



## LICENSING COMMITTEE REPORT

Debbie Veale, RPh, Chairperson

Lavanza Butler, RPh

Victor Law, RPh

Greg Murphy, Public Member

Albert Wong, PharmD

### Meeting Materials for the March 19, 2014 Meeting

#### 1. FOR DISCUSSION: Presentation on the Duties and Operations of Third Party Logistic Providers in the Pharmaceutical Supply Chain

#### Attachment 1

At this meeting the committee will hear a presentation by the International Warehouse Logistics Association (IWLA). This association represents third party logistics providers (or 3PLs) who are currently defined in the California Business and Professions Code (section 4045) as:

"Third-party logistics provider" or "reverse third-party logistic provider" means an entity licensed as a wholesaler that contracts with a dangerous drug manufacturer to provide or coordinate warehousing, distribution, or other similar services on behalf of a manufacturer, but for which there is no change of ownership in the dangerous drugs."

In the newly enacted U.S. Federal Drug Quality and Security Act (enacted November 27, 2013) there are provisions that require that states enact over the next two years appropriate regulation requirements for wholesalers and third party logistic providers. In the event a state does not act, the FDA has been charged with developing standards and establishing a federal license for states without regulation of wholesalers and 3PLs.

California currently regulates wholesalers, and many of California's existing requirements for wholesalers were enacted as part of the federal legislation. However, the federal legislation expressly provides that 3PLs cannot be licensed as wholesalers but as a unique licensure class.

At the January 2014 Board Meeting, the board approved proposed legislation for 2014 that would allow the board to create a new licensure category of third party logistics providers, and would insert 3PLs into existing requirements in Pharmacy Law that establish requirements for wholesalers and often other board licensees. A copy of this

legislative proposal is provided in **Attachment 1**. These provisions have not been introduced as a legislative proposal at this time.

At this meeting, Patrick O'Connor from the IWLA will provide a presentation on the duties and operations of 3PLs, and how they differ from wholesalers.

**2. FOR DISCUSSION: Presentation by Peter Vlasses, PharmD, Executive Director, Accreditation Council for Pharmacy Education (ACPE), on an Update of Major ACPE**

Accreditation Council for Pharmacy Education Executive Director Peter Vlasses will attend this meeting. Because this is a rare opportunity for the board, Dr. Vlasses has been asked to provide a highlight of projects underway at ACPE. For meeting continuity, this presentation is being scheduled for the early part of this meeting.

In making arrangements for this meeting, Dr. Vlasses stated he also would be pleased to answer any ACPE-related questions that the committee might have about any other aspect of ACPE activities (e.g., Draft Standards 2016, new colleges and schools of pharmacy opening in California, CPE provider accreditation, CE vs Continuing Professional Development, CPE Monitor, Certification of International Educational activities, and the new collaboration with ASHP in the accreditation of pharmacy technician education and training).

A link to their webpage is: [standards@acpe-accredit.org](mailto:standards@acpe-accredit.org)

**3. FOR DISCUSSION: Presentation by Peter Vlasses, PharmD, Executive Director, Accreditation Council for Pharmacy Education (ACPE), on Requirements for Intern Experience in ACPE-Approved School of Pharmacy Curricula**

**Attachment 2**

The Licensing Committee has been asked to review the requirements for reporting intern hours' experience required of students enrolled in ACPE-approved schools of pharmacy.

**Background:**

California Business and Professions Code section 4209 states:

- (a) (1) An intern pharmacist shall complete 1,500 hours of pharmacy practice before applying for the pharmacist licensure examination.
- (2) This pharmacy practice shall comply with the Standards of Curriculum established by the Accreditation Council for Pharmacy Education or with regulations adopted by the board.
- (b) An intern pharmacist shall submit proof of his or her experience on board-approved affidavits, or another form specified by the board, which shall be certified under penalty of perjury by a pharmacist under whose supervision such experience was obtained or by the pharmacist-in-charge at the pharmacy while

the pharmacist intern obtained the experience. Intern hours earned in another state may be certified by the licensing agency of that state to document proof of those hours.

- (c) An applicant for the examination who has been licensed as a pharmacist in any state for at least one year, as certified by the licensing agency of that state, may submit this certification to satisfy the required 1,500 hours of intern experience, provided that the applicant has obtained a minimum of 900 hours of pharmacy practice experience in a pharmacy as a pharmacist. Certification of an applicant's licensure in another state shall be submitted in writing and signed, under oath, by a duly authorized official of the state in which the license is held.

Board regulations provide additional requirements for earning intern hours:

**1728. Requirements for Examination.**

- (a) Prior to receiving authorization from the board to take the pharmacist licensure examinations required by section 4200 of the Business and Professions Code, applicants shall submit to the board the following:
  - (1) Proof of 1500 hours of pharmacy practice experience that meets the following requirements:
    - (A) A minimum of 900 hours of pharmacy practice experience obtained in a pharmacy.
    - (B) A maximum of 600 hours of pharmacy practice experience may be granted at the discretion of the board for other experience substantially related to the practice of pharmacy.
    - (C) Experience in both community pharmacy and institutional pharmacy practice settings.
    - (D) Pharmacy practice experience that satisfies the requirements for both introductory and advanced pharmacy practice experiences established by the Accreditation Council for Pharmacy Education.

Provided in **Attachment 2** is the Pharmacy Intern Hours Affidavit (form 17A-17) upon which all interns report their hours of experience. There are two areas where the intern hours completed can be recorded: (1) Number of hours of pharmacy practice experience obtained in a pharmacy, and (2) Number of hours of pharmacy practice experience substantially related to the practice of Pharmacy.

The board requests that the hours earned by a pharmacist intern while in school that are not obtained in a pharmacy but substantially related to pharmacy be recorded on line two of the Pharmacy Intern Hour Affidavit form. The board will also accept a letter from the School of Pharmacy on school letterhead "certifying that the student has accumulated 600 hours of internship through the experiential activities of the Doctor of Pharmacy curriculum in the School of Pharmacy" signed by the dean.

At this Meeting

At this point in the meeting, Dr. Vlasses will provide a presentation on ACPE's requirements for intern experience in ACPE-approved schools of pharmacy. Background for this is provided in **Attachment 2**.

**4. FOR DISCUSSION AND POSSIBLE ACTION: Presentation by the California Schools of Pharmacy on the Intern Experience Earned by Students in California Schools of Pharmacy and the Reporting of Intern Hours to the California Board of Pharmacy**

**Attachments 3 and 4**

Several times a year, there is a meeting of the California Pharmacy Council. This group is comprised of deans of the schools of pharmacy, the president and executive officer of this board, and representatives from CPhA and CSHP. At the November 2013 meeting of the council, there was a discussion of the intern hours reporting requirements of the board. Neither President Weisser nor the board's executive officer was in attendance at this meeting. The council approved a position statement during that meeting that:

1. It is the position of the California Pharmacy Council (CPC) that any student who has successfully graduated from an accredited school or college of pharmacy after 2007 be deemed as having fulfilled his or her required intern hours through pharmacy practice experiences that meet the requirements of the Accreditation Council for Pharmacy Education.
2. Be it further resolved that the CPC recommends the necessary amendments to any California regulation or statute to reflect this position.

**Attachment 3** contains the policy statement of the California Pharmacy Council. In this letter, the council states that:

California schools and colleges of pharmacy have implemented various methods of crediting students for intern hours obtained through the PharmD curriculum, ranging from 600 hours to more than 1,500 hours. This variability has created inequities among schools and colleges and challenges for intern-supervising pharmacists, particularly for those who supervise students from multiple programs, each with its own policy. Additionally, it is apparent that out-of-state applicants are able to receive authorization to take the pharmacy licensure exams based on internship hours granted and certified through accredited schools and colleges of pharmacy. To our knowledge, California may be the only state that requires a Pharmacy Intern Hour Affidavit to be completed by "the supervising pharmacist or pharmacist-in-charge" in addition to certification provided by the school/college of pharmacy dean.

Over the years, the board has been asked to change the reporting of intern hours to eliminate the specific requirement that 900 hours be earned in a pharmacy. The board has not agreed that such a change is in the public interest.

Also included in **Attachment 3** are documents from UCSD and UCSF:

1. A brief joint UCSD/UCSF statement to the board
2. Background information from their joint meetings of faculty and students
3. The ACPE Standards 2007 and Guidelines, particularly pages 80-95 focusing on experiential education, an attachment for the Background in item 2.

Also in **Attachment 3** are comments from UCSF School of Pharmacy students.

**Attachment 4** contains the intern hours requirements of each state.

Regarding the reporting of hours, 34 states accept all hours earned in an ACPE accredited school for licensure as a pharmacist – and 17 (includes Washington DC) have additional requirements (like CA). Of the 34 states that accept hours earned in a PharmD program, 31 states nevertheless require either a letter or form completed by the school certifying that the hours have been completed. Kansas will only accept transcripts instead of specific intern hours only from a school in its own state (thus out of state candidates for licensure must submit verification of intern hours from the applicants' home state).

During this meeting there will be a presentation from at least two schools of pharmacy on this subject.

5. **FOR INFORMATION: Review and Discussion of Pharmacist Intern Hour Requirements from Business and Professions Code Section 4209, California Code of Regulations Section 1728, and the Reporting of Hours on the Pharmacy Intern Hours Affidavit Form 17A-29.**

This material has already been subsumed into Discussion Items 3 and 4 above.

6. **FOR INFORMATION AND DISCUSSION: Presentation by Alex Adam, Vice President of Pharmacy, National Association of Chain Drugs Stores, on Qualifications to Become an Advanced Practice Pharmacist**

**Attachment 5**

Background

Senate Bill 493 (Hernandez, Chapter 469, Statutes of 2013) makes a number of important changes to the services that pharmacists may perform. One major portion of the law establishes an “advanced practice pharmacist” category of pharmacist licensure, which allows such licensed pharmacists to perform physical assessments; order and interpret medication-related tests; refer patients to other providers; initiate, adjust, and discontinue medications under physician protocol or as part of an integrated system such as an ACO; and participate in the evaluation and management of health conditions in collaboration with other providers.

The specific provisions in SB 493 relating to this new licensure category are presented below. The focus of the discussion under this topic will be on section 4210.

**4016.5.**

“Advanced practice pharmacist” means a licensed pharmacist who has been recognized as an advanced practice pharmacist by the board, pursuant to Section 4210. A board-recognized advanced practice pharmacist is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy as authorized by this chapter.

**4052.6.**

- (a) A pharmacist recognized by the board as an advanced practice pharmacist may do all of the following:
  - (1) Perform patient assessments.
  - (2) Order and interpret drug therapy-related tests.
  - (3) Refer patients to other health care providers.
  - (4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
  - (5) Initiate, adjust, or discontinue drug therapy in the manner specified in paragraph (4) of subdivision (a) of Section 4052.2.
- (b) A pharmacist who adjusts or discontinues drug therapy shall promptly transmit written notification to the patient’s diagnosing prescriber or enter the appropriate information in a patient record system shared with the prescriber, as permitted by that prescriber. A pharmacist who initiates drug therapy shall promptly transmit written notification to, or enter the appropriate information into, a patient record system shared with the patient’s primary care provider or diagnosing provider, as permitted by that provider.
- (c) This section shall not interfere with a physician’s order to dispense a prescription drug as written, or other order of similar meaning.
- (d) Prior to initiating or adjusting a controlled substance therapy pursuant to this section, a pharmacist shall personally register with the federal Drug Enforcement Administration.
- (e) A pharmacist who orders and interprets tests pursuant to paragraph (2) of subdivision (a) shall ensure that the ordering of those tests is

done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

**4210.**

- (a) A person who seeks recognition as an advanced practice pharmacist shall meet all of the following requirements:
  - (1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.
  - (2) Satisfy any two of the following criteria:
    - (A) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.
    - (B) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.
    - (C) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.
  - (3) File an application with the board for recognition as an advanced practice pharmacist.
  - (4) Pay the applicable fee to the board.
- (b) An advanced practice pharmacist recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.
- (c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.
- (d) The board shall, by regulation, set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of regulating advanced practice pharmacists pursuant to this chapter. The fee shall not exceed three hundred dollars (\$300).

At the February 2014 Licensing Committee Meeting, the committee heard a presentation by the Board of Pharmacy Specialties on their certification programs. There was also lengthy discussion about routes of qualification.

At this meeting

Alex Adam, Vice President of Pharmacy, National Association of Chain Drug Stores, will provide a presentation on advanced practice pharmacist. A copy of a letter from the California Retailers Association and National Association of Chain Drug Stores is provided in **Attachment 5**.

**7. FOR REVIEW AND DISCUSSION: Implementation Schedule for SB 493 (Hernandez, Chapter 469, Statutes of 2013)**

At the February Licensing Committee Meeting, the committee discussed other provisions contained in SB 493. This portion of the meeting has been set aside so that the committee can hear specific comments from the public on additional components established in SB 493. There is no update from the board's perspective since the February meeting. Working sessions will be scheduled in April or May to initiate work on the two protocols that the board is to develop on hormonal contraception and nicotine replacement products.

**8. NO DISCUSSION PLANNED: Questions to Collect "Prior Convictions" on Board Applications**

DCA Staff Counsel Michael Santiago is working on this assessment, but it is not ready for presentation to the committee at this time. The topic will be rescheduled to the next Licensing Committee Meeting.

**9. FOR INFORMATION AND POSSIBLE ACTION: Competency Committee Report**

The California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) Effective December 1, 2013, the board instituted a quality assurance review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). This means that during the quality assurance review, there is a delay in the release of all CPJE examination scores. This process is done periodically to ensure the reliability of the examination. The board resumed releasing scores on February 25, 2014.

California Practice Standards and Jurisprudence Examination Job Analysis

The committee has also begun to develop a job survey of pharmacists through the oversight of the board's contracted psychometric firm. Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically which serves as the basis for the CPJE. The committee will work on the survey which will be released to a random sample of pharmacists before the end of year. The information learned from this survey will determine if changes are necessary to the content outline of the CPJE.

Action Requested

Pharmacists who complete the job analysis survey in the past have been awarded three hours of CE credit. Staff request that the board again approve this to acknowledge the important and time-consuming attention needed to review the duties pharmacists perform when assessing each duty listed for importance and frequency the duty is performed (there are typically over 100 statements).

Proposed Action

Recommend that the board approve three hours of CE credit to pharmacists who complete the job analysis questionnaire.

**10. FOR INFORMATION: Licensing Statistics for July 2013 – March 2014**

**Attachment 6**

Provided in **Attachment 6** are the board's licensing statistics for July 2013-March 2014. During the first eight months of fiscal year, the board has received over 10,700 applications and issued over 9,300 licenses. The number of applications received has decreased when compared to the same period last year by about 1 percent. Additionally, there is a 2.5 percent decrease in the number of licenses issued.

# **Attachment 1**

## Board of Pharmacy – Oversight of Third Party Logistics Providers

All references are to the California Business and Professions Code

### Business and Professions Code

#### ARTICLE 2. Definitions [4015 - 4045]

Amend **4022.5** to read:

(a) “Designated representative” means an individual to whom a license has been granted pursuant to Section 4053. A pharmacist fulfilling the duties of Section 4053 shall not be required to obtain a license as a designated representative.

(b) “Designated representative-in-charge” means a designated representative or a pharmacist proposed by a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer and approved by the board as the supervisor or manager responsible for ensuring the ~~wholesaler’s~~ wholesaler’s, third-party logistics provider’s or veterinary food-animal drug retailer’s compliance with all state and federal laws and regulations pertaining to practice in the applicable license category.

Amend **4040.5** to read:

“Reverse distributor” means every person who acts as an agent for pharmacies, drug wholesalers, third-party logistics providers, manufacturers, and other entities by receiving, inventorying, warehousing, and managing the disposition of outdated or nonsalable dangerous drugs.

Amend **4043** to read:

(a) “Wholesaler” means and includes a person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of, any drug or device included in Section 4022. Unless otherwise authorized by law, a wholesaler may not store, warehouse, or authorize the storage or warehousing of drugs with any person or at any location not licensed by the board.

~~(b) This section shall become operative January 1, 2006.~~

Amend **4045** to read:

“Third-party logistics provider” or “reverse third-party logistic provider” means an entity licensed as a wholesaler that contracts with a dangerous drug manufacturer to provide or coordinate

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warehousing, distribution, or other similar services on behalf of a manufacturer, but for which there is no change of ownership in the dangerous drugs. For purposes of ~~Sections~~ Section 4034, 4163, 4163.1, 4163.2, 4163.3, 4163.4, and 4163.5, a third-party logistics provider shall not be responsible for generating or updating pedigree documentation, but shall maintain copies of the pedigree. To be exempt from documentation for pedigrees, a reverse third-party logistic provider may only accept decommissioned drugs from pharmacies or wholesalers.

Article 3. Scope of Practice and Exemptions. References to Wholesaler , designated rep, or pedigree:

Amend **4053**, to read:

(a) Notwithstanding Section 4051, the board may issue a license as a designated representative to provide sufficient and qualified supervision in a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer. The designated representative shall protect the public health and safety in the handling, storage, warehousing, distribution and shipment of dangerous drugs and dangerous devices in the ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer.

(b) An individual that is at least 18 years of age may apply for a designated representative license. In order to obtain and maintain that license, the individual shall meet all of the following requirements:

(1) He or she shall be a high school graduate or possess a general education development certificate equivalent.

