**FLORIDA VOCATIONAL INSTITUTE**

**SYLLABUS/LESSON PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Daily/Weekly Lesson Plan Outline – 4 weeks / 40 Clock Hrs. / 40 Lab Hrs.** | | | | | |
| **COURSE TITLE** | | | | **Review Date:** | |
| **Pharmacy Technician** | | | | **11/20/2015** | |
| **CODE** | **SUBJECT** |  |  | **LEC HRS** | **LAB HRS** |
| **PHT100** | **Pharmacy Practice and Principals I** | | | 40 | 40 |
| **COURSE DESCRIPTION:** This course is designed to introduce the student to the professional aspects of working in pharmacy technology on a retail setting including: major chain and independent pharmacies. Subjects includes: ethics, history and current pharmacy laws as well as exposing the student with aspect of patient care, medication order and fill process and being able to obtain information required to interpret and type the prescription label, with the use of a pharmacy software (Abacus) on a retail setting. Instructor may provide additional resources or materials as a part of the lesson plan.  **Prerequisite:** None  **Required Resources:**  **Text Books:** Mosby's Pharmacy Technician: Principles and Practice 4e. Elsevier.  **Learning Resources Center materials are available**  **Instructional Methods:**  Lecture/Discussion  Audiovisual  Research  **Mode of Delivery:**  Residential  **Equipment**/**Technology/Software**  Utilization of power point presentations, media center websites, reference materials, and other technology as available  **COURSE OBJECTIVES:**  In this course, students will:   * Understand of Pharmacy Law, Ethics, and regulatory Agencies * Understand of Competencies, Associations, and Settings for Technicians * Understand Communication and Role of the technician with Customer/Patient * Understand the operation of community pharmacy | | | | | |
|  |  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Objectives to be covered** | **Lecture/ Labs** | **Method of Assessment** |
| **Week 1** |  |  |  |
| **Day 1** | * History of Medicine and Pharmacy | **Lecture:**   * Discuss ancient beliefs of illness and medicine from 440 BC through AD 1600. * Ancient Beliefs and Treatments * List common ancient treatments that prevailed in Western civilization. * Describe nineteenth-century medicine and identify influences that major wars had on medicine. * Medical Staff * Medicine in Its Infancy * Hippocrates * Aristotle * Claudius Galen * Roger Bacon and Paracelsus * Ancient Herbal Remedies * North America Medicine * Describe the wide use of opium and the problems surrounding opium use. * Opium and Alcohol * Origin of Opium and Opiates * Differentiate between opiates and opioids. * Twentieth Century Medicine * Alexander Fleming: Discovered penicillin by accident in 1928 * Gerhard Domagk: Discovered the first synthetic drug (sulfonamide) in 1932; used during WW II to treat wound infections * Louis Pasteur: Discovered an anthrax vaccine for animals (1881)   **Laboratory:**   * Chapter Review Questions | **Discussion:** The debate over legalization of marijuana has been going on for many years. What are the pros and cons of this argument? If this legislation is passed, how would it affect the pharmacy profession? |
| **Day 2** | * History of Medicine and Pharmacy | **Lecture:**   * Describe how the first pharmacies began in the United States. * Early Pharmacists * Identify the role that early pharmacists played in society. * Early Pharmacy in America * Describe the first technicians in pharmacy. * Early Pharmacy Technicians * List major ways pharmacy has changed over the past 100 years. * Changing Pharmacy Requirements * Trust in Pharmacist/Trust in Technicians * List important current trends in pharmacy in relation to pharmacy technicians. * Technicians of the Twenty-First Century and Beyond   **Laboratory:**   * Chapter Review Questions | **Discussion:** Should pharmacists be allowed to prescribe prescription medications? What states already have regulations in place on this issue? |
| **Day 3** | * Pharmacy Law, Ethics, and regulatory Agencies | **Lecture:**   * List the history of federal drug laws in chronological order. * History of the FDA * 1906 ‒ Pure Food and Drug Act * 1914 ‒ Harrison Narcotics Act * 1938 ‒ Food, Drug, and Cosmetic Act * 1951 ‒ Durham-Humphrey Amendment * 1962 ‒ Kefauver-Harris Amendments * 1970 ‒ Comprehensive Drug Abuse Prevention and Control Act * 1983 ‒ Orphan Drug Act and 1987 ‒ Prescription Drug Marketing Act * 1990 ‒ Omnibus Budget Reconciliation Act (OBRA ’90) * 1996 ‒ Health Insurance Portability and Accountability Act (HIPAA) * 2000 ‒ Drug Addiction Treatment Act (DATA 2000 * 2003 ‒ Medicare Modernization Act * 2005 ‒ Combat Meth Act * 2010 ‒ ACA and 2013 ‒ Drug Quality and Security Act (OBAMA Care) * Describe the implications of the Health Insurance Portability and Accountability Act (HIPAA). * Patient Confidentiality * Public Health Activities * Explain how the Patient Protection and Affordable Care Act (ACA) and the Drug Quality and Security Act (DQSA) have changed health care. * Define the functions of the Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA). * FDA * Enforces guidelines for manufacturers to ensure safety and effectiveness of medications * Anything that contains any avoidable, poisonous, or harmful substance is considered unsafe * DEA * Prevents illegal distribution and misuse of controlled substances * Issues licenses and enforces the nation’s drug laws * Describe the process for reporting any problems with a drug or any adverse reactions to the FDA. * Explain the three classes of drug recalls defined by the FDA. * Three classes of recalls: * Class 1: Products that could cause serious harm or prove fatal * Class 2: Products found to cause a temporary health problem or pose a slight threat of serious harm * Class 3: Products that may have a minor defect or other condition that would not harm the patient   **Laboratory:**   * Chapter Review Questions | * Handout * Book Exercise |
| **Day 4** | * Pharmacy Law, Ethics, and Regulatory Agencies | **Lecture:**   * Describe the proper handling of controlled substances. * Ratings of Scheduled (Controlled) Substances, five levels based on potential for abuse: * C-I: Strongest potential for abuse; no medicinal use in the United States * C-II, C-III, C-IV, C-V: All medicinal narcotic drugs * C-V: Kept OTC in some states because of low potential abuse * C-II: Must be locked up because of high potential abuse * Tamper-Proof Prescriptions * Refilling Controlled Substances * Ordering Controlled Substances * Record Keeping * Narcotic Inventory * Filling, Refilling, and Transferring Prescriptions for Controlled Drugs * Partial Filling of C-II Through C-V * Explain the necessary forms and regulations used for controlled substances. * DEA has four main registration forms: * Form 224: Needed by pharmacy to dispense controlled substances * Form 225: To manufacture or distribute controlled substances * Form 363: To run a narcotic treatment program or compound narcotics * Form 41: Returns to reverse distributor * Form 222: Needed by the Pharmacy in order to order controlled drugs * List the basic information contained in a drug monograph. * Includes: Description, clinical pharmacology, indications and usage, contraindications, warnings, precautions, drug abuse and dependence, adverse reactions, dosage, and how supplied * Explain the purpose of boxed warnings and MedGuides. * List and explain the five pregnancy categories established by the FDA. * Category X: Not to be used during pregnancy * Category A: No evidence of harm based on studies * Categories B-D: Various levels of risk * List who can prescribe medications and medical devices. * Prescription Regulations * Who Can Receive a Prescription? * Describe prescription orders and prescription labels. * Prescription Labels * Repackaging * Perform the function of verifying a DEA number. * Explain the purpose of risk management programs for prescription drugs. * Programs for opioid maintenance: * Methadone maintenance treatment (MMT) * Suboxone and Subutex * Risk management programs for prescription drugs: * iPledge Program * Explain the verification process for Internet pharmacies. * Explain the Occupational Safety and Health Administration (OSHA) guidelines as they pertain to pharmacy. * Safety Data Sheet (SDS) * Explain the purpose of the Joint Commission. * Mission is to improve the safety and quality of care via accreditation of health care organizations * Explain why pharmacy technicians must be knowledgeable about the law when performing nondiscretionary duties. * State law: Differs by state * Liabilities * Negligence or tort * Mistakes are made for many reasons * Consider purchasing malpractice insurance * Laws change regularly * Discuss the differences between morals and ethics. * Morals: A person’s beliefs concerning right and wrong * Ethics: A set of values used in a profession   **Laboratory:**   * Chapter Review Questions | * Handout * Book Exercise |
| **Week 2** |  |  |  |
| **Day 1** | * Competencies, Associations, and Settings for Technicians | **Lecture:**   * Describe the competencies needed for technicians to be successful in various pharmacy settings. * Explain the term nondiscretionary duties. * Nondiscretionary also means that the final decision lies with the pharmacist * Describe different nondiscretionary duties in inpatient, outpatient, and closed door pharmacy settings. * Discuss the American Society of Health-System Pharmacists (ASHP) Model Curriculum and how it relates to pharmacy technician training programs and certification. * State the differences between certification, licensure, and registration. * Explain the benefits of obtaining technician certification. * Explain the process by which a person can become a nationally certified pharmacy technician. * Describe the various national certification examinations and their requirements.   **Laboratory:**   * Chapter Review Questions | * Handout * Book Exercise |
