) All Council of Students' officers shall have obtained a majority of votes; i.e., over 50% of the votes cast, in order to be elected. There shall be at least two hours available for the casting of ballots in Council of Students elections;
- (h) The offices of Secretary and Treasurer, respectively may be held by the same person for a maximum of two years;
- (i) No student officers on the council shall hold the office of President in any other organization in the College of Pharmacy;
- (j) Write-in candidates are prohibited;
- (k) If only one person runs for an office, he/she automatically holds that office.

Section 2. Class Officer Elections

- (a) First year (P1) class officers shall file intent to run during the first week of spring semester. The Intent to Run Form as well as Constitution and Bylaws are available from the COS Parliamentarian. Verification of each candidate's GPA shall take place in the same week with the Director of Student Affairs. In case of an unqualified candidate, he/she shall be asked to withdraw his/her name from the ballot prior to the election;
- (b) Elections of first year (P1) class officers begin in the early part of the second week of spring semester. Run-off elections shall be held in the middle of the second week of the spring semester. The results shall be announced at the end of the second week of the spring semester;
- (c) Elected class Vice-president of third year (P3) will serve as president pro-tem of first year (P1). The term of president pro-tem will end upon election of first year (P1) class officers.
- (d) P2, P3, and P4 class officers shall file intent to run during the the tenth week of spring semester. The Intent to Run Form as well as Constitution and Bylaws are available from the COS Parliamentarian. Verification of each candidate's GPA shall take place in the same week with the Director of Student Affairs. In case of an unqualified candidate, he/she shall be asked to withdraw his/her name from the ballot prior to the election;
- (e) Elections of P2, P3, and P4 begin during the early part of the eleventh week of spring semester. Run-off elections shall be held in the middle of the eleventh week. The results shall be announced shortly thereafter;
- (f) P1 officers serve from spring semester elections to April 30. P2, P3, and P4 officers serve from May 1 to April 30.
- (g) GPA standing for officers shall be the same as for COS Executive Committee members.
- (h) Elections of officers of clubs, organizations, and/or recognized societies shall be held at a time designated by that particular organization, etc., with the reservation that it fall at a date subsequent to the elections described in Article V, sections 1 and 2.

Section 3. Verification of All Student Elections

- (a) The Council of Students' Parliamentarian shall be available to provide information to all student organizations prior to nominations and elections of officers. They shall directly oversee elections for all classes.
- (b) It shall be the responsibility of the current President of clubs and recognized societies to submit a list of candidates to the COS Executive Parliamentarian for verification of each candidate's GPA prior to the said election with the Director of Student Affairs. In case of an unqualified candidate, he/she shall be asked to withdraw his/her name from the ballot prior to the election.
- (c) Any and all election results involving students shall be submitted to the COS Executive Parliamentarian within seven days after the election. A listing of all officers and their phone numbers shall be compiled and held by the Council during each year for each organization.
- (d) No student shall hold the office of President for more than one organization.
- (e) A list of all organization officers shall be submitted to the Dean's Office.
- (f) To win an election, a candidate must have over 50% of the votes cast.
- (g) In the event of an elected officer's not enrolling in school during his/her term of office or vacating of his/her office due to any reason; the Council of Students shall have the authority to call a special election for the purpose of filling the vacant office. The elected officer of the organization must meet the eligibility requirements of the council in order to serve in that capacity; i.e., have a seat on the council.
- (h) There shall be no campaigning the day of the election; i.e., poster, fliers, speech making, etc. All campaign material shall be removed the day before the election.
- (i) A voter must be present during the appointed election time in order to cast a ballot; proxy voting or absentee ballots via US mail, email, etc. will not be allowed.
- (j) No student will be allowed to run for more than one office within the same organization/class during the same school year.
- (k) A candidate must be present, or have someone present to speak for him/her at time of nomination to be eligible for election.

Article VI

Amendments to the Constitution

Section 1. Proposed amendments to this constitution may be submitted through or by a council member at a meeting of the council at least 30 days prior to ratification of said amendment. A two-thirds majority vote of the council is required for ratification, and all amendments so adopted shall immediately become effective.

Article VII Quorum

Section 1. A quorum for the Council of Students shall be constituted by three officers of the Executive Committee and fifty percent of delegates-at-large representing the organizations. A quorum must be present for the COS to conduct business.

Article VIII Duties of the Executive Committee

Section 1. President

It shall be the duty of the President of the Council of Students to preside at all meetings of the Council of Students. He/she shall chair the Executive Committee, appoint members of standing committees and create such other committee and appoint members thereon as he deems advisable, and to appoint all officers not otherwise provided for, with the approval of the Council of Students Executive Committee. He/she shall be an ex-officio member of all standing Council of Students committees.