(2) He or she shall have a minimum of one year of paid work experience in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer, in the past three years, related to the distribution or dispensing of dangerous drugs or dangerous devices or meet all of the prerequisites to take the examination required for licensure as a pharmacist by the board.

(3) He or she shall complete a training program approved by the board that, at a minimum, addresses each of the following subjects:

(A) Knowledge and understanding of California law and federal law relating to the distribution of dangerous drugs and dangerous devices.

(B) Knowledge and understanding of California law and federal law relating to the distribution of controlled substances.

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- (C) Knowledge and understanding of quality control systems.
- (D) Knowledge and understanding of the United States Pharmacopoeia standards relating to the safe storage and handling of drugs.
- (E) Knowledge and understanding of prescription terminology, abbreviations, dosages, and format.
- (4) The board may, by regulation, require training programs to include additional material.
- (5) The board may not issue a license as a designated representative until the applicant provides proof of completion of the required training to the board.
- (c) The veterinary food-animal drug retailer or wholesaler shall not operate without a pharmacist or a designated representative on its premises.
- (d) Only a pharmacist or a designated representative shall prepare and affix the label to veterinary food-animal drugs.
- (e) Section 4051 shall not apply to any laboratory licensed under Section 351 of Title III of the Public Health Service Act (Public Law 78-410).

*Amend 4060. to read:*

No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to either Section 4052.1 or 4052.2. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, third-party logistics provider, pharmacy, pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer. Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor, to order his or her own stock of dangerous drugs and devices.

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**Article 5 – Authority of Inspectors (Sections 4080-4086)**

Amend **4081** to read:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge or designated representative-in-charge, for maintaining the records and inventory described in this section.

(c) The pharmacist-in-charge or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate.

**Article 6. General Requirements (Sections 4100 – 4107)**

Amend **4101** to read:

(a) A pharmacist may take charge of and act as the pharmacist-in-charge of a pharmacy upon application by the pharmacy and approval by the board. Any pharmacist-in-charge who ceases to act as the pharmacist-in-charge of the pharmacy shall notify the board in writing within 30 days of the date of that change in status.

(b) A designated representative or a pharmacist may take charge of, and act as, the designated representative-in-charge of a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer upon application by the ~~wholesaler~~ wholesaler, third-party logistics

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provider or veterinary food-animal drug retailer and approval by the board. Any designated representative-in-charge who ceases to act as the designated representative-in-charge at that entity shall notify the board in writing within 30 days of the date of that change in status.

*Amend 4105. to read:*

(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.

(c) The records required by this section shall be retained on the licensed premises for a period of three years from the date of making.

(d) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, the pharmacist on duty if the pharmacist-in-charge is not on duty, or, in the case of a veterinary food-animal drug ~~retailer~~ retailer, wholesaler or ~~wholesaler~~, third-party logistics provider, the designated representative on duty, shall, at all times during which the licensed premises are open for business, be able to produce a hard copy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board, may upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

(2) A waiver granted pursuant to this subdivision shall not affect the board's authority under this section or any other provision of this chapter.

(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to

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deny the extension request within two business days of the time the extension request was made directly to the board.

**Article 7. Pharmacies (Sections 4110 – 4126.5)**

*Amend 4120. to read:*

(a) A nonresident pharmacy shall not sell or distribute dangerous drugs or dangerous devices in this state through any person or media other than a wholesaler or third party logistics provider who has obtained a license pursuant to this chapter or through a selling or distribution outlet that is licensed as a wholesaler or third party logistics provider pursuant to this chapter without registering as a nonresident pharmacy.

(b) Applications for a nonresident pharmacy registration shall be made on a form furnished by the board. The board may require any information as the board deems reasonably necessary to carry out the purposes of this section.

(c) The Legislature, by enacting this section, does not intend a license issued to any nonresident pharmacy pursuant to this section to change or affect the tax liability imposed by Chapter 3 (commencing with Section 23501) of Part 11 of Division 2 of the Revenue and Taxation Code on any nonresident pharmacy.

(d) The Legislature, by enacting this section, does not intend a license issued to any nonresident pharmacy pursuant to this section to serve as any evidence that the nonresident pharmacy is doing business within this state.

*Amend 4126 to read:*

(a) Notwithstanding any other provision of law, a covered entity may contract with a pharmacy to provide pharmacy services to patients of the covered entity, as defined in Section 256b of Title 42 of the United States Code, including dispensing preferentially priced drugs obtained pursuant to Section 256b of Title 42 of the United States Code. Contracts between those covered entities and pharmacies shall comply with guidelines published by the Health Resources and Services Administration and shall be available for inspection by board staff during normal business hours.

(b) Drugs purchased pursuant to Section 256b of Title 42 of the United States Code and received by a pharmacy shall be segregated from the pharmacy's other drug stock by either physical or

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electronic means. All records of acquisition and disposition of these drugs shall be readily retrievable in a form separate from the pharmacy's other records.

(c) Drugs obtained by a pharmacy to be dispensed to patients of a covered entity pursuant to Section 256b of Title 42 of the United States Code that cannot be distributed because of a change in circumstances for the covered entity or the pharmacy shall be returned to the distributor from which they were obtained. For the purposes of this section, a change in circumstances includes, but is not limited to, the termination or expiration of the contract between the pharmacy and the covered entity, the closure of a pharmacy, disciplinary action against the pharmacy, or closure of the covered entity.

(d) A licensee that participates in a contract to dispense preferentially priced drugs pursuant to this section shall not have both a pharmacy and a wholesaler license, or both a pharmacy and a third-party logistics provider license.

(e) Neither a covered entity nor a pharmacy shall be required to obtain a license as a wholesaler or a third-party logistics provider based on acts reasonably necessary to fully participate in the drug purchase program established by Section 256b of Title 42 of the United States Code.

*Amend 4149 to read:*

**4149. License Required for Nonresident Distributor of Needles or Syringes**

(a) A nonresident distributor shall not sell or distribute hypodermic needles or syringes in this state without obtaining a license from the board pursuant to Section 4141.

(b) Notwithstanding subdivision (a), no license shall be required if the nonresident distributor sells or distributes solely through a person who is licensed as a wholesaler or third party logistics provider pursuant to Section 4160.

(c) The Legislature, by enacting this section, does not intend a license issued to any nonresident distributor pursuant to this article to serve as evidence that the entity is doing business within this state.

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**Amend the Title of Article 11 to read:**

**ARTICLE 11. ~~Wholesalers and Manufacturers~~ Wholesalers, Third-Party Logistics Providers and Manufacturers [4160 - 4169]**

*( Article 11 added by Stats. 1996, Ch. 890, Sec. 3. )*

Amend **4160** to read:

- (a) A person may not act as a wholesaler or third party logistics provider of any dangerous drug or dangerous device unless he or she has obtained a license from the board.
- (b) Upon approval by the board and the payment of the required fee, the board shall issue a license to the applicant.
- (c) A separate license shall be required for each place of business owned or operated by a ~~wholesaler~~ wholesaler or third-party logistics provider. Each license shall be renewed annually and shall not be transferable.
- (d) Every wholesaler or third party logistics provider shall be supervised or managed by a designated representative-in-charge. The designated representative-in-charge shall be responsible for the wholesaler's or third party logistics provider's compliance with state and federal laws governing ~~wholesalers.~~ wholesalers or third party logistics providers. As part of its initial application for a license, and for each renewal, each wholesaler or third party logistics provider shall, on a form designed by the board, provide identifying information and the California license number for a designated representative or pharmacist proposed to serve as the designated representative-in-charge. The proposed designated representative-in-charge shall be subject to approval by the board. The board shall not issue or renew a wholesaler license or third party logistics provider license without identification of an approved designated representative-in-charge for the ~~wholesaler.~~ wholesaler or third-party logistics provider.
- (e) Every wholesaler or third party logistics provider shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board. If disapproved, the wholesaler shall propose another replacement within 15 days of the date of disapproval, and shall continue to name proposed replacements until a designated representative-in-charge is approved by the board.

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(f) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

(g) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be required in an amount established by the board as specified in subdivision (f) of Section 4400. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

*Amend **4161** to read: (Nonresident WLS or nonresident third-party logistics providers)*

(a) A person located outside this state that (1) ships, sells, mails, warehouses, distributes or delivers dangerous drugs or dangerous devices into this state or (2) sells, brokers, warehouses or distributes dangerous drugs or devices within this state shall be considered a nonresident wholesaler or a nonresident third-party logistics provider.

(b) A nonresident wholesaler or nonresident third-party logistics provider shall be licensed by the board prior to shipping, selling, mailing, warehousing, distributing or delivering dangerous drugs or dangerous devices to a site located in this state or selling, brokering, warehousing or distributing dangerous drugs or devices within this state.

(c) A separate license shall be required for each place of business owned or operated by a nonresident wholesaler or nonresident third-party logistics provider from or through which dangerous drugs or dangerous devices are shipped, sold, mailed, warehoused, distributed or delivered to a site located in this state or sold, brokered, warehoused or distributed within this state. A license shall be renewed annually and shall not be transferable.

(d) The following information shall be reported, in writing, to the board at the time of initial application for licensure by a nonresident wholesaler or a nonresident third-party logistics

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provider, on renewal of a nonresident wholesaler or nonresident third-party logistics provider license, or within 30 days of a change in that information:

- (1) Its agent for service of process in this state.
- (2) Its principal corporate officers, as specified by the board, if any.
- (3) Its general partners, as specified by the board, if any.
- (4) Its owners if the applicant is not a corporation or partnership.
- (e) A report containing the information in subdivision (d) shall be made within 30 days of any change of ownership, office, corporate officer, or partner.
- (f) A nonresident wholesaler or nonresident third-party logistics provider shall comply with all directions and requests for information from the regulatory or licensing agency of the state in which it is licensed, as well as with all requests for information made by the board.
- (g) A nonresident wholesaler or nonresident third-party logistics provider shall maintain records of dangerous drugs and dangerous devices sold, traded, ~~or transferred~~ transferred, warehoused or distributed to persons in this state or within this state, so that the records are in a readily retrievable form.
- (h) A nonresident wholesaler or nonresident third-party logistics provider shall at all times maintain a valid, unexpired license, permit, or registration to conduct the business of the wholesaler or nonresident third-party logistics provider in compliance with the laws of the state in which it is a resident. An application for a nonresident wholesaler or nonresident third-party logistics provider license in this state shall include a license verification from the licensing authority in the applicant's state of residence.
- (i) The board may not issue or renew a nonresident wholesaler or nonresident third-party logistics provider license until the nonresident wholesaler or nonresident third-party logistics provider identifies a designated representative-in-charge and notifies the board in writing of the identity and license number of the designated representative-in-charge.
- (j) The designated representative-in-charge shall be responsible for the nonresident wholesaler's or nonresident third-party logistics provider's compliance with state and federal laws governing wholesalers and third-party logistics providers. A nonresident wholesaler or nonresident third-party logistics provider shall identify and notify the board of a new designated representative-in-charge within 30 days of the date that the prior designated representative-in-charge ceases to be the designated representative-in-charge.

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(k) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be five hundred fifty dollars (\$550) or another amount established by the board not to exceed the annual fee for renewal of a license to compound injectable sterile drug products. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

(l) The registration fee shall be the fee specified in subdivision (f) of Section 4400.

*Amend 4162. to read:*

(a) (1) An applicant, that is not a government owned and operated third-party logistics provider or wholesaler, for the issuance or renewal of a third-party logistics provider or wholesaler license shall submit a surety bond of one hundred thousand dollars (\$100,000) or other equivalent means of security acceptable to the board payable to the Pharmacy Board Contingent Fund. The purpose of the surety bond is to secure payment of any administrative fine imposed by the board and any cost recovery ordered pursuant to Section 125.3.

(2) For purposes of paragraph (1), the board may accept a surety bond less than one hundred thousand dollars (\$100,000) if the annual gross receipts of the previous tax year for the wholesaler or third-party logistics provider is ten million dollars (\$10,000,000) or less, in which case the surety bond shall be twenty-five thousand dollars (\$25,000).

(3) A person to whom an approved new drug application has been issued by the United States Food and Drug Administration who engages in the wholesale distribution of only the dangerous drug specified in the new drug application, and is licensed or applies for licensure as a third-party logistics provider or wholesaler, shall not be required to post a surety bond as provided in paragraph (1).

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(4) For licensees subject to paragraph (2) or (3), the board may require a bond up to one hundred thousand dollars (\$100,000) for any licensee who has been disciplined by any state or federal agency or has been issued an administrative fine pursuant to this chapter.

(b) The board may make a claim against the bond if the licensee fails to pay a fine within 30 days after the order imposing the fine, or costs become final.

(c) A single surety bond or other equivalent means of security acceptable to the board shall satisfy the requirement of subdivision (a) for all licensed sites under common control as defined in Section 4126.5.

*Amend 4162.5 to read*

(a) (1) An applicant for the issuance or renewal of a nonresident third-party logistics provider or wholesaler license shall submit a surety bond of one hundred thousand dollars (\$100,000), or other equivalent means of security acceptable to the board, such as an irrevocable letter of credit, or a deposit in a trust account or financial institution, payable to the Pharmacy Board Contingent Fund. The purpose of the surety bond is to secure payment of any administrative fine imposed by the board and any cost recovery ordered pursuant to Section 125.3.

(2) For purposes of paragraph (1), the board may accept a surety bond less than one hundred thousand dollars (\$100,000) if the annual gross receipts of the previous tax year for the nonresident third-party logistics provider or wholesaler is ten million dollars (\$10,000,000) or less in which the surety bond shall be twenty-five thousand dollars (\$25,000).

(3) For applicants who satisfy paragraph (2), the board may require a bond up to one hundred thousand dollars (\$100,000) for any nonresident third-party logistics provider or wholesaler who has been disciplined by any state or federal agency or has been issued an administrative fine pursuant to this chapter.

(4) A person to whom an approved new drug application or a biologics license application has been issued by the United States Food and Drug Administration who engages in the wholesale distribution of only the dangerous drug specified in the new drug application or biologics license application, and is licensed or applies for licensure as a nonresident third-party logistics provider or wholesaler, shall not be required to post a surety bond as provided in this section.

(b) The board may make a claim against the bond if the licensee fails to pay a fine within 30 days of the issuance of the fine or when the costs become final.

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(c) A single surety bond or other equivalent means of security acceptable to the board shall satisfy the requirement of subdivision (a) for all licensed sites under common control as defined in Section 4126.5.

*Amend 4164. to read:*

(a) A wholesaler licensed by the board that distributes controlled substances, dangerous drugs, or dangerous devices within or into this state shall report to the board all sales of dangerous drugs and controlled substances that are subject to abuse, as determined by the board.

(b) Each wholesaler shall develop and maintain a system for tracking individual sales of dangerous drugs at preferential or contract prices to pharmacies that primarily or solely dispense prescription drugs to patients of long-term care facilities. The system shall be capable of identifying purchases of any dangerous drug at preferential or contract prices by customers that vary significantly from prior ordering patterns for the same customer, including by identifying purchases in the preceding 12 calendar months by that customer or similar customers and identifying current purchases that exceed prior purchases by either that customer or similar customers by a factor of 20 percent. Each wholesaler shall have the tracking system required by this subdivision in place no later than January 1, 2006.

(c) Upon written, oral, or electronic request by the board, a wholesaler shall furnish data tracked pursuant to subdivision (b) to the board in written, hardcopy, or electronic form. The board shall specify the dangerous drugs, the customers, or both the dangerous drugs and customers for which data are to be furnished, and the wholesaler shall have 30 calendar days to comply with the request.

(d) As used in this section, “preferential or contract prices” means and refers to purchases by contract of dangerous drugs at prices below the market wholesale price for those drugs.

~~(e) This section shall become operative on January 1, 2006.~~

*Amend 4165. to read:*

A wholesaler or third-party logistics provider licensed by the board who sells or transfers any dangerous drug or dangerous device into this state or who receives, by sale or otherwise, any dangerous drug or dangerous device from any person in this state shall, on request, furnish an authorized officer of the law with all records or other documentation of that sale or transfer.

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*Amend 4166. to read:*

(a) Any wholesaler that uses the services of any third-party logistics provider or carrier, including, but not limited to, the United States Postal Service or any common carrier, shall be liable for the security and integrity of any dangerous drugs or dangerous devices through that provider or carrier until the drugs or devices are delivered to the transferee at its board-licensed premises.

(b) Nothing in this section is intended to affect the liability of a ~~wholesaler~~ wholesaler, third-party logistics provider or other distributor for dangerous drugs or dangerous devices after their delivery to the transferee.

*Amend 4167. to read:*

A wholesaler or third-party logistics provider shall not obtain, by purchase or otherwise, any dangerous drugs or dangerous devices that it cannot maintain, in a secure manner, on the premises licensed by the board.

*Amend 4168. to read:*

A county or municipality may not issue a business license for any establishment that requires a wholesaler or third-party logistics provider license unless the establishment possesses a current wholesaler or third-party logistics provider license issued by the board. For purposes of this section, an “establishment” is the licensee’s physical location in California.

*Amend 4169. to read:*

- (a) A person or entity may not do any of the following:
- (1) Purchase, trade, sell, warehouse, distribute or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a ~~wholesaler~~ wholesaler, third-party logistics provider or pharmacy.
  - (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code.

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(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111335 of the Health and Safety Code.

(4) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label.

(5) Fail to maintain records of the acquisition or disposition of dangerous drugs or dangerous devices for at least three years.