| **Day 2** | * Competencies, Associations, and Settings for Technicians | **Lecture:**   * List ways in which the Pharmacy Technician Certification Board (PTCB) national exam differs from the National Healthcareer Association (NHA) national exam. * NHA/ExCPT * Must take an exam every 2 years (90-day grace period) * 20 hours of CE, including pharmacy law * PTCB/PTCE * Must take an exam every 2 years (no grace period) * 20 hours of CE, which must include pharmacy law and medication safety * Describe the requirements technicians must meet to maintain their national certification. * PTCE * 2 hours, 90 multiple choice questions * Recognized by all 50 states * ExCPT * 2 hours,110 multiple choice questions * Recognized by 18 states * Explore the various websites that can be used to obtain continuing education credits. * uspharmacist.com * rxschool.com * freece.com * pharmacytechnician.org * List advanced positions and specialty certifications available for technicians in the health care field. * List the various professional associations pharmacy technicians can join. * Explain the importance of professionalism in the workplace. * Being professional in the workplace requires: * Proper clothing, shoes, and hairstyle * Good writing and communication skills * Teamwork * Honesty * Punctuality * Ability to adapt * Explain the importance of networking as it relates to the job search.   **Laboratory:**   * Chapter Review Questions |  |
| **Day 3** | * Communication and Role of the technician with Customer/Patient | **Lecture:**   * Describe the communication skills needed in the delivery of direct patient care in the pharmacy setting. * What is communication? * Explain the communication cycle. * Communication always involves a sender and a receiver * Communication cycle includes various channels of communication and feedback * Sender initiates conversation and sends message across a channel * Examples of channels: Written messages, spoken words, body language * Good listening involves summarizing what the sender has communicated * Identify various nonverbal and verbal communication skills. * Exchanging information without spoken words * Facial expressions are important * Maintain a caring but professional attitude * Stress can manifest in many ways * Eye rolling or sighing shows impatience/lack of respect * Be friendly and remain calm * Describe ways to improve vocal and verbal communication skills. * Speak slowly rather than rapidly * Don’t mumble * Use calming words * Put yourself in the other person’s shoes * Avoid speaking in a monotone * Read to increase your vocabulary * Take a communication course * Put yourself in the customer’s position * Sick customers may not be able to control their emotions Use open-ended questions to avoid errors or mistakes * Treat the patient/customer with respect and be honest * Give empathetic responses * Avoid distractions while communicating with patients/customers   **Laboratory:**   * Chapter Review Questions * Role playing | * Handout * Book Exercise |
| **Day 4** | * Communication and Role of the technician with Customer/Patient | **Lecture:**   * Use proper telephone and cell phone etiquette and describe its guidelines. * Etiquette: Unwritten guidelines or rules * Check back with customers on hold * Telephones involve only verbal communication, so there are no body language clues * However, your voice can convey a pleasant or an unpleasant attitude * Use a pleasant tone and good listening skills * Clearly identify yourself * Determine the reason for the call and whether it is within your scope of practice * Describe the importance of written communication skills in today’s workplace. * Document everything accurately and clearly * Poor handwriting can cause errors * The more detailed, the better * Get all required information initially to avoid call backs or repeat questions * Be sure messages are accurate and legible * Identify communication skills needed to work with special groups of people, such as the terminally ill, non-English-speaking individuals, and hearing-impaired patients. * Terminally ill patients   + Five stages of grief: Denial, anger, bargaining, depression, acceptance     - Each stage manifests at a different time and can last for any length of time * Non-English-speaking patients   + Effective communication is important for safety and compliance   + Pharmacy may employ bilingual staff, hire interpreters   + Use software that translates prescription labels   + Hearing-impaired patients   + Ask about and document communication preference   + Write legibly if the patient wants to use notes   + May be difficult for them to read written English   + See if an interpreter is available   + Always look at the patient as you speak   + Have a positive attitude * Explain the significance of working as an effective member of a team. * Be an effective team member * Understand your duties and responsibilities * Be positive * Stay current in your field * Be cooperative * Put yourself in the other person’s place * Be loyal and build trust * Identify ways to eliminate barriers to effective communication.   **Laboratory:**   * Chapter Review Questions * Role Playing | * Handout * Book Exercise |
| **Week 3** |  |  |  |