The President shall recommend student(s) to the following faculty committees: Assessment; Admissions; Chemical Dependence and Impairment Intervention; Curriculum; Non-Academic Disciplinary; Academic Performance and Standards; Spiritual Life; Missions Advisory; and Self-Study (as needed).

These recommendations shall be subject to the approval of the Council of Students, and final approval shall lie with the Dean of the College of Pharmacy.

He/she shall be charged with the responsibility of executing the mandates of the Council of Students.

He/she shall not waive his/her rights to any other officer or person having a seat on the council. It shall be the duty of the President of the Council of Students to serve as a liaison in all matters involving the student body as a whole and the faculty and/or administration of Harding University.

It shall be the duty of the President to provide a skeleton budget for the coming fiscal year to be presented to the Finance Committee by or at the first Council of Students meeting in September.

It shall be the duty of the outgoing President to transfer to the newly elected council all papers and information concerning any business of the previous Council of Students.

Section 2. Vice President

The Vice President of the Council of Students shall assume the duties of the President in the President's absence, after his/her dismissal or after his/her resignation from the council. He/she shall be Chairman of the Activities Committee and shall have monthly reports to the Council of Students as to the activities planned or scheduled by that committee. He/she shall keep a calendar (up-to-date) of all events posted in the student activities room as to the activities scheduled by that committee.

Section 3. Secretary

The Secretary of the Council of Students shall conduct all official correspondence under the direction of the President. The Secretary shall also keep a record of the proceedings of the council and the Executive Committee meetings. He/she shall transmit reports and bulletins of all council standing committees and send out all literature and calls of meetings. The Secretary shall keep all records and perform all other duties incidental to the office.

Section 4. Treasurer

The Treasurer of the Council of Students shall be the custodian of the funds, and he/she shall account for the same. He/she shall sign all request for funds for distribution from the Council of Students. It will also

be the responsibility of the Treasurer to provide reports upon the condition of the treasury when called upon to do so.

The Treasurer of the Council of Students shall serve as the Chair of the Finance Committee.

It will be the duty of the Treasurer and the faculty advisor to request all funds through the university to finance the activities of the council and any of their supported activities.

He/she shall turn over to his/her successor all vouchers, books, and papers belonging to the council at the end of his term.

Section 5. Parliamentarian

The Parliamentarian of the Council of Students shall be responsible for obtaining adequate knowledge of parliamentary procedure according to Robert's Rules of Order. He/she shall also be custodian and guardian of the Constitution and Bylaws of the council. It will be his/her responsibility to pass the Constitution to the following council each May.

The Parliamentarian shall derive all his duties insofar as overseeing any elections from the Constitution, Article V.

The Parliamentarian shall be charged with keeping order at all times during the meetings of the council.

Article IX

Standing Committees of the Council of Students

Section 1. Executive Committee

This committee shall be composed of the officers of the Council of Students. It shall be chaired by the President of the council. The Executive Committee shall be the legislative branch of the council. It shall have the power to make decisions and perform acts between sessions of the full Council of Students.

Section 2. Activities Committee

The Activities Committee shall be charged with the responsibility of creating worthwhile cultural, educational, and entertaining programs and/or activities for the benefit of each student of Harding University's College of Pharmacy. This committee shall keep its activities within the guidelines of the university's rules and regulations. This committee is also charged with the responsibility of trying to keep close ties with the other schools/colleges/programs/campuses of Harding University.

Section 3. Finance Committee

It shall be the duty of the Finance Committee to scrutinize the budgets prepared by the Presidents of each organization in the spring following the elections. The committee shall be responsible for making alterations of the budgets and to delegate the supervision of the expenditures of funds under the budgets to the Treasurer. The budgets shall be submitted to the Finance Committee by April 15th. The committee will then finalize the budgets to be implemented in the new fiscal year. Council funds shall be used for council-sponsored activities. Funds shall also be available for activities sponsored by other organizations or in reward for duties performed by specific persons and/or organizations. The chair of the Activities Committee may spend up to a \$50.00 limit without the approval of the council. No organization, excluding the senior class or person may receive more than \$1750.00 from the Council of Students during one fiscal year, and the following conditions must be met:

- (a) COS will pay for one-half of one delegate's expenses for attendance at conventions. Receipts are necessary and the organizations are encouraged not to send the same persons to conventions.
- (b) Meal expenses for conventions will be separated from other convention expenses. COS will reimburse up to \$10.00 per day with receipts.
- (c) Half of the funds provided by COS for convention expenses (including meals) are available to the organization before receipts.
- (d) The COS budget year will run from July 1st to June 30th.
- (e) COS will pay for a maximum of \$500.00 per year for parties that are open to the entire student body and advertised as such prior to the party. Receipts are necessary.
- (f) No miscellaneous categories will be allowed in budgets.
- (g) All budgets shall be itemized and detailed.