(b) Notwithstanding any other provision of law, a violation of this section or of ~~subdivision (c) or (d)~~ of Section 4163 may subject the person or entity that has committed the violation to a fine not to exceed the amount specified in Section 125.9 for each occurrence, pursuant to a citation issued by the board.

(c) Amounts due from any person under this section shall be offset as provided under Section 12419.5 of the Government Code. Amounts received by the board under this section shall be deposited into the Pharmacy Board Contingent Fund.

(d) This section shall not apply to a pharmaceutical manufacturer licensed by the Food and Drug Administration or by the State Department of Public Health.

**Article 16 – Applications (Sections 4200 – 4209)**

*Amend 4201. to read:*

(a) Each application to conduct a pharmacy, wholesaler, third-party logistics provider or veterinary food-animal drug retailer, shall be made on a form furnished by the board, and shall state the name, address, usual occupation, and professional qualifications, if any, of the applicant. If the applicant is other than a natural person, the application shall state the information as to each person beneficially interested therein.

(b) As used in this section, and subject to subdivision (c), the term “person beneficially interested” means and includes:

(1) If the applicant is a partnership or other unincorporated association, each partner or member.

(2) If the applicant is a corporation, each of its officers, directors, and stockholders, provided that no natural person shall be deemed to be beneficially interested in a nonprofit corporation.

(3) If the applicant is a limited liability company, each officer, manager, or member.

(c) In any case where the applicant is a partnership or other unincorporated association, is a limited liability company, or is a corporation, and where the number of partners, members, or

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stockholders, as the case may be, exceeds five, the application shall so state, and shall further state the information required by subdivision (a) as to each of the five partners, members, or stockholders who own the five largest interests in the applicant entity. Upon request by the executive officer, the applicant shall furnish the board with the information required by subdivision (a) as to partners, members, or stockholders not named in the application, or shall refer the board to an appropriate source of that information.

(d) The application shall contain a statement to the effect that the applicant has not been convicted of a felony and has not violated any of the provisions of this chapter. If the applicant cannot make this statement, the application shall contain a statement of the violation, if any, or reasons which will prevent the applicant from being able to comply with the requirements with respect to the statement.

(e) Upon the approval of the application by the board and payment of the fee required by this chapter for each pharmacy, wholesaler, third-party logistics provider or veterinary food-animal drug retailer, the executive officer of the board shall issue a license to conduct a pharmacy, wholesaler, third-party logistics provider or veterinary food-animal drug retailer, if all of the provisions of this chapter have been complied with.

(f) Notwithstanding any other provision of law, the pharmacy license shall authorize the holder to conduct a pharmacy. The license shall be renewed annually and shall not be transferable.

(g) Notwithstanding any other provision of law, the wholesale license shall authorize the holder to wholesale dangerous drugs and dangerous devices. The license shall be renewed annually and shall not be transferable.

(h) Notwithstanding any other provision of law, the third-party logistics provider license shall authorize the holder to provide or coordinate warehousing, distribution or other similar services of dangerous drugs and devices. The license shall be renewed annually and shall not be transferable.

~~(h)~~ (i) Notwithstanding any other provision of law, the veterinary food-animal drug retailer license shall authorize the holder thereof to conduct a veterinary food-animal drug retailer and to sell and dispense veterinary food-animal drugs as defined in Section 4042.

~~(i)~~ (j) For licenses referred to in subdivisions (f), (g), ~~(h)~~ and ~~(i)~~, any change in the proposed beneficial ownership interest shall be reported to the board within 30 days thereafter upon a form to be furnished by the board.

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~~(j) This section shall become operative on July 1, 2001.~~

Amend **4305.5** to read:

(a) A person who has obtained a license to conduct a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer, shall notify the board within 30 days of the termination of employment of the designated representative-in-charge. Failure to notify the board within the 30-day period shall constitute grounds for disciplinary action.

(b) A person who has obtained a license to conduct a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer, who willfully fails to notify the board of the termination of employment of the designated representative-in-charge, and who continues to operate the licensee in the absence of the designated representative-in-charge for that location, shall be subject to summary suspension or revocation of his or her license to conduct a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer.

(c) A designated representative-in-charge of a ~~wholesaler~~ wholesaler, third-party logistics provider or veterinary food-animal drug retailer, who terminates his or her employment at the licensee, shall notify the board within 30 days of the termination of employment. Failure to notify the board within the 30-day period shall constitute grounds for disciplinary action.

~~(d) This section shall become operative on January 1, 2006.~~

Amend **4312** to read:

(a) The board may cancel the license of a wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer if the licensed premises remain closed, as defined in subdivision (e), other than by order of the board. For good cause shown, the board may cancel a license after a shorter period of closure. To cancel a license pursuant to this subdivision, the board shall make a diligent, good faith effort to give notice by personal service on the licensee. If a written objection is not received within 10 days after personal service is made or a diligent, good faith effort to give notice by personal service on the licensee has failed, the board may cancel the license without the necessity of a hearing. If the licensee files a written objection, the board shall file an accusation based on the licensee remaining closed. Proceedings shall be conducted in

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accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted in that chapter.

(b) In the event that the license of a wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer is cancelled pursuant to subdivision (a) or revoked pursuant to Article 19 (commencing with Section 4300), or a wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer notifies the board of its intent to remain closed or to discontinue business, the licensee shall, within 10 days thereafter, arrange for the transfer of all dangerous drugs and controlled substances or dangerous devices to another licensee authorized to possess the dangerous drugs and controlled substances or dangerous devices. The licensee transferring the dangerous drugs and controlled substances or dangerous devices shall immediately confirm in writing to the board that the transfer has taken place.

(c) If a wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer fails to comply with subdivision (b), the board may seek and obtain an order from the superior court in the county in which the wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer is located, authorizing the board to enter the wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer and inventory and store, transfer, sell, or arrange for the sale of, all dangerous drugs and controlled substances and dangerous devices found in the wholesaler, third-party logistics provider, pharmacy, or veterinary food-animal drug retailer.

(d) In the event that the board sells or arranges for the sale of any dangerous drugs, controlled substances, or dangerous devices pursuant to subdivision (c), the board may retain from the proceeds of the sale an amount equal to the cost to the board of obtaining and enforcing an order issued pursuant to subdivision (c), including the cost of disposing of the dangerous drugs, controlled substances, or dangerous devices. The remaining proceeds, if any, shall be returned to the licensee from whose premises the dangerous drugs or controlled substances or dangerous devices were removed.

(1) The licensee shall be notified of his or her right to the remaining proceeds by personal service or by certified mail, postage prepaid.

(2) If a statute or regulation requires the licensee to file with the board his or her address, and any change of address, the notice required by this subdivision may be sent by certified mail, postage

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prepaid, to the latest address on file with the board and service of notice in this manner shall be deemed completed on the 10th day after the mailing.

(3) If the licensee is notified as provided in this subdivision, and the licensee fails to contact the board for the remaining proceeds within 30 calendar days after personal service has been made or service by certified mail, postage prepaid, is deemed completed, the remaining proceeds shall be deposited by the board into the Pharmacy Board Contingent Fund. These deposits shall be deemed to have been received pursuant to Chapter 7 (commencing with Section 1500) of Title 10 of Part 3 of the Code of Civil Procedure and shall be subject to claim or other disposition as provided in that chapter.

(e) For the purposes of this section, “closed” means not engaged in the ordinary activity for which a license has been issued for at least one day each calendar week during any 120-day period.

(f) Nothing in this section shall be construed as requiring a pharmacy to be open seven days a week.

**Article 20 – Prohibitions and Offenses (Sections 4320-4343)**

*Amend 4331. to read:*

(a) A person who is neither a pharmacist nor a designated representative and who takes charge of a third-party logistics provider, wholesaler or veterinary food-animal drug retailer or who coordinates the warehousing or distribution of dangerous drugs or devices, dispenses a prescription or furnishes dangerous devices except as otherwise provided in this chapter is guilty of a misdemeanor.

(b) A person who has obtained a license to conduct a veterinary food-animal drug retailer and who fails to place in charge of that veterinary food-animal drug retailer a pharmacist or designated representative, or any person who, by himself or herself, or by any other person, permits the dispensing of prescriptions, except by a pharmacist or designated representative, or as otherwise provided in this chapter, is guilty of a misdemeanor.

(c) A person who has obtained a license to conduct a wholesaler or third-party logistics provider and who fails to place in charge of that wholesaler or third-party logistics provider a pharmacist or designated representative, or any person who, by himself or herself, or by any other person, permits the furnishing of dangerous drugs or dangerous devices, except by a pharmacist or designated representative, or as otherwise provided in this chapter, is guilty of a misdemeanor.

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~~(d) This section shall become operative on January 1, 2006.~~

**Article 23 – Revenue and Renewal**

**4400.**

The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) The fee for a nongovernmental pharmacy license shall be four hundred dollars (\$400) and may be increased to five hundred twenty dollars (\$520). The fee for the issuance of a temporary nongovernmental pharmacy permit shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325).

(b) The fee for a nongovernmental pharmacy license annual renewal shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325).

(c) The fee for the pharmacist application and examination shall be two hundred dollars (\$200) and may be increased to two hundred sixty dollars (\$260).

(d) The fee for regrading an examination shall be ninety dollars (\$90) and may be increased to one hundred fifteen dollars (\$115). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license and biennial renewal shall be one hundred fifty dollars (\$150) and may be increased to one hundred ninety-five dollars (\$195).

(f) The fee for a nongovernmental wholesaler or third party logistics provider license and annual renewal shall be six hundred dollars (\$600), and may be increased to seven hundred eighty dollars (\$780). The application fee for any additional location after licensure of the first 20 locations shall be two hundred twenty-five dollars (\$225) and may be increased to three hundred dollars (\$300). A temporary license fee shall be five hundred fifty dollars (\$550) and may be increased to seven hundred fifteen dollars (\$715).

(g) The fee for a hypodermic license and renewal shall be one hundred twenty-five dollars (\$125) and may be increased to one hundred sixty-five dollars (\$165).

(h) (1) The fee for application, investigation, and issuance of license as a designated representative pursuant to Section 4053 shall be two hundred fifty-five dollars (\$255) and may be increased to three hundred thirty dollars (\$330).

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(2) The fee for the annual renewal of a license as a designated representative shall be one hundred fifty dollars (\$150) and may be increased to one hundred ninety-five dollars (\$195).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be two hundred fifty-five dollars (\$255) and may be increased to three hundred thirty dollars (\$330).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be one hundred fifty dollars (\$150) and may be increased to one hundred ninety-five dollars (\$195).

(j) (1) The application fee for a nonresident wholesaler's license or third party logistics provider license issued pursuant to Section 4161 shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780).

(2) For nonresident wholesalers who have 21 or more facilities operating nationwide the application fees for the first 20 locations shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780). The application fee for any additional location after licensure of the first 20 locations shall be two hundred twenty-five dollars (\$225) and may be increased to three hundred dollars (\$300). A temporary license fee shall be five hundred fifty dollars (\$550) and may be increased to seven hundred fifteen dollars (\$715).

(3) The annual renewal fee for a nonresident wholesaler's license or third party logistics provider license issued pursuant to Section 4161 shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars (\$40) per course hour.

(l) The fee for an intern pharmacist license shall be ninety dollars (\$90) and may be increased to one hundred fifteen dollars (\$115). The fee for transfer of intern hours or verification of licensure to another state shall be twenty-five dollars (\$25) and may be increased to thirty dollars (\$30).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be thirty-five dollars (\$35) and may be increased to forty-five dollars (\$45).

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(o) The fee for the reissuance of any license, or renewal thereof, that must be reissued because of a change in the information, shall be one hundred dollars (\$100) and may be increased to one hundred thirty dollars (\$130).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a nongovernmental clinic license shall be four hundred dollars (\$400) and may be increased to five hundred twenty dollars (\$520) for each license. The annual fee for renewal of the license shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325) for each license.

(r) The fee for the issuance of a pharmacy technician license shall be eighty dollars (\$80) and may be increased to one hundred five dollars (\$105). The fee for renewal of a pharmacy technician license shall be one hundred dollars (\$100) and may be increased to one hundred thirty dollars (\$130).

(s) The fee for a veterinary food-animal drug retailer license shall be four hundred five dollars (\$405) and may be increased to four hundred twenty-five dollars (\$425). The annual renewal fee for a veterinary food-animal drug retailer license shall be two hundred fifty dollars (\$250) and may be increased to three hundred twenty-five dollars (\$325).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be thirty-five dollars (\$35) and may be increased to forty-five dollars (\$45).

(u) The fee for issuance or renewal of a nongovernmental license to compound sterile drug products shall be six hundred dollars (\$600) and may be increased to seven hundred eighty dollars (\$780). The fee for a temporary license shall be five hundred fifty dollars (\$550) and may be increased to seven hundred fifteen dollars (\$715).

# **Attachment 2**



**California State Board of Pharmacy**  
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
 Phone (916) 574-7900  
 Fax (916) 574-8618  
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GOVERNOR EDMUND G. BROWN JR.

## INTERN PHARMACIST EDUCATION AFFIDAVIT

**Instructions:** This form must be completed by the Dean of the college. All dates must include the month, day, and year in order for the form to be accepted.

This is to certify that \_\_\_\_\_  
Print Name of Applicant

the above applicant who is applying to the California State Board of Pharmacy for an intern pharmacist registration is:

- Registered as a student in this institution seeking a degree in pharmacy.
- Re-enrolled to take additional coursework prior to re-examination by the board.

Year enrolled in school \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

I hereby certify as the Dean of the school or college of pharmacy listed below or as a person with authority and personal knowledge to certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix School Seal Here**

College, University  
or School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Printed Name of  
Dean or Person of  
Authority and  
Personal  
Knowledge of  
these Facts: \_\_\_\_\_

Title: \_\_\_\_\_

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Number: \_\_\_\_\_

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**ACCREDITATION COUNCIL FOR PHARMACY EDUCATION**

**ACCREDITATION STANDARDS AND GUIDELINES FOR THE  
PROFESSIONAL PROGRAM IN PHARMACY LEADING TO  
THE DOCTOR OF PHARMACY DEGREE**

**ADOPTED: JANUARY 15, 2006  
RELEASED: FEBRUARY 17, 2006  
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**ADOPTED: JANUARY 23, 2011  
EFFECTIVE: FEBRUARY 14, 2011**



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Chicago, Illinois  
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FEBRUARY 14, 2011**

**Standard No. 14: Curricular Core—Pharmacy Practice Experiences**

The college or school must provide a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.

The pharmacy practice experiences must integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site must be defined. Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes must be documented and assessed.

In aggregate, the pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals. Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.

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Guideline 14.1

Preceptors should hold full, shared, adjunct, or other defined positions in the college or school and should be well versed in the outcomes expected of students and the pedagogical methods that best enhance learning. In this regard, the college or school must ensure that preceptors receive orientation, especially for first-time preceptors prior to assuming their responsibilities, ongoing training, and development. Preceptors should provide close supervision of and significant interaction with students. The student-to-preceptor ratio for the pharmacy practice experiences should be adequate to provide individualized instruction, guidance, supervision, and assessment.

Guideline 14.2

When assigning students to preceptors and practice sites, the college or school should strive to avoid circumstances or relationships that could adversely affect the student/teacher relationship and the desired outcomes.

Guideline 14.3

Students must not receive remuneration from practice sites for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.<sup>14</sup> Other work experiences in pharmacy settings for which no academic credit is awarded (i.e., not a component of introductory or advanced pharmacy practice experiences) may be required for advancement in the curriculum. The college or school, within their policies and procedures, for experiential education may provide financial assistance for student travel and housing that is not considered remuneration for services rendered.

Guideline 14.4<sup>15</sup>

Introductory pharmacy practice experiences must account for not less than 300 hours (over the first three professional years). The majority of students' time (minimum of 150 hours) must be balanced between community pharmacy and institutional health system settings. These experiences must permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities. Additional practice experiences in other types of practice settings may also be used. The introductory pharmacy practice experiences should begin early in the curriculum, be interfaced with didactic course work that provides an introduction to the profession, and continue in a progressive manner leading to entry into the advanced pharmacy practice experiences. The didactic course work itself should not be counted toward the curricular requirement of introductory pharmacy practice experiences.

<sup>14</sup> A professional degree program in an institution that meets the definition and characteristics of "cooperative education" ([www.co-op.edu](http://www.co-op.edu)) may apply to ACPE for a waiver of this requirement.

<sup>15</sup> See Appendix C and D for additional guidance on pharmacy practice experiences.

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Guideline 14.5

Colleges and schools may choose to include structured simulation as part of their overall introductory pharmacy practice experiences to meet their introductory pharmacy practice experiences program goals and objectives. Simulation, defined as an activity or event replicating pharmacy practice, can be utilized for no greater than 20% (e.g., 60 hours of a 300 hour requirement) of total introductory pharmacy practice experience time, and cannot substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings (see Guideline 14.4). Colleges and schools are not required to include simulation experiences as a portion of introductory pharmacy practice experiences. For the purpose of satisfying introductory pharmacy practice experience expectations, simulation may include use of high fidelity manikins, medium fidelity manikins, standardized patients, standardized colleagues, role play, and computer-based simulations. Simulation as a component of introductory pharmacy practice experiences should clearly connect the pharmacy activity or delivery of a medication to a patient (whether simulated patient, standardized patient, or virtual patient). Colleges and schools are encouraged to develop interprofessional simulations and, if desired, should seek guidance from ACPE on appropriate simulation experiences to meet introductory pharmacy practice experiences program goals and objectives.