| **Day 1** | * Dosage Forms and Routes of Administrations | **Lecture:**   * List dangerous abbreviations and explain why they are on the “Do Not Use” list. * Drug errors that have occurred as a result of the misinterpretation of medication orders led to the creation of the “Do Not Use” list * The list outlines the most common misread abbreviations * These abbreviations should be avoided * Recognize the general classifications of medications and the related body systems. * Pharmacology * Intent of use * Route of administration * Mechanism of action * Body system affected * Identify various dosage formulations and give examples of each. * Solids * Tablets and Caplets * Capsules * Lozenges/Troches * Implants * Transdermal Patches * Liquids * Elixirs and Sprays * Inhalants and Aerosols * Emulsions and Suspensions * Enemas * Semisolids * Suppositories and Powders   **Laboratory:**   * Chapter Review Questions | * Handout * Book Exercise |
| **Day 2** | * Dosage Forms and Routes of Administrations | **Lecture:**   * Identify various routes of administration and give examples of each. * Oral * Sublingual and Buccal * Rectal * Topical * Eyes * Ear * Nose * Skin * Parental * IM * IVPB * IV Push * SC * Miscellaneous Routes * Explain the difference between pharmacokinetics and pharmacodynamics. * Pharmacokinetics: Encompasses the many different components of the actions of the body on a drug * Levels of the drug throughout the blood and tissues * Absorption of the drug throughout the body * Overall distribution * Reaction of the drugs with other drugs * Patient compliance * Life of the drug (bioavailability, half-life, bioequivalence, and elimination) * Pharmacodynamics: The effects of the drug on the body * List and explain the absorption, distribution, metabolism, elimination, and bioavailability of drugs in the body. * ADME * The rate at which a drug makes it to its destination and becomes available to the site of action for which it is intended (bioavailability) * Define first-pass metabolism and explain why it is important in drug delivery. * For some drugs, the dose travels to the liver, and part of it is metabolized before the drug has a chance to be distributed throughout the body * This first-pass effect lowers a drug’s bioavailability * First-pass drugs are given in larger doses   **Laboratory:**   * Chapter Review Questions | * Handout * Book Exercise * In-service |
| **Day 3** | * Dosage Forms and Routes of Administrations | **Lecture:**   * Define half-life and describe factors that influence it. * The amount of time it takes the body to break down and excrete one half of a drug * An important factor in the creation of drugs because it tells the manufacturer how long it takes the body to rid itself of the drug * Define the bioequivalence of drugs and its relationship to the Orange Book. * The comparison between drugs either from different manufacturers or in the same company but from different batches of a drug * Generic drug manufacturers strive to achieve bioequivalence to compete with brand name manufacturers * The FDA publishes bioequivalencies in the *Orange Book*. * Describe why excipients (additives) are necessary in the production of medications. * All medications are prepared with additives (excipients) * Coloring, flavorings, fillers, and preservatives * Some patients may be allergic or intolerant to these additives * Other types of excipients: Increase the dispersion of a drug once it reaches the intestines, or release the medication over a longer period * List three different common drugs and their storage requirements. * All types of dosage forms must be approved by the FDA * Medications are packaged according to manufacturers’ specifications to ensure the effectiveness and shelf life of the drug * All medications have a package insert that describes the storage and stability of the drug * List the segments that make up medical terms and provide examples of each. * Medical terms have their origins in Greek and Latin * There are four segments, or word parts: * Prefix: Before combing form (peri-) * Suffix: After combining form (-itis) * Root word (heart) * Combining form (cardio) * Recognize and interpret common abbreviations as they apply to dosage forms and routes of administration.   **Laboratory:**   * Chapter Review Questions | * Handout * Book Exercise |
| **Day 4** | * The Respiratory System | * Functional Anatomy of the Respiratory * The Nose * Pharynx * The Larynx * Trachea * Main Bronchi * Lungs * The Respiratory Membrane * Respiratory Physiology * Mechanics of Breathing * Inspiration * Expiration * Respiratory Volumes and Capacities * Nonrespiratory Air Movement * Respiratory Sounds * External Respiration, Gas Transport, and Internal Respiration * External Respiration * Gas Transport in the Blood * Internal Respiration * Control of Respiration * Neural Regulation: Setting the Basic Rhythm * Nonneural Factors Influencing Respiratory Rate and Depth * Physical Factors * Volition (Conscious Control) * Emotional Factors * Chemical Factors * Respiratory Disorders * Chronic Obstructive Pulmonary Disease (COPD) * Lung Cancer | * Handout * Book Exercise |