- (h) There will be a limit of \$125.00 per semester for "food for finals."
- (i) There will be a \$50.00 allowance for office supplies.
- (j) There will be a \$25.00 allowance for bulletin boards.

The expenses necessary for the performance of official duties shall be paid by the council funds according to the rules prescribed by the university for reimbursement or by the Finance Committee.

Article X Parliamentary Ruling

Section 1. The Council of Students shall be governed by Robert's Rules of Order, Revised in all points not covered by this Constitution and Bylaws.

Article XI Resolutions

Section 1. All resolutions presented to the Council of Students for action must be in the hands of the Executive Committee one week prior to the meeting of the council.

Section 2. Enough copies of the resolution(s) for all members of the council shall be required and these must bear the signature of at least three members of the council.

Section 3. Resolutions concerning business deemed by the President and Vice President as being of an emergency nature may be presented to the council for action with no notice.

Section 4. All resolutions presented to the council relative to the expenditure of money shall be submitted at least one week in advance to the Treasurer of the council for study by the Finance Committee. Resolutions should be within reason and if possible documented.

Article XII Amendments

Section 1. The Bylaws of the Council of Students may be amended at any meeting of the Council of Students by a vote of a two-thirds majority with a quorum of members present. All proposed amendments must be a subject to a reading at the previous council meeting in which the amendment is being voted on.

Updated by the COS 1/14/10

Student Records and Right of Privacy (Family Education Rights and Privacy Act of 1974)

The Family Educational Rights and Privacy Act of 1974 (called FERPA and also known as the Buckley Amendment) regulates a student's right of access to and privacy regarding his or her education records. A student has the right of access to his or her records, and only persons authorized by the act may access a student's records without his or her permission.

Occasionally, the media, employers, and scholarship donors request lists of students who rank in the top ten, one-fourth, and one-third of freshman, sophomore, junior, senior, graduate, and professional classes. Academic ranking, as well as directory information such as name, campus address, permanent address, e-mail address, telephone number, date and place of birth, major field of study, class rosters, class schedules, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees, achievements, academic awards, honors, most recent previous educational agency or institutions attended, social clubs, academic clubs and societies, and photographs are available to any person inquiring. However, if you do not wish this information to be released, refer to the Harding University Student Education Records Policy on file with the Registrar's Office.

University Calendar

Fall Semester 2009

Orientation.....	August 17-21
Classes begin.....	August 24
Fall Break.....	October 9
Thanksgiving Recess.....	November 23-27
Final Examinations.....	December 14-18
Christmas Recess.....	December 19-January 10, 2010

Spring Semester 2010

Classes begin.....	January 11
Martin Luther King, Jr. Holiday.....	January 18
Spring Recess.....	March 8-12
Final Examinations.....	May 3-7

Tentative University Calendar (subject to change; official calendar available at www.harding.edu/calendar)

Fall Semester 2010

Classes begin / Orientation.....	August 16
Fall Break.....	October 22
Thanksgiving Recess.....	November 22-26
Final Examinations.....	December 13-17
Christmas Recess.....	December 18-January 17, 2010

Spring Semester 2011

Classes begin.....	January 18
Martin Luther King, Jr. Holiday.....	January 17
Spring Recess.....	March 14-18
Final Examinations.....	May 9-13

The Harding Alma Mater

**NEAR THE FOOTHILLS OF THE OZARKS,
MIDST OF HILL AND PLAIN;
STANDS OUR GLORIOUS ALMA MATER;
HARDING IS HER NAME.**

**CHORUS:
SING THE CHORUS, SHOUT IT LOUDLY!
ECHOING THRO' THE VALE.
HAIL TO THEE, BELOVED HARDING!
ALMA MATER, HAIL!**

**CHRISTIAN STANDARD IS HER MOTTO;
CHRISTIAN LIFE IS STRESSED;
AND IN EV'RY BRANCH OF LEARNING,
EACH ONE DOES HIS BEST.**

**CHORUS:
SING THE CHORUS, SHOUT IT LOUDLY!
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ALMA MATER, HAIL!**

**HARDING OPENS WIDE HER PORTALS,
THUS INVITING ALL
WHO WOULD TREAD THE PATH TO KNOWLEDGE,
HEED THEN TO HER CALL.**

**CHORUS:
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