Guideline 14.6

The expected length of the advanced pharmacy practice experiences is not less than 1440 hours (i.e., 36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed. The organization of the advanced pharmacy practice experiences should provide a balanced series of required (the majority) and elective experiences that cumulatively provide sustained experiences of adequate intensity, duration, and breadth (in terms of patients and disease states that pharmacists are likely to encounter when providing care) to enable achievement of stated competencies as demonstrated by assessment of outcome expectations. Generally, the required and elective experiences should be full-time, provide continuity of care, and be conducted under pharmacist-preceptor supervision and monitoring.

The required advanced pharmacy practice experiences<sup>16</sup> in all program pathways must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands). Required experiences must include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings:

- community pharmacy

<sup>16</sup> *Entry-level Competencies Needed for Pharmacy Practice in Hospitals and Health-Systems*. ASHP-ACPE Task Force report: Fall 2010 should be consulted as a resource guide (see: <http://www.ashp.org/DocLibrary/MemberCenter/Entry-level-Competencies.aspx>)

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- hospital or health-system pharmacy
- ambulatory care
- inpatient/acute care general medicine

The required advanced pharmacy practice experiences should emphasize the need for continuity of care throughout the health care delivery system, including the availability and sharing of information regarding a patient's condition, medications, and other therapies.

Elective advanced pharmacy practice experiences in other settings (such as research, management, drug information, education, managed care, long-term care, hospice, and home health care) should complement the required experiences and provide adequate and innovative opportunities for students to mature professionally and in accordance with their individual interests. The college or school may offer elective advanced pharmacy practice experiences outside the United States and its territories and possessions, provided that they support the development of the competencies required of the graduate, and the college or school implements policies and procedures to ensure the quality of the site(s) and preceptor(s).

Guideline 14.7

A quality assurance procedure for all pharmacy practice experiences should be established and implemented to facilitate achievement of stated competencies, provide for feedback, and support standardization, consistency, and inter-rater reliability in assessment of student performance. All practice sites and preceptors should be selected in accordance with quality criteria established and reviewed periodically for quality improvement. The assessment process should incorporate the perspectives of key constituents, such as students, practitioners, prospective employers, and board of pharmacy members.

Guideline 14.8

Goals and outcomes for each pharmacy practice experience must be mapped to activities listed in Appendix C to ensure that students' experience will cover, at a minimum, all the listed activities.

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**Standard No. 28: Practice Facilities**

**To support the introductory and advanced pharmacy practice experiences (required and elective) and to advance collaboratively the patient care services of pharmacy practice experience sites (where applicable), the college or school must establish and implement criteria for the selection of an adequate number and mix of practice facilities and secure written agreements with the practice facilities.**

**Guideline 28.1**

Before assigning students to any given practice site, the college or school must screen the site and associated preceptors using defined quality criteria to ensure that the educational experience would afford students the opportunity to achieve the required competencies.

**Guideline 28.2**

At a minimum, for all sites for required pharmacy practice experiences and for frequently used sites for elective pharmacy practice experiences, a written affiliation agreement between the site and the college or school must be executed. The agreement should clearly define the responsibilities, commitments, and expectations of each of the parties regarding the education of students. Agreements should provide for criteria for termination and sufficient advance notification of termination in order to permit development of alternate affiliations should this become necessary. Agreements should also address student-related matters such as health services, malpractice provisions, criminal background checks, student disclosures, immunization policies, and professional conduct expectations.

**Guideline 28.3**

The college or school must identify a diverse mixture of sites for required and elective pharmacy practice experiences. In general, each site used for required pharmacy practice experiences should have the following characteristics:

- meets or exceeds all legal and professional standards required to provide patient care
- has a patient population that exhibits diversity in culture, medical conditions, gender, and age, where appropriate
- has an adequate patient population based on the learning objectives for the rotation
- has access to learning and information resources
- has a commitment to the education of pharmacy students
- has management that is supportive of professional staff involvement in the education of pharmacy students
- has a practice environment that nurtures and supports pharmacist and student interactions with patients
- provides daily contact with the preceptor or a qualified designee to ensure that students receive feedback and have opportunities to ask questions
- is adequately equipped with the technology needed to support student training and to reflect contemporary practice

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- provides medication therapy management and patient care services for diverse populations
- has adequate professional staff and supportive technical and clerical staff to meet the learning objectives and to provide for optimum time for preceptor and student interaction
- provides educational workshops for patients and other health care providers
- serves as an accredited site for training of pharmacy residents
- has collaborative professional and/or training relationships with other health care providers
- demonstrates a strong commitment to health promotion and illness prevention as reflected by the services provided and/or products sold (e.g., provision of health screening, tobacco cessation counseling, immunizations; not stocking cigarettes and other tobacco products)

The college or school should ensure the availability of a broad array of quality-assured sites for elective pharmacy practice experiences (such as state or national pharmacy associations, state boards of pharmacy, pharmacy benefit managers, insurance companies, pharmaceutical manufacturers, drug information centers, and research laboratories) to support the achievement of curricular competencies and student interests.

Guideline 28.4

The college or school must periodically assess the quality of sites and preceptors in light of curricular needs and must identify additional sites when needed. Colleges

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**Appendix C**

**Additional Guidance on Pharmacy Practice Experiences**

*The following information is a compilation of comments received from ACPE stakeholders relative to pharmacy experiential education. As with Appendix B, the information is provided as a basis for curricular reflection and continuous quality improvement, driven by the mission and goals of the college or school.*

**General Guidance**

The pharmacy practice experiences should:

- ensure that every student has multiple opportunities to perform patient-centered care activities in a variety of settings
- be in-depth, structured, and carefully coordinated with other components of the curriculum
- require active participation and patient care responsibilities, in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice

The development of the desired student competencies should occur in a progressive manner and involve experiences in a variety of practice settings in which pharmacists work as partners with patients, physicians, nurses, other health care professionals, and administrators.

General objectives and learning modules, as well as site-specific learning objectives, should be established for all of the pharmacy practice experiences. The objectives for the pharmacy practice experiences should identify the competencies to be achieved, expected types of patients (if applicable), level of student responsibility, and setting needed for the objectives to be met. The college or school should specify, for those pharmacy practice experiences involving direct patient care, the major disease states/conditions that all students are expected to encounter. The college or school should also specify the extent of student interaction with patients and the settings in which the interactions will occur.

Specific criteria should be developed to enable faculty and students to assess progress midway through the experience and at its completion. Students should be provided the opportunity to demonstrate achievement of stated competencies as assessed through the use of reliable, validated criteria.

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Educational experiences in the same practice area, for example, community pharmacy, should result in comparable educational objectives and competencies in students, especially in the Advanced Pharmacy Practice Experiences.

**Oversight of Pharmacy Practice Experiences**

The experiential director, or equivalent person responsible for oversight and quality assurance of the pharmacy practice experience component of the curriculum, should have sufficient practice, academic, and management expertise to have credibility with other faculty and practitioners, as well as to direct the program in a manner that facilitates the college or school's ability to influence advancement of the practice of pharmacy. The college or school should ensure that the person has the appropriate expertise, support, and authority to evaluate, identify deficiencies if applicable, and implement change where needed. The person should serve on, or be *ex-officio* to, key committees where their input is most effective.

Colleges and schools should have systems, such as computerized programs, to manage the pharmacy practice experiences.

Important factors to be considered and assessed to ensure the desired outcomes are the number of students each preceptor and/or site is assigned; the nature, dynamics, and other responsibilities of the practice site; the experience and other commitments of the preceptor; the specific objectives of the experience; the potential benefit of student-to-student interaction and collaboration; and the instructional methodologies employed.

The college or school should obtain assessment of qualities and performance of preceptors from students in a manner that would not adversely affect the grading process. The methods of assessment and reporting employed should promote the development within the student of the ability to offer constructive criticism in a manner appropriate to interprofessional relationships. ~~The assessment should include each preceptor's:~~

- ability to facilitate learning
- communication skills
- quality as a professional role model
- effectiveness related to pharmacy education

The quality control procedure employed should use a variety of methods, such as use of a review committee consisting of practitioners, faculty, and students, and visits to and communications with experiential sites conducted by trained individuals.

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### **Preceptors**

The college or school should identify preceptors who will be positive role models for students and who, in general, demonstrate the following behavior, qualities, and values (as applicable to their area of practice):

- practice ethically and with compassion for patients
- accept personal responsibility for patient outcomes
- have professional training, experience, and competence commensurate with their position
- utilize clinical and scientific publications in clinical care decision making and evidence-based practice
- have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
- have an aptitude to facilitate learning
- be able to document and assess student performance
- have a systematic, self-directed approach to their own continuing professional development
- collaborate with other health care professionals as a member of a team
- be committed to their organization, professional societies, and the community

In general, preceptor training should include:

- orientation to the college or school's mission, goals, and values
- review of the college or school's curriculum and teaching methodologies
- review of the specific objectives for the pharmacy practice experiences
- guidance regarding the assessment of students' prior knowledge and experience relative to the rotation's objectives so that the preceptor may tailor the rotation to maximize the educational experience and ensure appropriate student interaction with patients and their care givers and other health professionals, if applicable
- review of the college or school's performance assessment and grading systems

### **Introductory Pharmacy Practice Experiences**

The introductory pharmacy practice experiences may use various formats, including:

- shadowing of practitioners or students on advanced pharmacy practice experiences
- interviews with real patients
- simulation
- service learning (see below)
- real practice experiences in community, institutional, long-term care pharmacies, etc.

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In this regard, colleges and schools are encouraged to identify or develop introductory pharmacy practice experiences that consistently expose students to and allow participation in activities such as, but not limited to:

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services

In accordance with its policies and procedures and using established criteria, a college or school may exempt applicable students from the requirements of certain introductory pharmacy practice experiences, provided that the college or school has assessed or otherwise validated that the student has achieved the desired outcomes of that experience through an alternative experience acceptable to the college or school.

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Service Learning: Service learning experiences<sup>21</sup> *per se*, although beneficial in developing desirable student attitudes and values, do not necessarily qualify as introductory pharmacy practice experiences unless they specifically include the activities described above. The college or school may use such experiences to complement the introductory pharmacy practice experiences. Colleges and schools using service learning activities, whether as part of the introductory pharmacy practice experiences or not, should ensure that, in general, such activities:

- meet a community need
- establish or enhance a relationship between the community and the academic institution
- help foster civic and professional responsibility and the development of a sense of caring for others
- are integrated into the required academic curriculum
- provide structured time to reflect on the service learning experience
- enhance what is taught in the didactic curriculum by extending student learning beyond the classroom and into the community
- provide opportunities for interaction with other health professional students and practitioners
- attempt to balance the service that is provided and the learning that takes place

[**Note:** Appendix D provides the American Association of Colleges of Pharmacy document *Pre-APPE Performance Domains and Abilities* as guidance for assessment of student capabilities before entering advanced pharmacy practice experiences.]

### **Advanced Pharmacy Practice Experiences**

Most of the time assigned for students in advanced pharmacy practice experiences should involve direct patient care. Direct patient care experiences should be of sufficient length to provide both continuity of patient care and an opportunity for the student to practice the competencies associated with that practice setting. The series of required and elective experiences should be coordinated to achieve, in composite, the experiential whole of the advanced pharmacy practice experiences. Where possible, practice experiences should be offered in academic health centers to provide students with the opportunity to encounter and participate in innovative health care delivery and treatment.

Colleges and schools are encouraged to identify or develop advanced pharmacy practice experiences that consistently allow students to perform activities that build upon those activities listed for the introductory pharmacy practice experiences. In general, and where

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<sup>21</sup> Service learning is a structured learning experience with clearly defined objectives that combines performing service in the community with preparation, reflection, and discussion.

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legally permitted, activities in which students should participate during required advanced pharmacy practice experiences include, but are not limited to:

- practicing as a member of an interprofessional team
- identifying, evaluating, and communicating to the patient and other health care professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems
- consulting with patients regarding self-care products
- recommending prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional nondrug therapies, and complementary and alternative therapies
- recommending appropriateness medication dosing utilizing practical pharmacokinetic principles
- administering medications where practical and consistent with the practice environment and where legally permitted
- identifying and reporting medication errors and adverse drug reactions
- managing the drug regimen through monitoring and assessing patient information
- providing pharmacist-delivered patient care to a diverse patient population
- providing patient education to a diverse patient population
- educating the public and health care professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment, and medical and drug devices
- retrieving, evaluating, managing, and using clinical and scientific publications in the decision-making process
- accessing, evaluating, and applying information to promote optimal health care
- ensuring continuity of pharmaceutical care among health care settings
- participating in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements
- participating in discussions and assignments regarding the drug approval process and the role of key organizations in public safety and standards setting
- participating in discussions and assignments concerning key health care policy matters that may affect pharmacy
- working with the technology used in pharmacy practice

Additional activities in which students should be able to participate during required community and hospital/health system advanced pharmacy practice experiences may include, as appropriate to the learning environment:

- preparing and dispensing medications
- managing systems for storage, preparation, and dispensing of medications
- allocating and using key resources and supervising pharmacy technical staff

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- participating in purchasing activities
- creating a business plan to support a patient care service, including determining the need, feasibility, resources, and sources of funding
- managing the medication use system and applying the systems approach to medication safety
- participating in the pharmacy's quality improvement program
- participating in the design, development, marketing, and reimbursement process for new patient services
- participating in discussions and assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance
- participating in the pharmacy's planning process
- conducting a drug use review
- managing the use of investigational drug products
- participating in the health system's formulary process
- participating in therapeutic protocol development
- participating in the management of medical emergencies
- performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development

Additional activities in which students should be able to participate during required ambulatory care and acute/general medicine advanced pharmacy practice experiences may include, as appropriate to the learning environment:

- developing and analyzing clinical drug guidelines
- participating in the health system's formulary process
- participating in the design, development, marketing, and reimbursement process for new patient services
- participating in discussions of human resources management, medication resources management, and pharmacy data management systems including pharmacy workload and financial performance

Elective Courses

- Multiple opportunities should be provided throughout the curriculum for students to undertake pharmacy practice experiences designed to develop areas of personal interest, to expand their understanding of professional opportunities, and to achieve the outcomes of the curriculum.

# **Attachment 3**



January 8, 2014

Virginia Herold, MS, Chief Executive Officer  
California State Board of Pharmacy  
1625 N. Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Herold,

The California Pharmacy Council met on November 2, 2013 to discuss the requirements for documenting pharmacy intern hours in the State of California. After lengthy discussion, the following motion was made, seconded, and unanimously adopted:

1. It is the position of the California Pharmacy Council (CPC) that any student who has successfully graduated from an accredited school or college of pharmacy after 2007 be deemed as having fulfilled his or her required intern hours through pharmacy practice experiences that meet the requirements of the Accreditation Council for Pharmacy Education.
2. Be it further resolved that the CPC recommends the necessary amendments to any California regulation or statute to reflect this position.

#### Background & Discussion

As of 2007, the Accreditation Council for Pharmacy Education requires that students complete a minimum of 300 hours of Introductory Pharmacy Practice Experiences (IPPE) and a minimum of 1440 hours of Advanced Pharmacy Practice Experiences (APPE). These structured experiences are divided among community, institutional, and clinical pharmacy practices. Prior to initiating both IPPE and APPE experiences students must be licensed as intern pharmacists with the California Board of Pharmacy.

California schools and colleges of pharmacy have implemented various methods of crediting students for intern hours obtained through the PharmD curriculum, ranging from 600 hours to more than 1,500 hours. This variability has created inequities among schools and colleges and challenges for intern-supervising pharmacists, particularly for those who supervise students from multiple programs, each with its own policy. Additionally, it is apparent that out-of-state applicants are able to receive authorization to take the pharmacy licensure exams based on internship hours granted and certified through accredited schools and colleges of pharmacy. To our knowledge, California may be the only state that requires a Pharmacy Intern Hour Affidavit to be completed by "the supervising pharmacist or pharmacist-in-charge" in addition to certification provided by the school/college of pharmacy dean.

Furthermore, the number and availability of paid intern experiences has decreased over time as the number of certified pharmacy technicians has increased within the pharmacy workforce. The ability to obtain non-curricular intern pharmacy practice experience has been severely impacted by the scarcity of available positions in community and institutional practice settings and in geographically isolated locations.

It is the position of the CPC that college-based training included in the college curriculum provides adequate pre-licensure training and requiring a pharmacist-intern to obtain additional training and credit outside the curriculum is not necessary.

Let me emphasize that the CPC is not asking for a revision in the number of intern hours required, nor where those hours must be achieved (namely in pharmacy practice). Simply, the CPC would like the Board's support of the necessary statutory and regulatory changes that would eliminate the need for the Pharmacy Intern Hours Affidavit and recognize that any student who has successfully graduated from an accredited school or college of pharmacy after 2007 be deemed as having fulfilled his or her required intern hours through pharmacy practice experiences that meet the requirements of the Accreditation Council for Pharmacy Education.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel Robinson". The signature is fluid and cursive, with a large initial "D" and "R".