| **Week 4** |  |  |  |
| **Day 1** | * Community Pharmacy Practice | **Lecture:**   * List and describe the different types of community pharmacies. * Sole proprietorship: Independent pharmacy * Services provided depended on pharmacist, location, and patient population * Franchise: Authorization to operate under a well-known trade name * Chain pharmacy: Corporate-owned, share brand and central management, standardized business practices * Explain the pharmacy technician’s role in the medication use process. * Answering phones and providing customer service * Data entry * Preparing medications for dispensing * Compounding medications * Packaging/labeling prescriptions * Managing inventory and ordering * Accepting payments and processing insurance claims * Identify state laws and regulations related to receiving and screening prescription orders. * Classifications: With or without prescription * Federal legend: No dispensing without a prescription * Combat Methamphetamine Act: Subclassified over-the-counter (OTC) medication into behind-the-counter (BTC) medication * Must be purchased under pharmacist supervision * Assess prescription orders for completeness and authenticity when receiving orders via paper or electronic systems. * Computer transfer of prescription data * Functions include: * Messages about new prescriptions and prescription changes * Refill requests and prescription fill status * Prescription cancellation and medication history * Involves many participants in the health care system * Efficiently obtain information to complete a prescription order. * Prescriber * Drug Enforcement Administration (DEA) number if controlled substances are written * A license number and/or National Provider Identifier (NPI) number * Use identifying information such as: * Patient's complete name and address * Telephone number and birth date * The date must be included   **Laboratory:**   * Chapter Review Questions * AbacusRx Training | * Handout * Book Exercise |
| **Day 2** | * Community Pharmacy Practice | **Lecture:**   * Explain special procedures pharmacy technicians are responsible for in preparing, storing, and distributing controlled substances. * Explain the pharmacy technician’s role in preparing medications for distribution. * Outline the process of creating a new patient profile and entering data into an existing patient profile. * Accurately count or measure finished dosage forms as specified by the prescription/medication order. * Explain the protocol for assembling appropriate patient information materials.   **Laboratory:**   * Chapter Review Questions * AbacusRx Training | * Handout * Book Exercise |
| **Day 3** | * Community Pharmacy Practice | **Lecture:**   * Collect needed information from the patient profile. * Identify all situations in which the patient requires the attention of a pharmacist. * Identify situations in the screening of refills and renewals in which the technician should notify the pharmacist of potential inappropriateness. * Describe the layout of the pharmacy and list the important areas. * Intake window area * Bench (pharmacy work area) * Stock area: Where all the different medications are kept * Nonsterile or sterile compounding area: Away from other workflow to avoid distractions * Pharmacy order check-in area: Where warehouse and wholesaler deliveries are received * Reconstitution area: Dehydrated products are returned to liquid state * Repackaging area * Pharmacy records: Maintain original prescription on file as long as is required * Patient bins: Where prescriptions awaiting pickup are kept * Prescription pickup window: Where patient picks up and pays for prescription * Consultation area * Drive-through window: Patients pick up, drop off, and request refills without leaving the vehicle * Discuss effective verbal and written communication skills, including listening skills. * Verbal and nonverbal * Ask open-ended questions * Listen and make eye contact * Be empathetic * Tone of voice * Gestures   **Laboratory:**   * Chapter Review Questions * AbacusRx Training | * Handout * Book Exercise |
| **Day 4** | * Community Pharmacy Practice | **Lecture:**   * Examine strategies for communicating with patients who are non-English speakers or who have other special needs, such as vision or hearing problems, a low reading level, or difficulty understanding instructions. * Demonstrate a respectful attitude with diverse groups of people. * Recognize effective interpersonal and teamwork skills in working with health care teams. * Identify state laws and regulations regarding the technician’s role in immunizations. * Can only be administered by pharmacists * Pharmacy technicians can: * Help facilitate immunization programs * Reduce barriers to superior service * Help with documentation, billing, and reporting adverse events * Obtain cardiopulmonary resuscitation training and certification * Explain the purpose of monitoring a patient’s medication therapy.   **Laboratory:**   * Chapter Review Questions * AbacusRx Training | * Handout * Book Exercise |
|  | | | |
|  | | | |

**Qualitative Measure of Satisfactory Academic Progress (SAP)**

The qualitative element used to communicate Satisfactory Academic progress is the institutions published grading scale. Theory is evaluated after each unit of study. Students must maintain a cumulative theory grade average of at least 70% (C) at the end of each progress report period. Students must make up failed or missed tests and incomplete assignments. Practical skills performances are counted toward course completion. If performance does not meet satisfactory academic requirements, demonstration of the skills must be repeated until a satisfactory level of performance is achieved.

The school’s satisfactory academic progress policies must contain a Pace (quantitative) measure. The policy defines the pace at which our students must progress to ensure educational program completion within the maximum timeframe of 150%. For Florida Vocational Institute the maximum time frame is no longer than 150% of the published length of the educational programs as measured in the cumulative number of clock hours the student is required to complete.

The school uses the following grading scale:

|  |  |  |
| --- | --- | --- |
| **Letter** | **Number** | **Grade Point** |
| **A** | 100 - 90% | 4.0 |
| **B** | 89 - 80% | 3.0 |
| **C** | 79 - 70% | 2.0 |
| **D** | 69 - 60% | 1.0 |
| **F** | Below 60% | 0.0 |
| **I** | Incomplete | Withdraw / No Grade |

*Not Used in GPA computation: I = Incomplete; W = Withdraw; P = Pass; NP = Not Pass*

Pass - Satisfactory completion of non-graded Externship.

Fail - Unsatisfactory completion of non-graded Externship.

The students who have failed to meet the Qualitative standards are placed first on Financial Aid Warning; if no improvement over the next payment period, the student will be placed on academic suspension, with a loss of Title IV, HEA fund and they appeal the decision. Please review the appeal and probation requirements state in this policy for guidance on this process. The Director of Financial Aid in coordination with the Office of Academic Affairs monitors qualitative progress.

**Final grade calculation criteria**

Q= 20 %

CA= 10%

MT= 30%

F= 40%

FG= 100%

**Evaluation Record Code**

Q= Quizzes

CA=Class Activity

MT= Mid Term

F= Final

R= Retest

FG= Final Grade

**Attendance**

Regular attendance is required of all students. Promptness and dependability are qualities important in all occupations. Students should begin to develop these qualities and habits the day the students begin their training.

Attendance is taken daily in class by the instructor and submitted to the Registrar before the end of each class day. Students are expected to attend all scheduled class meetings and to arrive on time.  Attendance records will be maintained by the Registrar and will be part of the student’s permanent academic record.