Daniel Robinson, PharmD, FASHP  
Dean, College of Pharmacy  
Western University of Health Sciences  
Chair, California Pharmacy Council (2013-2014)

*[The California Pharmacy Council is a chartered organization whose founding members include the: California Board of Pharmacy, eight accredited California schools and colleges of pharmacy, California Pharmacists Association, California Society of Health-System Pharmacists, CPhA Foundation (formerly Pharmacy Foundation of California), and CSHP Research and Education Foundation. The Council was created for the purpose of providing a forum on matters of common interest and concern to its active members.]*

March 12, 2014

University of California, San Francisco School of Pharmacy  
513 Parnassus Avenue  
San Francisco, CA 94143

Virginia Herold  
Executive Officer  
California State Board of Pharmacy  
1625 N Market Blvd, N219  
Sacramento, CA 95834

Dear Ms. Herold:

This correspondence is in regards to the upcoming review and discussion of pharmacist interns hour requirements from Business and Professions Code 4209 and 16 California Code of Regulations Section 1728, and the Reporting of Hours on the Pharmacy Intern Hours Affidavit Form 17A-29 on the agenda for the March 19, 2014 Licensing Committee Meeting.

We are writing in support of the elimination of the requirement to obtain 1,500 intern hours of pharmacy practice experience in order to take the pharmacist licensure examination. As Pharm.D. students at the University of California, San Francisco School of Pharmacy, we believe that the intern hour requirement places an unnecessary burden on students to secure an internship in a tight market and restricts students from exploring non-traditional areas of pharmacy practice in their limited time outside of the classroom. Furthermore, we believe that California schools of pharmacy should be held responsible for ensuring the adequate preparation of their students to sit for the pharmacist licensure examination. By providing Introductory and Advanced Pharmacy Practice Experiences, schools of pharmacy are capable of providing the training needed for students to be ready for pharmacist licensure. Many states outside of California currently do not require candidates for pharmacist licensure to demonstrate completion of intern hours of pharmacy practice experience outside of their doctor of pharmacy degree granting program. For these reasons, we strongly advocate for the California State Board of Pharmacy to eliminate the 1,500 intern hours requirement to take the pharmacist licensure examination.

Sincerely,

Anh Doan, President of the APhA-ASP Chapter at UCSF, Doctor of Pharmacy Candidate 2015  
Michael Yang, President of the Associated Students of the UCSF School of Pharmacy, Doctor of Pharmacy Candidate 2015  
Benjamin Parcher, President of the AMCP Chapter at UCSF, Doctor of Pharmacy Candidate 2015  
Stephanie Hsia, President of the CSHP Chapter at UCSF, Doctor of Pharmacy Candidate 2015  
Christopher Shaheen, President of the NCPA Chapter at UCSF, Doctor of Pharmacy Candidate 2015  
Shauna Santiago, President of the Latino Association of Pharmacy Students at UCSF, Doctor of Pharmacy Candidate 2016  
Nadya Hristeva, Class President, Doctor of Pharmacy Candidate 2015  
Maurice Horton, Class President, Doctor of Pharmacy Candidate 2016  
Leo Savage-Low, Class President, Doctor of Pharmacy Candidate 2017



UC San Diego  
SKAGGS SCHOOL OF PHARMACY  
AND PHARMACEUTICAL SCIENCES

March 19, 2014

Joint statement of UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences and UC San Francisco School of Pharmacy before the California State Board of Pharmacy Licensing Committee

Where as:

The California State Board of pharmacy requirement for applying for the CPJE is 1500 hours, and evidence is currently required by the Pharmacy Intern Hours Affidavit;

The ACPE accreditation standards and guidelines for schools/colleges of pharmacy require introductory and advanced practice experiences of 1740 hours that emphasize community and institutional/health-systems pharmacy practices with a licensed pharmacist preceptor and faculty evaluation;

The current Pharmacy Intern Hours Affidavit predates the 1995 AACP decision of the PharmD as the entry level degree to the profession; and the 2007 and 2011 ACPE accreditation standards for schools of pharmacy;

The pharmacy state boards of at least 35 states, including Arizona, Florida, Kentucky, Massachusetts, Michigan, New York, New Jersey Nevada, North Carolina, Oregon, Ohio, Texas, Utah and many others accept the internship training requirement as part of the education and training from ACPE accredited colleges/schools of pharmacy;

The California State Board of Pharmacy accepts other state's documentation/evidence of intern experiential training, including states where ACPE experiential hours are recognized as acceptable; therefore placing an unequal requirement of a higher number of experiential hours for students from California schools of pharmacy;

The availability of internship experiences for student pharmacists has decreased as a result of competition for intern positions from expansion of the number of schools of pharmacy since 1990, in California from three to eight, and five additional proposed by 2014-2016, and from 75 to > 120 nationally. And extensive use of pharmacy technicians and the downturn in the economy since 2008 has also negatively affected the availability of intern hours for California student pharmacists;

The reports from students that a scarcity of internship positions has required students to volunteer, not be compensated, for their intern experiences to obtain the required hours, further exacerbating student debt resulting from the UC schools of pharmacy escalating tuition, fees and associated living costs;

Under Business and Professions Code 4029 (a) (2) the Board of Pharmacy has the authority to accept 1500 hours of pharmacy practice, compliant with ACPE Standards of Curriculum, or with regulations adopted by the Board;

The UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences and the UC San Francisco School of Pharmacy request the Board to adopt the 1740 experiential hours provided by ACPE accreditation as sufficient for meeting the requirements for application to the CPJE. This recommendation is concordant with the unanimous vote of the California Pharmacy Council made on November 2, 2013, in Anaheim, California.



### **Intern Hour Requirement Issue**

Joint background statement to be presented to the California Board of Pharmacy Licensing Committee 3/19/2014:

#### **Situation**

Thank you for the opportunity to present background information to the California State Board of pharmacy licensing Committee concerning the current situation that student pharmacists and schools of pharmacy face regarding the topic of Internship Hours. Since 2007, several changes have occurred in pharmacy education, accreditation, pharmacy practice and the economy that merit review and clarification of the Board's position regarding Intern Hours and intern hours documentation.

We represent a joint committee of the UC San Diego and UC San Francisco Schools of Pharmacy, members of which are practicing faculty pharmacists and students.

#### ***Educational Changes:***

Currently the California State Board of Pharmacy, under B & P Code 4209 requires that student pharmacists from California schools of pharmacy *"complete 1500 hours of pharmacy practice experience before applying for the pharmacist licensure examination. This pharmacy practice shall comply with the Standards of Curriculum established by the Accreditation Council for Pharmacy Education or with regulations adopted by the board."*

Hours are to be reported on *"Board-approved affidavits, or another form specified by the board. .... Intern hours earned in another state may be certified by the licensing agency of that state to document proof of those hours."*

Historically, pre-2006, other states had similar language and practices, and this provided a level field of requirements. Since the establishment of the Pharm.D. degree as the entry level degree into pharmacy practice (approved in 1995 and implemented in 2000), changes have occurred in pharmacy education through the Accreditation Council for Pharmacy Education (ACPE) that have been recognized by many State Boards of Pharmacy (BOP). This has resulted in a significant number of state BOP recognizing that advancing pharmacy practice knowledge and skills taught and evaluated in Schools of Pharmacy are at least equivalent to or perhaps better than the historically unobserved intern experiences in the broader community. The (ACPE) 2007 and 2011 Standards and Guidelines have become cited by more than 35 states BOP, as landmark dates, after which, students who have completed the PharmD degree under these requirements have been acknowledged to have completed the requisite hours ranging from 1000 to 2000 hours.

Currently, we understand that license applicants from other states/schools having this designation and an official letter from their respective schools of pharmacy, are provided acceptance by the California State Board of Pharmacy for the 1500 intern hours and are eligible to sit for the CA BOP licensure exam. This is not the same allowance given to graduates of California Schools of Pharmacy. As the CA BOP requirement stands now, students receiving their PharmD education from a California school of pharmacy must complete the ACPE requirement, and in addition, obtain 1500 hours, 900 hours outside their education program. This is beyond what student pharmacists from schools of pharmacy outside the state of California are required to do.

The requirement of *a minimum of 900 hours of pharmacy practice experience in a pharmacy* is established currently under Board regulation 1728 Requirements for Examination. Regulation, 1728 also recognizes 600 hours *may be granted at the discretion of the Board where it is related substantially to the practice of pharmacy*. This dates back at least to the mid-1970's. The CA BOP currently accepts confirmation of this 600 hours in the form of a letter from a Dean of the California schools of pharmacy, recognizing the curricula content of the schools is substantially related to the practice of pharmacy. As well, 1728 (a), (1), (C) and (D) accepts experiences in community and institutional pharmacy practices settings, and through Introductory (IPPE) and advanced practice experiences (APPE) established by the ACPE. These introductory and advanced practice experience requirements are defined in the ACPE Standards Appendices C and D (ACPE S2007 Guidelines, pp 80-95).

Currently, ACPE IPPE requirements (300 hours) are interpreted to require a *minimum* of 75 hours in each of a community pharmacy practice and an institutional pharmacy practice setting and overseen by a school of pharmacy preceptor. The remainder of the 150 hours may be completed in other types of practice settings and the use of structured simulation activities replicating pharmacy practice.

As examples, both UCSD and UCSF have an 80 hour community IPPE and an 80 hour institutional practice IPPE requirement. The remaining 140 documented hours are accrued through service-learning and simulation in:

- simulations of pharmacy practice including standardized patients,
- Observed Structured Clinical Examinations(OSCEs),
- pharmacy services in clinics providing care to the underserved,
- safe medication use, poison, drug and prescription abuse prevention education to elderly, teen and elementary –school age children
- health screenings for chronic conditions,
- public immunization programs, smoking cessation,
- asthma control and medication use
- student clinic pharmacy manager, under the supervision of a school of pharmacy faculty/preceptor.

Syllabi describing these defined IPPE experiences can be made available, identifying the goals and objectives of the competencies that are to be achieved. These syllabi are the link to the practice experiences requirement established by the ACPE.

Similarly the APPE experiences (1440 hours) require acute and ambulatory care, community and institutional pharmacy practice experiences. Acute and ambulatory care APPEs are practice experiences in the settings of hospitals and clinics. Here the pharmacy practice experiences may be outside the four-walls of the pharmacy, but relate directly to understanding and practicing pharmacy at an advanced level, understanding safe medication use, observed outcomes of care, providing provider and patient drug information and patient education at the point-of-care and decision making, and under supervision and evaluation of the faculty/preceptor. As examples, UCSD requirements require 480 hours of community and institutional pharmacy practice experiences and an additional 720 hours of acute and ambulatory direct patient care experiences. An additional 480 hours are elective experiences in a variety of pharmacy practice related experiences. Syllabi describing the core course APPE experiences can be made available that identify the goals and objectives of the competencies that are to be achieved. These syllabi are the link to the practice experiences established by the ACPE.

In summary, the student pharmacist, through an ACPE accredited school of pharmacy program has as a minimum 1740 hours of pharmacy practice experiential hours. As an example, at UCSD the total number of hours for IPPE and APPE exceeds the minimum by requiring 1980 hours.

Returning now to the change that has taken place in pharmacy education. Pharmacy education began to have marked changes in the late 1960's and was embraced by AACP and ACPE in the late 90's. Where previously internship experiences were largely apprenticeships, it is now very specifically delineated that there are competencies to be mastered and that the days of stocking and dusting shelves, whipping up a soda, delivering a prescription by bicycle are not sufficient to prepare interns for practice. The knowledge and scope of pharmacy practice and the responsibility of the pharmacist to provide safe medications to the public has dramatically changed.

The current affidavit of intern hours is a document that does not support advances in practice and responsibility to the care of patients. It is not linked to competencies or observed quality practices. It is an outdated document. The completion of the Intern Hours Affidavit is a burden to California ACPE accredited school of pharmacy students. It is also a burden to the CA State Board administration as it currently is administering a dual system, requiring California educated students to provide the affidavit, and accepting the ACPE standards that other states accept.

### **ACPE Requirements Satisfy Intern Affidavit Requirements**

Today, ACPE accredited schools of pharmacy meet the standards of 2007 and 2011 and will be further refining the education programs with the pending 2016 standards. Current ACPE Standards Appendices C and D (attached ACPE S2007 Guidelines pp 80-95) define the competencies expected of student pharmacists prior to sitting for the NAPLEX and CPJE. These competencies incorporate and go beyond the California State Board's thoughtful attempt in the late 80's and 90's, by creating a statewide agreed (UCSF, USC and UOP) upon set of intern competencies. In support of the identified competencies, the CA Board made a heroic effort to attempt to create a cadre of registered intern preceptors. Mostly for economic reasons, we believe, this effort could not be sustained. But in retrospect, having participated in this effort, it was an honorable attempt to engage the profession and to train the next generation of pharmacists. However, looking back, the infrastructure to achieve a successful program had to come from the schools of pharmacy for sustainability. Now with the ability to provide preceptor faculty appointments, to develop the program based on standards, evaluate academic performance of each student, the level of competency can be measured and achieved as required by the ACPE Standard 14. Therefore, the Board is now in position to reduce its administrative burden by accepting the ACPE standards and review process.

### **Pharmacy Practice Curricular Content has Expanded and Will Continue to Expand**

With the advances in medical and health care knowledge and technological advances, the required number of curricular hours and the content of the pharmacy curriculum has expanded. Further, the US health care system is expecting each profession to work at its highest potential as cited in the NAS Institute of Medicine (IOM), Quality Chasm Series. Further, the pharmacist is now, in California, considered a provider. Historically, the CA Board requirement was the source of practice experiences in a pharmacy, and verified by the Intern Hours Affidavit. It was not a part of the ACPE Standards. With the development of the PharmD as the entry level degree to the profession, the standards now require extensive time and achievement of competencies in pharmacies and clinical settings where drug therapy outcomes are assessed and consultations provided. Therefore there are less hours available for students to achieve the historic traditional intern hours in addition to the ACPE requirements. Through ACPE standards 2007 and 2011, 1740 hours of introductory and advanced practice experiences are now required, almost double the 900 required by the affidavit.

## **Impact of Increased Number of Pharmacy Schools in California**

Additional factors have also impacted the ability of student pharmacists in California schools to achieve the current 900 hours external to their education programs. Pharmacies now extensively use technicians in their busy and efficient operations. Since 2008, with the economic downturn, paid intern positions have been reduced. Competition for internship positions has increased with the increased number of California schools of pharmacy in the past 20 years, from 3, to the current 8 schools, and possibly 5-6 more with stated intentions for 2014-2016. The result of these factors has been reports from student pharmacists that to achieve the requisite 900 hours they are resorting to volunteering to achieve the required competencies. This is complicated by the significant advancing costs of professional education.

### **Impact on Student Pharmacists**

With the advancement of pharmacy practice into multiple sectors of health care and drug discovery, and improving public health, students have a growing number of opportunities with which to use their drug knowledge. Career opportunities have expanded enormously. As students they are interested in exploring opportunities for their careers. The dual requirement of ACPE IPPE and APPE and Board required hours limits the student's breadth of exploration of elective experiences. Instead of seeking additional experiences students are seeking volunteer intern positions to assure their 900 hour requirement.

### **Student Pharmacists Will Continue to Work as Interns**

A small survey of students (30) has indicated that given the opportunity to have ACPE hours provide their license hour requirement, they would continue to seek additional practice opportunities in community and institutional settings.

### **Main Questions for Consideration**

The UC joint committee raises the question, what is the goal of the CA State Board's 900 hour requirement? Is it not met by ACPE 1740 hours with defined IPPE and APPE community and institutional practice experiences?

### **Target**

The target then, is to recognize the minimum of 1740 hours (300 IPPEs and 1440 APPEs) received by the student pharmacist in an ACPE accredited California school of pharmacy as fulfilling the 1500 intern hour California Board of Pharmacy requirement. Thus, allowing ACPE accredited California schools of pharmacy to provide a letter from a California school Dean confirming 1500 hours to accompany the student pharmacists' application to sit for the CPJE examination similar to students trained external to California.

### **Proposal**

The UC Schools of Pharmacy propose:

- (1) Request the Licensing Committee to recommend to the Board of Pharmacy that it recognizes and allows the 900 hour internship experience as completed through the education and experiences of an ACPE accredited California school of pharmacy,
- (2) To have the CA BOP cease the need for completion of the Intern Hours Affidavit, and
- (3) To have the CA BOP accept a letter from a Dean of an ACPE accredited California School, confirming 1500 hours as fulfilling the intern hour requirement.

**ACCREDITATION COUNCIL FOR PHARMACY EDUCATION**

**ACCREDITATION STANDARDS AND GUIDELINES FOR THE  
PROFESSIONAL PROGRAM IN PHARMACY LEADING TO  
THE DOCTOR OF PHARMACY DEGREE**

**ADOPTED: JANUARY 15, 2006**  
**RELEASED: FEBRUARY 17, 2006**  
**EFFECTIVE: JULY 1, 2007**  
**GUIDELINES Version 2.0**  
**ADOPTED: JANUARY 23, 2011**  
**EFFECTIVE: FEBRUARY 14, 2011**



**Accreditation Council for Pharmacy Education**  
**Chicago, Illinois**  
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**PREAMBLE**

**Accreditation Council for Pharmacy Education (ACPE)**

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE (until 2003 known as the American Council on Pharmaceutical Education) was established in 1932 for the accreditation of professional degree programs in pharmacy, and in 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education ([www.acpe-accredit.org](http://www.acpe-accredit.org)). The mission of ACPE is to assure and advance quality in pharmacy education. ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACCP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (one appointment). Since the inception of its accreditation agency recognition program in 1952, ACPE has been recognized continuously by the U.S. Department of Education, and it gained recognition by the Council for Higher Education Accreditation in April 2004. State boards of pharmacy require that licensure applicants from the United States have graduated from an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination™ (NAPLEX®).