Students with chronic absences in excess of 20% of the scheduled hours for a course will receive a failing grade for the course. Early departures and tardies will be calculated in quarter hour increments. A student will be withdrawn from any course or program if he/she does not attend within a 14 consecutive calendar day period (excluding school holidays or breaks, no longer than 5 consecutive days).  All students must complete a 100% of all externship or clinical hours within the assigned grading period.

Students are responsible for making up assignments and work missed as a result of absence at the discretion of the instructor. The instructor may assign additional outside make-up work to be completed for each absence. Students enrolled in clock hour programs will be required to attend make up classes for any missed hours scheduled by the instructor if the students has missed more than **10%** of scheduled hours.  Students enrolled in a clock hour program must attend a minimum of **85 %** of the scheduled program hours in order to graduate.

Attendance is reviewed by the instructors, program directors and the Director of Education on a weekly basis with a focus on those who have been absent for **10%** of the scheduled course hours. Students will be notified by phone, text or e-mail if their attendance is danger of violating attendance requirements.

Students may appeal the school’s actions related to the attendance policy if the absence was due to extenuating or mitigating circumstances, for example illness, military duty, death of a family member, court appearances or jury duty. The student should first discuss the issue with his or her instructor. Appeals must be received within **seven (7)** calendar days of the student being notified of the decision that he or she wishes to appeal.

Students are expected to inform faculty in advance of any pending dates where a student may be absent and should make every effort to attend the alternate class in the morning or evening. Students are only allowed to miss up to 15% of their entire program hours, anything in excess of the 15% needs to be made up and could impact the student final course grade. It is the responsibility of the student to make up work or time missed.

**MAKE –UP HOURS/TIME**

Students enrolled in clock hour programs will be required to attend make up classes for any missed clock hours scheduled if the student has missed more than 15% of scheduled hours.  Students enrolled in a clock hour program must attend a minimum of 85 % of the scheduled program hours in order to graduate. Make-up hours for class must be made up during alternative schedules, including daytime, evening or a Friday schedule. Special circumstances will be managed by the Program Director with approval from Campus Vice President.

If absence at any time during the program exceeds **more than 10%,** the student will be placed on a mandatory prescribed school schedule which may include attending Friday scheduled sessions.

**MAKE-UP CLASS WORK**

Arrangements to make-up assignments, project, test, and homework missed as a result of absence must be made with the approval of the instructor. Make-up work must be completed within ten (10) calendar days after the end of the module

**DRESS CODE**

1. While on campus and in lectures, students must wear uniform and footwear appropriate for the college learning environment. The student should demonstrate appropriate hygiene to avoid offensive odor.
2. In the student laboratory, appropriate clothing must be worn at all designated times as per the specific course syllabus. Close-toed shoes must be worn in the lab at all times.
3. During clinical rotation, the student must adhere to the dress code of the facility to which he/she is assigned. In addition to the facility’s dress code, or if the dress code is optional, the following rules apply:
   1. Students must comply with number 2 above. If the facility requires the student to wear a scrub uniform, it must be school’s uniform. The student is responsible for purchasing the correct scrub uniform. The student must wear their Student ID batch at all times.
   2. Students must not wear clothing made of denim material of any color. (No jeans or JEAN skirts, etc.)
   3. Students must not wear under t-shirts, unless they are of one color with no words, letters, slogans, graphics, etc., of any kind
   4. Students must wear closed-toe shoes (no sandals or canvas shoes) with socks or hosiery.
   5. While attending practicum rotations, student’s hair must be clean, neat and of a normal hair color. Male students must either shave regularly, or if they choose to wear a mustache and/or beard, they must keep them clean and well groomed.
   6. Before attending practicum rotation, students must bathe regularly to avoid offensive odor. In addition, students must refrain from use of cologne/perfume/aftershave lotion, or makeup.
   7. Keep fingernails clean and at a reasonable length.
   8. Students not conforming to the dress code of the facility or the program may be sent home from the practicum site at the preceptor’s or course instructor’s discretion and attendance won’t be granted.

**Cell Phones and Pagers**

No student will be called out of class for a telephone call, except in case of an emergency. It is suggested that family friends be informed of this rule. Phones will not be in used inclass.