**Transition to the Doctor of Pharmacy as Sole Degree to Enter Practice**

After decades of debate, the transition to the Doctor of Pharmacy (PharmD) as the sole professional practice degree for pharmacy in the United States was initiated when ACPE adopted its *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* on June 14, 1997. The implementation timeline for the new standards required transition for the entering professional classes in academic year 2000-2001, and the transition was completed in academic year 2004-2005 with the graduation of the last student from an ACPE-accredited baccalaureate in pharmacy program. Many pharmacy colleges and schools converted to the PharmD well in advance of the implementation deadline, and all programs met the implementation timetable.

**Revision of Standards: Background**

All accrediting bodies, including ACPE, periodically review and revise their standards. A number of environmental factors required ACPE to conduct a careful reassessment of the standards. These factors included:

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- The experience gained by ACPE in its accreditation reviews since the adoption of the Doctor of Pharmacy standards in 1997.
- Feedback from ACPE stakeholders regarding quality improvement of the standards.
- The reports of the Institute of Medicine ([www.iom.edu](http://www.iom.edu)) noting needed changes in our health care system to improve medication safety and patient outcomes, including the five competencies that all health care professionals should attain during their education and training.
- The proliferation, now in more than 40 states, of collaborative health care practice legislation that includes an expanded patient care role for pharmacists.
- The revision of the AACP's Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes in 2004, which was guided by a consultant and an advisory panel composed of educators and practitioners. These educational outcomes are intended to be the target toward which the evolving pharmacy curriculum should be aimed.
- The revision of the NAPLEX® examination blueprint ([www.nabp.net](http://www.nabp.net)) that became effective in early 2005.
- The Medicare Modernization Act of 2003 that establishes the need for medication therapy management services provided by pharmacists for high-risk patients ([www.cms.hhs.gov](http://www.cms.hhs.gov)).
- The AACP Academic-Practice Partnership Initiative's *Development of a Profile System to Display Exemplary Pharmacy Practice Experiential Sites* ([www.aacp.org/Docs/MainNavigation/Resources/7046\\_ExemplaryPharmacyPracticeSitesCriteria.pdf](http://www.aacp.org/Docs/MainNavigation/Resources/7046_ExemplaryPharmacyPracticeSitesCriteria.pdf)).
- The Joint Commission of Pharmacy Practitioners' *Vision of Pharmacy Practice 2015* (Appendix A), accepted by the governing boards of 11 pharmacy organizations, including ACPE, and released in 2005.

**Revision of Standards: Process Employed**

In March 2003, ACPE announced to its stakeholders (including pharmacy colleges and schools, professional pharmacy organizations, student pharmacist organizations, and other accrediting bodies) its intent to revise the Doctor of Pharmacy degree standards. Written comments were solicited from stakeholders, and many were received. In addition, a Web-based survey that allowed anonymous completion was distributed to all the college or school of pharmacy deans. Based on the feedback received, the first draft of the revised standards was distributed to ACPE stakeholders in February 2005. Subsequently, a series of open hearings was conducted at national pharmacy meetings. Comments received led to further modification of the standards and to development of the revised guidelines. After extensive review of the draft guidelines by an advisory group from various sections of the academic and practice communities, the ACPE Board

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of Directors approved the distribution to stakeholders of the second draft of the standards and the first draft of the revised guidelines in late June 2005. Additional open hearings were conducted. Another Web-based survey that allowed anonymous completion by college or school of pharmacy deans and/or their designees was conducted in fall 2005 and additional written feedback was received by ACPE. The revised standards and guidelines were adopted on **January 15, 2006** with an effective date of **July 1, 2007**. The new standards will be referred to as “Standards 2007.” Colleges and schools being evaluated by ACPE beginning in academic year **2007-2008** must comply with the new standards and guidelines.

**Revision of Standards: What’s Different?**

- *Philosophy and emphasis* – The standards and guidelines, taken together, have been refined to ensure the development of students who can contribute to the care of patients and to the profession by practicing with competence and confidence in collaboration with other health care providers. The revision has placed greater emphasis on the desired scientific foundation and practice competencies, the manner in which programs need to assess students’ achievement of the competencies, and the importance of the development of the student as a professional and lifelong learner. The standards focus on the development of students’ professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. Throughout the revision process, ACPE has focused on addressing the environmental factors noted above in *Revision of Standards: Background*.
- *Standards and guidelines revision processes redefined* – The ACPE Board of Directors decided to separate the review and revision process for the guidelines from that of the standards. The standards will be reviewed approximately every six to eight years, while the guidelines can be refined and improved as needed based on stakeholder feedback and experience.
- *Standards: volume and terminology* – Although the number of standards remains the same as in the previous version, they have been restructured, simplified, and clarified. The standards are organized into six sections, and a preamble introduces the intent and context of each section. The standards now uniformly include the verb “must,” indicating an absolute requirement for accreditation. Care has been taken to ensure consistent use and application of terminology.
- *Guidelines: volume and terminology* – The guidelines are provided to help colleges and schools of pharmacy understand the breadth and scope of issues underlying the achievement of each standard. The feedback received from ACPE stakeholders requesting better clarification has resulted in an increase in the number of guidelines. The guidelines employ the verb “must” where matters of quality assurance require that a standards-related issue be addressed in a specific

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manner. Guidelines employ the verb “should” where guidance or suggestions for quality improvement are provided. Use of the term “in general” recognizes that not all aspects of the subsequent list will apply in all situations. In those cases, the college or school may choose avenues other than those provided in the guidelines to achieve compliance with the standard. In such cases, ACPE may require a higher burden of proof from the college or school. Some guideline “should” statements may evolve into “must” statements in future revisions. Guidelines annotated with an asterisk (\*) provide guidance related specifically, if relevant, to new program initiatives and alternate pathways to degree completion, such as, an accelerated curriculum, a post-baccalaureate in pharmacy Doctor of Pharmacy degree pathway, geographically dispersed campuses, distance-learning activities, and other educational innovations.

- *Footnotes* – the use of footnotes has been expanded to provide definitions or clarification of terms used. They replace the glossary from previous versions of the standards and guidelines.
- *Areas of emphasis* - Based on stakeholder feedback, standards and guidelines in the following areas (listed in alphabetical order) have been emphasized during the revision process:
  - a. Communication skills
  - b. Curricular content
  - c. Evaluation/assessment/outcomes
  - d. Experiential education
  - e. Faculty and staff matters
  - f. Interprofessional teamwork
  - g. Patient safety
  - h. Professional competencies
  - i. Professionalism
  - j. Regional accreditation
  - k. Scholarship and research
  - l. Student admission and progression
- *Style* – The Chicago Manual of Style, 15<sup>th</sup> Edition, Chicago: The University of Chicago Press, 2003, was used in the preparation of the standards and guidelines.

### **Summary**

ACPE looks forward to working with colleges and schools of pharmacy during the transition to the implementation of this revision of the professional degree program standards. Much will be learned in the process that will help drive further revisions of the standards and guidelines. Through its strategic plan, ACPE will simultaneously be investigating opportunities for better and more standardized ways to evaluate the achievement of the standards, including the identification of process and outcome

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measures to be monitored across all accredited programs. In addition, ACPE will be improving its policies and procedures to allow more standardization, consistency, efficiency, and effectiveness in its accreditation activities and evaluations. Feedback from ACPE stakeholders is always invited and valued.

**ACPE Board of Directors and Staff  
January 15, 2006**

**Preamble Addendum:**

**S2007, GUIDELINES 2.0**

**Purpose**

Guidelines 2.0 for ACPE Standards 2007 (S2007) were developed in response to stakeholder feedback for clarifications and to incorporate quality improvement additions and Board adopted interpretation of S2007. The standards remain the same; only selected guidelines on how to achieve specific standards have been clarified or updated. In addition, some appendices to S2007 have been updated based on Board review of stakeholder feedback and a new appendix was added. The next comprehensive review and of the ACPE accreditation standards and guidelines is scheduled for academic year 2013-2014.

**Background**

With the release of S2007, the ACPE Board announced that updating of guidelines may occur prior to and distinct from a full review and revision of the accreditation standards. Since then, the ACPE staff has received unsolicited suggestions on how specific guidelines could be more clearly stated. In addition, a number of Board interpretations related to S2007 and associated guidelines have been adopted, including: clarification of the hour requirements for introductory pharmacy practice experiences (IPPE) and advanced pharmacy practice experiences (APPE); the need for the majority of IPPE hours to be balanced between community and institutional health system pharmacy practice; and the acceptance of simulations for IPPE. These items are reflected in Guidelines 2.0. In addition, the definition of substantive change has been updated to meet the new United States Department of Education recognition criteria for accreditors.

In fall 2010, a survey of deans, self-study chairs, trained site team visitors, and ACPE Board members and staff, was conducted to determine: *“How can ACPE improve the manner in which compliance with the current PharmD accreditation standards is evaluated by fully accredited colleges and schools of pharmacy and by ACPE evaluation teams?”* Survey responses informed the development of Guidelines 2.0.

A number of references submitted to or reviewed by the ACPE Board contributed to S2007 Guidelines 2.0. These included:

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- Recommendation 5 from the 2006-2007 American Association of Colleges of Pharmacy (AACP) Professional Affairs Committee regarding acceleration of interprofessional education.
- IPPE Competency Task Force Report, AACP, July 2009.
- Resolution of the American Pharmacists Association (APhA), March 2010 regarding sale of cigarettes in experiential pharmacy practice sites.
- Pre-APPE Core Performance Domains and Abilities, AACP, November 2010
- *The Essential Research Curriculum for Doctor of Pharmacy Degree Programs*, American College of Clinical Pharmacy Task Force on Research in the Professional Curriculum, *Pharmacotherapy* 2010; 30(9):344e-349e.
- Entry-level Competencies Needed for Pharmacy Practice in Hospitals and Health-Systems. ASHP-ACPE Task Force Report: Fall 2010.

There has been increasing emphasis on programmatic performance outcomes, especially student learning outcomes, as a result of national educational accountability forces (i.e., the U.S. Department of Education and the Council on Higher Education Accreditation). Hence, Guidelines 2.0 provides additional focus on competencies, outcomes, and the need for assessment and evaluation. ACPE has studied the activities of other specialized accreditors in this arena in revising the guidelines.

Finally, since 2007, there have been evolving changes in the health care market place, including health care reforms at the state and federal levels. As a result, Guidelines 2.0 have additional focus on interprofessional education to better prepare pharmacy graduates to practice or deliver care in collaborative health care teams. In addition, numerous practice organizations are advocating for enhanced interprofessional training for pharmacists. Corresponding curricular content suggestions in Appendix B have also been updated.

Comments and documents pertaining to the standards in S2007 will be considered during the comprehensive standards/guidelines revision in academic year 2013-2014.

**External Review**

A panel of external reviewers representing a broad array of institutions and including deans, administrators, self-study chairs, experiential directors and others familiar with ACPE's Standards and Guidelines was identified by the American Association of Colleges of Pharmacy (AACP). This panel reviewed the draft guidelines document and provided comments that were considered in the final approval process for S2007 Guidelines 2.0 by the ACPE Board of Directors. ACPE greatly appreciates the valued contributions of the panel.

ACPE Board of Directors and Staff  
January 23, 2011

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**STANDARDS FOR MISSION, PLANNING, AND EVALUATION**

*The purpose of the standards in this section is to ensure that the college or school's professional degree program has a clearly articulated mission, desired goals, and values, and that a strategic planning process is used to achieve the mission and goals. The college or school must have an evaluation plan, based on assessment measures, that allows for a determination of the degree to which the mission and goals have been achieved. The mission and goals must be related to the vision and needs of the profession of pharmacy to better serve society.*

**Standard No. 1: College or School Mission and Goals**

**Standard No. 2: Strategic Plan**

**Standard No. 3: Evaluation of Achievement of Mission and Goals**

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**Standard No. 1: College or School Mission and Goals**

The college or school of pharmacy (*hereinafter "college or school"*) must have a published statement of its mission, its goals in the areas of education, research and other scholarly activities, service, and pharmacy practice, and its values. The statement must be compatible with the mission of the university in which the college or school operates.<sup>1</sup> These goals must include fundamental commitments of the college or school to the preparation of students who possess the competencies necessary for the provision of pharmacist-delivered patient care, including medication therapy management services, the advancement of the practice of pharmacy and its contributions to society, the pursuit of research and other scholarly activities, and the assessment and evaluation of desired outcomes.

**Guideline 1.1**

The college or school's vision for pharmacy practice, research, and education should be aligned with the profession's vision for practice, research, and education.

**Guideline 1.2**

The college or school should have a vision for education, research, and other scholarly activities that commits faculty and students to fostering innovation through basic and applied research. The research vision should be related to: advancing the basic, clinical, and translational sciences that are the foundations of drug therapy; improving health care outcomes; or applying known/ developing new educational methods. The vision should also include a commitment to participate with other stakeholders in the development of new and improved practice models.

**Guideline 1.3**

The college or school's vision should include the development of pharmacy graduates who are trained with other health professionals to provide patient care services as a team.

**Guideline 1.4**

The college or school's vision and goals should provide the basis for strategic planning on how the vision and goals will be achieved. Assessment and evaluation activities should determine how achievement of the vision and goals will be measured and evaluated. Human, financial and other resources for the program should be adequate to address the needs of the strategic and evaluation plans. [See also Standards 2, 3, 24, and 30.]

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<sup>1</sup> The term "university" includes independent colleges and schools.

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Guideline 1.5

The college or school's mission statement and goals should address the educational philosophy of the professional degree program in preparing graduates with a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences and their application to practice to enter the pharmacy profession and to contribute positively to its evolution.

Guideline 1.6

The college or school's values should include a stated commitment to a culture that, in general, respects and:

- embraces quality assurance and continuous quality improvement through assessment and evaluation
- encourages innovation in all aspects of its mission
- reflects contemporary pharmacy practice and the vision for its future
- fosters collaboration and good morale among and between administration, faculty, staff, alumni, and students
- fosters involvement of the college or school in mission-related matters of the pharmacy and health care communities and society in general
- supports meeting the varied needs of student learners and preparing them for the continuum of lifelong education
- promotes use of teaching methods shown to enhance student learning
- supports postgraduate professional education and training of pharmacists, such as accredited residencies, fellowships, and graduate programs, including combined degree options
- supports continuing professional development of faculty, staff, preceptors,<sup>2</sup> alumni, and other pharmacists
- supports the educational and scholarly maturation and mentoring of new faculty
- fosters professionalism, ethical behavior, leadership, and scholarship
- encourages diversity of both faculty and students
- supports meeting the needs of diverse stakeholders, including faculty, administrators, staff, students, preceptors, alumni, and others
- attaches importance to scientific advancement
- promotes development of interprofessional learning and collaborative practice in didactic and experiential education

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<sup>2</sup> Preceptors are full-time, part-time, or volunteer faculty or practitioners (usually pharmacists) who serve as practitioner-educators and oversee students in pharmacy practice experiences within the curriculum.

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Guideline 1.7\*

For new program initiatives and alternate pathways to degree completion, the college or school must ensure that:

- the initiatives are consistent with the university's and college or school's missions and goals
- the same commitment is demonstrated to all students, irrespective of program pathway or geographic location
- resources are allocated in an equitable manner

**Standard No. 2: Strategic Plan**

**The college or school must develop, implement, and regularly revise a strategic plan to facilitate the advancement of its mission and goals. The strategic plan must be developed through an inclusive process that solicits input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, have the support of the university administration, and be disseminated in summary form to key stakeholders.**

Guideline 2.1

The strategic plan should address short-term (e.g., 3 to 5 years) strategic goals and objectives that are key to the advancement of all aspects of the college or school's mission and goals.

Guideline 2.2

Strategic goals and objectives should differ from the mission and goals of the college or school, as the latter describe the desired outcomes, while the former are steps to achieve the desired outcomes.

Guideline 2.3

In general, strategic planning should:

- be continuous, with systematic broad-based reflection and revision as needed to meet programmatic and educational needs
- consider the use of external facilitators
- strive for awareness of and commitment to the strategic plan by key stakeholders
- be based on examination of present and projected environmental, professional, and programmatic factors
- assess strengths, weaknesses, opportunities, and threats relevant to the college or school
- be aligned with the university's strategic plan

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- identify opportunities for beneficial interactions with other health professions and professionals
- be consistent with the college or school's mission statement, goals, and values
- prioritize the strategic goals, objectives, and actions
- define measurable outcomes and the processes to assess achievement of the goals
- establish achievable timelines
- identify the resources (faculty, staff, preceptors, technical, financial, physical) that need to be allocated
- designate responsibilities to appropriate individuals or groups

Guideline 2.4

The college or school should establish ongoing mechanisms for monitoring, evaluating and documenting progress in achieving the goals and objectives of the strategic plan.

Guideline 2.5

Substantive changes<sup>3</sup> contemplated by the college or school must be addressed through its strategic planning process. Planning must take into consideration all resources (including faculty, staff, preceptors, technical, financial, and physical) required to implement the change and the impact of the change on the existing program. The college or school must notify ACPE in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring.

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<sup>3</sup> Substantive change involves a substantial modification or expansion or contraction of the nature and scope of an accredited program. ACPE's definition of substantive change includes, but is not limited to: any change in the established mission or goals of the institution or college/school; curricular change that represent a significant departure in either content or method of delivery, from those that were offered during the program's previous accreditation cycle including (development of a non-traditional doctor of pharmacy program; development of a joint delivery of program agreement; use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum, e.g., 25% or higher); a substantial change in enrollment in the professional program (defined as 20% or more in one year or cumulatively over two consecutive years); a substantial change in the number of clock or credit hours required for successful completion of the program; a significant change in the length of the program; the establishment of an additional geographic location at which substantial portions of the program are offered; a substantial change in faculty composition or size; change in the legal status, governance, or ownership of the program, a change in financial resources that could affect the quality of the program; changes in leadership; changes in organizational structure; change in status with other accrediting agency; and any other changes that the Dean feels require notification of ACPE.

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Guideline 2.6\*

A substantive change that involves new program initiatives (such as alternate program pathways to degree completion, including geographically dispersed campuses and distance-learning activities) should result from documented needs and be included in the strategic planning process, ensuring adequate lead time for development and proper notification of ACPE per ACPE policies and procedures. Consultation with ACPE must occur at least six months before recruiting students into new pathways or programs.

**Standard No. 3: Evaluation of Achievement of Mission and Goals**

**The college or school must establish and implement an evaluation plan that assesses achievement of the mission and goals. The evaluation must measure the extent to which the desired outcomes of the professional degree program (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved. Likewise, the extent to which the desired outcomes of research and other scholarly activities, service, and pharmacy practice programs are being achieved must be measured. The college or school must use the analysis of process and outcome measures for continuous development and improvement of the professional degree program.**

Guideline 3.1<sup>4</sup>

The evaluation plan must reflect a commitment to quality improvement through a continuous and systematic process of assessment and evaluation covering all aspects of the college or school mission and goals and the accreditation standards. The plan must be evidence-based and embrace the principles and methodologies of continuous quality improvement. The evaluation plan and the specific assessments should be reviewed for completeness, appropriateness, and effectiveness by internal and external stakeholders on an ongoing basis, in a defined manner. The evaluation plan should include the college or school's periodic self-assessment using the accreditation standards and guidelines to assure ongoing compliance.

Guideline 3.2

In general, the evaluation plan should describe the:

- desired outcomes of the college or school's mission and goals, including the educational program(s), research and other scholarly activities, professional and community service, interprofessional education, and pharmacy practice programs
- process and outcome assessments that will be evaluated, and with what frequency
- individual(s) responsible for data collection, analysis, and dissemination
- parties that will be responsible to receive and be authorized to act on the findings

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<sup>4</sup> Additional guidance relevant to the evaluation plan is provided under Standards 13, 14, 15, and 17.

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- manner by which resultant changes (e.g., revisions in the curriculum, modifications of faculty and student policies and procedures) will be implemented, evaluated, documented, and communicated
- comparisons that will be made with data from all ACPE-accredited programs and, if desired, a group of peer colleges and schools, with the basis for their selection
- resources (such as, faculty, staff, preceptors, technical, financial, and physical) needed for successful implementation

Guideline 3.3

The evaluation plan must include the use of data from standardized anonymous surveys of graduating students, faculty, preceptors and alumni available from the American Association of College of Pharmacy (AACP) for the evaluation of the program, including student learning and curricular effectiveness (see Standard 15).

Guideline 3.4

In general, the assessments employed in the evaluation plan should:

- include defined formative and summative measures<sup>5</sup>
- address all aspects of the program's mission and goals
- involve the full range of relevant internal and external stakeholders, including faculty, students, staff, preceptors, administrators, and alumni
- permit anonymous input and provide for collective analyses of findings
- be used to evaluate trends over time
- evaluate student achievement of desired competencies, in aggregate and at the level of the individual student
- include, where available, standardized or common instruments and data, such as those available through the American Association of Colleges of Pharmacy (AACP) and the National Association of Boards of Pharmacy (NABP), to allow comparisons with other accredited professional degree programs and peer colleges and schools

Guideline 3.5

The college or school should make available to key stakeholders, on an annual basis, the major findings and actions resulting from its evaluation plan through, for example, a written annual report or through a posting on its Web site.

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<sup>5</sup> A formative assessment measure is one taken before the activity or program is completed or repeated; an example would be a student's midpoint grade in a course. Formative assessments should allow for corrective actions. A summative assessment measure is one taken at the conclusion of an activity or program; an example would be a student's final grade in a course. Summative assessments help define the degree to which outcomes have been attained.

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Guideline 3.6\*

The evaluation plan must include a variety of assessments that will allow comparison and establishment of substantial comparability of alternative program pathways to degree completion, including geographically dispersed campuses and distance-learning activities.

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**STANDARDS FOR ORGANIZATION AND ADMINISTRATION**

*The purpose of the standards in this section is to ensure that the college or school's organization and support within the university structure, its relationships with other university and external practice and research entities, and its internal organization, leadership, and governance are developed and functioning in a manner that fosters the college or school's mission and goals.*

**Standard No. 4: Institutional Accreditation**

**Standard No. 5: College or School and University Relationship**

**Standard No. 6: College or School and other Administrative Relationships**

**Standard No. 7: College or School Organization and Governance**

**Standard No. 8: Qualifications and Responsibilities of the Dean**

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**Standard No. 4: Institutional Accreditation**

**The institution housing the college or school, or the independent college or school, must have or, in the case of new programs, achieve full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.**

**Guideline 4.1**

A college or school that is not a component of a regionally accredited institution or is not regionally accredited itself must promptly seek and achieve institutional accreditation from the appropriate regional accrediting body within the prescribed timeframe.<sup>6</sup>

**Guideline 4.2**

The college or school must report to ACPE, as soon as possible, any issue identified in regional/institutional accreditation actions that may have a negative impact on the quality of the professional degree program and compliance with ACPE standards.

**Guideline 4.3**

In matters of substantive change that affect regional and programmatic accreditation (e.g., the development of a new pharmacy program in a regionally accredited institution), the college or school should ensure joint notification of both accrediting bodies.

**Standard No. 5: College or School and University Relationship**

**The college or school must be an autonomous unit within the university structure and must be led by a dean. To maintain and advance the professional degree program, the university president (or other university officials charged with final responsibility for the college or school) and the dean must collaborate to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources to meet all of the ACPE accreditation standards.**

**Guideline 5.1**

The college or school must participate in the governance of the university, in accordance with its policies and procedures.

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<sup>6</sup> Some regional accrediting bodies grant "pre-accreditation" as a first step to achieving full accreditation. In such circumstances, the attainment of pre-accreditation status would meet the requirements of this standard. Subsequently, in such cases, achievement and maintenance of full accreditation status would be required in order to continue to meet the requirements of this standard.

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Guideline 5.2

The college or school must have autonomy, within university policies and procedures and state and federal regulations, in the following areas:

- programmatic evaluation
- definition and delivery of the curriculum
- development of bylaws, policies, and procedures
- student admission and progression policies
- faculty and staff recruitment, development, evaluation, and retention

Guideline 5.3

The college or school's reporting relationship(s) must be depicted in the university's organizational chart.

**Standard No. 6: College or School and other Administrative Relationships**

**The college or school, with the full support of the university, must develop suitable academic, research, and other scholarly activity; practice and service relationships; collaborations; and partnerships, within and outside the university, to support and advance its mission and goals.**

Guideline 6.1

The relationships, collaborations, and partnerships should advance the desired outcomes of the college or school's mission and goals including student learning, research and other scholarly activities, professional and community service, interprofessional education, and pharmacy practice programs.

Guideline 6.2

In general, the relationships, collaborations, and partnerships collectively should:

- promote integrated and synergistic interprofessional and interdisciplinary activities
- define the interface between the service and educational components
- provide the necessary blend of educational and patient care activities in a variety of practice settings
- strive to meet community needs
- support the development and enhancement of postgraduate education, postgraduate accredited residency and fellowship training, and combined degree options
- ensure that appropriate control and supervision are vested in the college or school
- promote research advancement of the profession
- be developed and maintained with a spirit of mutual service and trust

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Guideline 6.3

Formal agreements signed by authorized representatives of the parties should be developed to codify the nature and intent of the relationship, collaboration, or partnership; the legal liability of the parties; and the financial arrangements (if any). The agreements should provide for periodic collaborative review.

**Standard No. 7: College or School Organization and Governance**

**The college or school must be organized and staffed to facilitate the accomplishment of its mission and goals. The college or school administration must have defined lines of authority and responsibility, foster organizational unit development and collegiality, and allocate resources appropriately. The college or school must have published, updated governance documents, such as bylaws and policies and procedures, which have been generated by faculty consensus under the leadership of the dean in accordance with university regulations.**

Guideline 7.1

The college or school's administrative leaders should function as a unified team and be responsible for accomplishing the mission and goals of the college or school. Staff support should be provided for the administrative leaders to ensure their effectiveness. Seminars, programs, mentors, and other activities designed to ensure the growth and development of the administrative capabilities of both the leaders and the team should be provided.

Guideline 7.2

In general, the responsibilities of the administrative leaders – individually or collectively – should include:

- advancing the pharmacy science and practice disciplines, as required by the curriculum and as organized within the college or school
- mentoring, developing, and evaluating the faculty
- ensuring effective development, delivery, and improvement of the curriculum, including oversight and quality assurance of course work and pharmacy practice experiences
- managing operations and budgetary affairs
- fostering research and other scholarly activities
- developing and evaluating interprofessional education and practice opportunities
- fostering a culture of professionalism among faculty, students, and staff
- ensuring that comprehensive and effective systems for assessment and evaluation are in place

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- setting, evaluating, and accomplishing goals and objectives consistent with the college or school's mission and goals and as a part of the college or school's systematic planning and evaluation

Guideline 7.3

College or school administrative leaders working with the dean must have credentials and experience that prepare them for their respective roles. They must have clearly defined responsibilities and the authority to discharge their responsibilities. If the college or school organizes its faculty into subunits, such as departments or divisions, subunit goals and objectives must be established that align with the mission and goals of the college or school. The effectiveness of each organizational unit must be evaluated on the basis of its goals and objectives and its contribution to the professional program.

Guideline 7.4

Faculty and staff, where warranted, should be afforded the opportunity and encouraged to participate in the system of governance of the college or school.

Guideline 7.5

Faculty meetings and committees must be part of the system of governance of the college or school. Committees should be established to address key components of the mission and goals. Where appropriate, faculty committees should include staff, students, preceptors, alumni, and pharmacy practitioners. Minutes of faculty meetings and committee actions should be maintained and communicated to appropriate parties.

Guideline 7.6

The college or school should establish and maintain a system of communication with its stakeholders.

Guideline 7.7

In general, the college or school's bylaws, policies, and procedures should address organizational and administrative issues, such as:

- governance of the college or school
- conformity with university bylaws, policies, and procedures
- professional responsibilities
- academic freedom
- research and scholarship
- intellectual property
- employment contracts or letters of appointment and conditions of service
- faculty and staff recruitment, promotion, and, if applicable, tenure
- grievances, including discrimination and harassment

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- membership responsibilities and voting rights of the faculty
- officers of the faculty
- faculty meetings and committees
- policy development and adoption
- suspension of rules and amendment of bylaws
- the timeframe for periodic review of the bylaws, policies, and procedures

Guideline 7.8

The college or school must have policies and procedures that address potential systems failures, whether such failures are technical, administrative, or curricular. Contingency planning must include creating secure backups of critical applications and systems data, providing mechanisms for making up lost course work and academic credit, securing alternate means for communication and information delivery, and creating exit strategies to protect students if part or all of a program loses viability.

Guideline 7.9\*

Alternate program pathways must be integrated into the college or school's regular administrative structures, policies, and procedures (including planning, oversight, and evaluation), and must be supervised by an administrator who is part of the college or school. The college or school must ensure that workflow and communication among administration, faculty, staff, preceptors, and students engaged in distance-learning activities are maintained. The college or school must retain ultimate responsibility for the academic quality and integrity of distance-learning activities and the achievement of expected and unexpected outcomes, regardless of any contractual arrangements, partnerships, or consortia for educational or technical services.

**Standard No. 8: Qualifications and Responsibilities of the Dean**

**The dean must be qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service. The dean must be the chief administrative and academic officer and have direct access to the university president or other university officials delegated with final responsibility for the college or school. The dean must unite and inspire administrators, faculty, staff, preceptors, and students toward achievement of the mission and goals. The dean is responsible for ensuring that all accreditation requirements of the ACPE are met, including the timely submission of all reports and notices of planning for substantive changes.**

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Guideline 8.1

To provide leadership in accomplishing the mission and goals of the college or school, the qualifications and characteristics of a dean must include:

- a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems
- a scholarly concern for the profession, generally, and for the diverse aspects of pharmacy practice, in particular
- publications in the pharmacy and biomedical literature in areas relevant to the mission and goals of the college or school
- appropriate leadership and managerial skills and experience in the academic (preferred) or health care sectors
- recognition for career accomplishments by pharmacy or other health profession educators, researchers, and practitioners
- strong written and interpersonal communication skills
- experience with and a commitment to systematic planning, assessment, and continuous programmatic improvement
- a thorough understanding of and a commitment to teaching and student learning, including pedagogy
- evidence of a commitment to the advancement of research and scholarship
- the ability and willingness to provide assertive advocacy on behalf of:
  - the college or school to the university administration
  - the college or school and the profession of pharmacy in community, state, and national health care initiatives
- a record of and willingness to continue active participation in the affairs of pharmacy's professional and scientific societies

Guideline 8.2

The dean must have the authority and be responsible for ensuring:

- development, articulation, and implementation of the mission and goals
- acceptance of the mission and goals by the stakeholders
- development, implementation, evaluation, and enhancement of the educational, research, service, and pharmacy practice programs
- collaborative efforts to develop, implement, evaluate, and enhance interprofessional education, practice, service, and research programs
- development and progress of the strategic plan and the evaluation plan, including assessment of outcomes
- recruitment, development, and retention of competent faculty and staff
- initiation, implementation, and management of programs for the recruitment and admission of qualified students

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- establishment and implementation of standards for academic performance and progression
- resource acquisition and mission-based allocation
- continuous enhancement of the visibility of the college or school on campus and to external stakeholders
- the effective use of resources to meet the needs and mission of the college or school

Guideline 8.3

To accomplish these responsibilities, the dean must have the assistance and full support of the administrative leaders of the college or school's organizational units and adequate staff support. In instances where the dean is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the dean must be made to ensure effective administration of the affairs of the college or school.

Guideline 8.4

The dean must be responsible for compliance with ACPE's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the college or school into compliance, the dean must take the necessary steps to ensure compliance in a timely and efficient manner. In this regard, the dean should seek advice and consultation from ACPE, as needed.

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**STANDARDS FOR CURRICULUM**

*The purpose of the standards in this section is to ensure that the college or school's curriculum provides a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences and prepares graduates with the competencies needed to enter and contribute to the profession of pharmacy throughout their career. Desired curricular content, organization, sequencing, and outcomes, and the type and character of practice experiences needed, are described. In addition, the methods of promoting student learning and development of lifelong learning skills and the need to use assessments to measure, evaluate, and improve student learning and effectiveness are stated. As recommended by the Institute of Medicine for all health care professionals, pharmacists must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.*

**Standard No. 9: The Goal of the Curriculum**

**Standard No. 10: Curricular Development, Delivery, and Improvement**

**Standard No. 11: Teaching and Learning Methods**

**Standard No. 12: Professional Competencies and Outcome Expectations**

**Standard No. 13: Curricular Core—Knowledge, Skills, Attitudes, and Values**

**Standard No. 14: Curricular Core—Pharmacy Practice Experiences**

**Standard No. 15: Assessment and Evaluation of Student Learning and Curricular Effectiveness**

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**Standard No. 9: The Goal of the Curriculum**

**The college or school's professional degree program curriculum must prepare graduates with the professional competencies to enter pharmacy practice in any setting to ensure optimal medication therapy outcomes and patient safety, satisfy the educational requirements for licensure as a pharmacist, and meet the requirements of the university for the degree.**

**The curriculum must develop in graduate's knowledge that meets the criteria of good science;<sup>7</sup> professional skills, attitudes, and values; and the ability to integrate and apply learning to both the present practice of pharmacy and the advancement of the profession. Graduates must be able to identify and implement needed changes in pharmacy practice and health care delivery.**

**Guideline 9.1**

In developing knowledge, skills, attitudes, and values in students, the college or school must ensure that the curriculum fosters the development of professional judgment and a commitment to uphold ethical standards and abide by practice regulations. The college or school must ensure that the curriculum addresses patient safety, cultural appreciation, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team.

**Guideline 9.2**

In designing its curriculum, the college or school must address the desired didactic content, instructional processes, course delivery, and experiential education.

**Guideline 9.3**

The college or school curriculum should foster the development of students as leaders and agents of change. The curriculum should help students embrace the moral purpose that underpins the profession and develop the ability to use tools and strategies needed to affect positive change in pharmacy practice and health care delivery.

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<sup>7</sup> "Good science" implies having the following characteristics: evidence-based, logical, convincing, explanatory, honest, testable, and systematic.

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**Standard No. 10: Curricular Development, Delivery, and Improvement**

The college or school's faculty must be responsible for the development, organization, delivery, and improvement of the curriculum. The curriculum must define the expected outcomes and be developed, with attention to sequencing and integration of content and the selection of teaching and learning methods and assessments. All curricular pathways must have both *required* and *elective* courses and experiences and must effectively facilitate student development and achievement of the professional competencies.

The curriculum for the professional portion of the degree program must be a minimum of four academic years or the equivalent number of hours or credits. The curriculum must include didactic course work to provide the desired scientific foundation, introductory pharmacy practice experiences (not less than 5% of the curricular length) and advanced pharmacy practice experiences (not less than 25% of the curricular length).<sup>8</sup>

**Guideline 10.1**

On behalf of the faculty, the curriculum committee or equivalent must manage curricular development, evaluation, and improvement to ensure that the curriculum is consistent with the collective vision of the faculty and administration. Student representation must be an integral part of curricular development and improvement. The curriculum must comply with university policies and procedures and the accreditation standards.

**Guideline 10.2**

The curriculum committee or equivalent must have adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data. In general, the committee should strive for:

- optimal sequencing, reiteration, and integration of the curricular content and coordinated instruction across organizational lines and faculty disciplines, guided by assessment data of the components and contents of the curriculum to the expected competencies and outcomes
- awareness by faculty of each other's courses (including content, depth, methodologies used, and relationship to adopted curricular competencies and outcomes)
- application and reinforcement of curricular content (e.g., basic science faculty providing applications and examples relevant to practice, and practice faculty stressing the scientific basis for pharmacotherapy)
- provision of a reasonable and balanced course load for students

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<sup>8</sup> Refer to Standards 13 and 14 and Appendices B, C and D for additional detail and guidance.

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- availability of sufficient elective courses (within or outside the college or school) and pharmacy practice experiences to allow students to pursue special interests
- the use of proven teaching and learning methodologies and the introduction and evaluation of innovations to promote optimal learning
- consistency of course syllabi, including statements of student learning outcomes and methods of assessment, identification of active learning strategies employed, and relevance of course content and skills development to desired competencies for graduates
- standardized allocation of appropriate course credit

Guideline 10.3

The learning outcomes for curricular courses and pharmacy practice experiences must be mapped to the desired competencies (see Standard 12). Gaps in competency development or inappropriate redundancies identified in the mapping process should inform curricular revision.

Guideline 10.4

The curriculum committee should ensure that curricular design allows for students to be challenged with increasing rigor and expectations as they matriculate through the program to achieve the desired competencies. The curriculum design should enable students to integrate and apply all competency areas needed for the delivery of holistic patient care.

**Standard No. 11: Teaching and Learning Methods**

**The college or school, throughout the curriculum and in all program pathways, must use and integrate teaching and learning methods that have been shown through curricular assessments to produce graduates who become competent pharmacists by ensuring the achievement of the stated outcomes, fostering the development and maturation of critical thinking and problem-solving skills, meeting the diverse learning needs of students, and enabling students to transition from dependent to active, self-directed, lifelong learners.**

Guideline 11.1

From the earliest stages in the program through the advanced practice experiences, the college or school should encourage and assist students to assume responsibility for their own learning (including assessment of their learning needs, development of personal learning plans, self-assessment of the level of their knowledge, skills, attitudes, and values, and their achievement of desired competencies and outcomes). The college or

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school should require and assist students to participate in the education of others, including patients, care givers, other students, and health care providers.

Guideline 11.2

The development of critical thinking and problem-solving skills through active learning<sup>9</sup> strategies and other high level pedagogical strategies should be supported throughout the curriculum. Active learning strategies include the application of computer and other instructional technologies, laboratory experiences, case studies, guided group discussions, simulations and other practice-based exercises. Faculty and preceptors should employ active learning strategies and encourage students to ask questions wherever possible. Where appropriate, these techniques should involve actual or simulated patients, pharmacists, and other health care professionals.

Guideline 11.3

Experts in educational methodology and learning, such as instructional designers and educational psychologists, should be consulted to systematically improve educational materials, the assessment processes, and learning activities and outcomes.

Guideline 11.4

Colleges and schools are encouraged to experiment in the design and delivery of the curriculum. Development of innovative program pathways, courses, or teaching methods should be based on sound educational principles or the best evidence in educational practice. The college or school must evaluate the effectiveness of its curricular innovations through its assessment activities.

Guideline 11.5\*

For programs employing distance-learning technologies, the college or school should employ synchronous or asynchronous<sup>10</sup> delivery techniques to keep learners actively participating with the information, instructor, and each other. The outcomes of the distance-learning activities must be appropriate for the student population and achievable through distance study. Interaction of students across campuses or program pathways should be stimulated and encouraged. Outcomes which are not appropriate for distance

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<sup>9</sup> Active learning is a style of teaching that requires the learner to formulate answers to questions based on acquired knowledge while continuing to search for new knowledge that may provide better, more complete answers. Active learning enhances a student's ability to think in an independent and critical manner.

<sup>10</sup> An example of synchronous delivery is an audiovisual transmission of a lecture from one site to another, where students at participating sites can interact in real time with the lecturer and other students. An example of asynchronous delivery is a Web-based lecture that the student accesses at a later time.

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study (such as physical assessment or compounding skills) should be taught using other educational methods.

**Standard No. 12: Professional Competencies and Outcome Expectations**<sup>11</sup>

**Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:**

- 1. Provide patient 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, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.**
- 2. 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. 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.**

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<sup>11</sup> American Association of Colleges of Pharmacy's, Center for the Advancement of Pharmaceutical Education (CAPE), Educational Outcomes, 2004 (with minor edits)

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**These professional competencies must be used to guide the development of stated student learning outcome expectations for the curriculum. To anticipate future professional competencies, outcome statements must incorporate the development of the skills necessary to become self-directed lifelong learners.**

Guideline 12.1

Graduates must possess the basic knowledge, skills, attitudes, and values to practice pharmacy independently at the time of graduation. In this regard, the college or school must ensure that graduates are competent, at a minimum, to:<sup>12</sup>

- *provide patient-centered care*, through the ability to:
  - design, implement, monitor, evaluate, and adjust pharmacy care plans that are patient-specific; address health literacy, cultural diversity, and behavioral psychosocial issues; and are evidence-based
  - function effectively as a member of an interprofessional care team
  - manage a successful patient-centered practice (including establishing, marketing, and being compensated for medication therapy management and patient care services rendered)
- *provide population-based care*, through the ability to 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
- *manage human, physical, medical, informational, and technological resources*, through the ability to ensure efficient, cost-effective use of these resources in the provision of patient care
- *manage medication use systems*, through the ability to apply patient- and population-specific data, quality improvement strategies, medication safety and error reduction programs, and research processes to minimize drug misadventures and optimize patient outcomes; to participate in the development of drug use and health policy; and to help design pharmacy benefits
- *promote the availability of effective health and disease prevention services and health policy* through the ability to apply population-specific data, quality improvement strategies, informatics, and research processes to identify and solve public health problems and to help develop health policy

To be capable of the above, pharmacy graduates also must be able to:

- communicate and collaborate with patients, care givers, physicians, nurses, other health care providers, policy makers, members of the community, and administrative and support personnel to engender a team approach to patient care

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<sup>12</sup> Adapted from CAPE Educational Outcomes, 2004

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- retrieve, analyze, and interpret the professional, lay, and scientific literature to provide drug information and counseling to patients, their families or care givers, and other involved health care providers
- evaluate the quality of basic science and clinical research evidence to appropriately apply study results to practice decisions
- demonstrate expertise in informatics
- carry out duties in accordance with legal, ethical, social, economic, and professional guidelines
- maintain professional competence by identifying and analyzing emerging issues, products, and services

**Standard No. 13: Curricular Core—Knowledge, Skills, Attitudes, and Values**

**To provide the thorough scientific foundation necessary for achievement of the professional competencies, the curriculum of the professional degree program must contain the following:**

- **biomedical sciences**
- **pharmaceutical sciences**
- **social/behavioral/administrative sciences**
- **clinical sciences**

**Knowledge, practice skills, and professional attitudes and values must be integrated and applied, reinforced, and advanced throughout the curriculum, including the pharmacy practice experiences.**

**Guideline 13.1**<sup>13</sup>

The biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences must be of adequate depth, scope, timeliness, quality, sequence, and emphasis to provide the foundation and support for the intellectual and clinical objectives of the professional degree program. The instruction in the sciences must be appropriately rigorous to provide the basis for understanding the development and use of medications and other therapies for the treatment and prevention of disease.

**Guideline 13.2**

Where instruction is provided by academic units of the university other than the pharmacy program, these areas must be developed in accordance with the professional degree program's curricular goals and objectives. Appropriate assessment liaison

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<sup>13</sup> See Appendix B: Additional Guidance on the Science Foundation for the Curriculum

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mechanisms must be established to ensure effective instructional delivery and to ensure achievement of the educational objectives of the professional degree program.

Guideline 13.3

The college or school curriculum should address issues that cut across a number of topics, such as communication skills, professionalism, critical thinking, problem-solving, health and wellness, patient safety, teamwork, mathematical skills, and information management.

Guideline 13.4

When content is integrated across disciplines, the core knowledge base and outcomes for each discipline should be provided in adequate depth, scope, and emphasis to ensure attainment of the desired competencies.

Guideline 13.5

The content of curricular courses must be mapped to Appendix B to assess where specific content foundations are addressed in the curriculum. Gaps in curricular content and inappropriate redundancies identified in the mapping process should inform curricular revision.

**Standard No. 14: Curricular Core—Pharmacy Practice Experiences**

**The college or school must provide a continuum of required and elective pharmacy practice experiences throughout the curriculum, from introductory to advanced, of adequate scope, intensity, and duration to support the achievement of the professional competencies presented in Standard 12.**

**The pharmacy practice experiences must integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. The objectives for each pharmacy practice experience and the responsibilities of the student, preceptor, and site must be defined. Student performance, nature and extent of patient and health care professional interactions, where applicable, and the attainment of desired outcomes must be documented and assessed.**

**In aggregate, the pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals. Most pharmacy practice experiences must be under the supervision of qualified pharmacist preceptors licensed in the United States.**

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Guideline 14.1

Preceptors should hold full, shared, adjunct, or other defined positions in the college or school and should be well versed in the outcomes expected of students and the pedagogical methods that best enhance learning. In this regard, the college or school must ensure that preceptors receive orientation, especially for first-time preceptors prior to assuming their responsibilities, ongoing training, and development. Preceptors should provide close supervision of and significant interaction with students. The student-to-preceptor ratio for the pharmacy practice experiences should be adequate to provide individualized instruction, guidance, supervision, and assessment.

Guideline 14.2

When assigning students to preceptors and practice sites, the college or school should strive to avoid circumstances or relationships that could adversely affect the student/teacher relationship and the desired outcomes.

Guideline 14.3

Students must not receive remuneration from practice sites for any pharmacy practice experiences (introductory or advanced) for which academic credit is assigned.<sup>14</sup> Other work experiences in pharmacy settings for which no academic credit is awarded (i.e., not a component of introductory or advanced pharmacy practice experiences) may be required for advancement in the curriculum. The college or school, within their policies and procedures, for experiential education may provide financial assistance for student travel and housing that is not considered remuneration for services rendered.

Guideline 14.4<sup>15</sup>

Introductory pharmacy practice experiences must account for not less than 300 hours (over the first three professional years). The majority of students' time (minimum of 150 hours) must be balanced between community pharmacy and institutional health system settings. These experiences must permit students, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities. Additional practice experiences in other types of practice settings may also be used. The introductory pharmacy practice experiences should begin early in the curriculum, be interfaced with didactic course work that provides an introduction to the profession, and continue in a progressive manner leading to entry into the advanced pharmacy practice experiences. The didactic course work itself should not be counted toward the curricular requirement of introductory pharmacy practice experiences.

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<sup>14</sup> A professional degree program in an institution that meets the definition and characteristics of "cooperative education" ([www.co-op.edu](http://www.co-op.edu)) may apply to ACPE for a waiver of this requirement.

<sup>15</sup> See Appendix C and D for additional guidance on pharmacy practice experiences.

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Guideline 14.5

Colleges and schools may choose to include structured simulation as part of their overall introductory pharmacy practice experiences to meet their introductory pharmacy practice experiences program goals and objectives. Simulation, defined as an activity or event replicating pharmacy practice, can be utilized for no greater than 20% (e.g., 60 hours of a 300 hour requirement) of total introductory pharmacy practice experience time, and cannot substitute for the hours devoted to actual experiences in community pharmacy and institutional health system settings (see Guideline 14.4). Colleges and schools are not required to include simulation experiences as a portion of introductory pharmacy practice experiences. For the purpose of satisfying introductory pharmacy practice experience expectations, simulation may include use of high fidelity manikins, medium fidelity manikins, standardized patients, standardized colleagues, role play, and computer-based simulations. Simulation as a component of introductory pharmacy practice experiences should clearly connect the pharmacy activity or delivery of a medication to a patient (whether simulated patient, standardized patient, or virtual patient). Colleges and schools are encouraged to develop interprofessional simulations and, if desired, should seek guidance from ACPE on appropriate simulation experiences to meet introductory pharmacy practice experiences program goals and objectives.

Guideline 14.6

The expected length of the advanced pharmacy practice experiences is not less than 1440 hours (i.e., 36 weeks) during the last academic year and after all pre-advanced pharmacy practice experience requirements (i.e., introductory pharmacy practice experiences and required core didactic course work) are completed. The organization of the advanced pharmacy practice experiences should provide a balanced series of required (the majority) and elective experiences that cumulatively provide sustained experiences of adequate intensity, duration, and breadth (in terms of patients and disease states that pharmacists are likely to encounter when providing care) to enable achievement of stated competencies as demonstrated by assessment of outcome expectations. Generally, the required and elective experiences should be full-time, provide continuity of care, and be conducted under pharmacist-preceptor supervision and monitoring.

The required advanced pharmacy practice experiences<sup>16</sup> in all program pathways must be conducted in the United States or its territories and possessions (including the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands). Required experiences must include primary, acute, chronic, and preventive care among patients of all ages and develop pharmacist-delivered patient care competencies in the following settings:

- community pharmacy

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<sup>16</sup> *Entry-level Competencies Needed for Pharmacy Practice in Hospitals and Health-Systems*. ASHP-ACPE Task Force report: Fall 2010 should be consulted as a resource guide (see: <http://www.ashp.org/DocLibrary/MemberCenter/Entry-level-Competencies.aspx>)

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- hospital or health-system pharmacy
- ambulatory care
- inpatient/acute care general medicine

The required advanced pharmacy practice experiences should emphasize the need for continuity of care throughout the health care delivery system, including the availability and sharing of information regarding a patient's condition, medications, and other therapies.

Elective advanced pharmacy practice experiences in other settings (such as research, management, drug information, education, managed care, long-term care, hospice, and home health care) should complement the required experiences and provide adequate and innovative opportunities for students to mature professionally and in accordance with their individual interests. The college or school may offer elective advanced pharmacy practice experiences outside the United States and its territories and possessions, provided that they support the development of the competencies required of the graduate, and the college or school implements policies and procedures to ensure the quality of the site(s) and preceptor(s).

Guideline 14.7

A quality assurance procedure for all pharmacy practice experiences should be established and implemented to facilitate achievement of stated competencies, provide for feedback, and support standardization, consistency, and inter-rater reliability in assessment of student performance. All practice sites and preceptors should be selected in accordance with quality criteria established and reviewed periodically for quality improvement. The assessment process should incorporate the perspectives of key constituents, such as students, practitioners, prospective employers, and board of pharmacy members.

Guideline 14.8

Goals and outcomes for each pharmacy practice experience must be mapped to activities listed in Appendix C to ensure that students' experience will cover, at a minimum, all the listed activities.

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**Standard No. 15: Assessment and Evaluation of Student Learning and Curricular Effectiveness**

**As a component of its evaluation plan, the college or school must develop and carry out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities must employ a variety of valid and reliable measures systematically and sequentially throughout the professional degree program. The college or school must use the analysis of assessment measures to improve student learning and the achievement of the professional competencies.**

**The college or school must systematically and sequentially evaluate its curricular structure, content, organization, and outcomes. The college or school must use the analysis of outcome measures for continuous improvement of the curriculum and its delivery.**

**Guideline 15.1**

**In general, the college or school's evaluation of student learning should:**

- use a variety of assessments
- determine student achievement at defined levels of the professional competencies, in aggregate and at the individual student level
- follow a plan that documents how the learning experiences, whether didactic instruction or supervised practice experience, are appropriate for the development of the competencies, as well as the instructional methods (e.g., presentations, demonstrations, discussions) and materials that should be used
- demonstrate and document in student portfolios that graduates have attained the desired competencies, when measured in a variety of health care settings
- incorporate periodic, psychometrically sound, comprehensive, knowledge-based, and performance-based formative and summative assessments, including nationally standardized assessments (in addition to graduates' performance on licensure examinations) that allow comparisons and benchmarks with all accredited and college or school-determined peer institutions
- use teaching and learning techniques that promote: knowledge base development; integration, application, and assessment of principles; critical thinking and problem solving; and professionalism
- include student self-assessments and faculty and preceptor assessments of student development of the professional competencies and the demonstration of professional behaviors
- promote consistency and reliability of assessments within and among faculty, practice sites and preceptors

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Guideline 15.2

A system of evaluation of curricular effectiveness must be developed that, in general, should:

- foster data-driven continuous quality improvement of curricular structure, content, process, and outcomes
- assess the achievement of the desired competencies and outcomes for each of the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences, as well as the overall curricular competencies and outcomes that reflect incorporation of all of these sciences in pharmacy practice
- include input from faculty, students, administrators, preceptors, practitioners, state board of pharmacy members, alumni, and others
- foster and assess self-initiated student learning
- foster and assess experimentation and innovation
- be responsive to changes in pharmacy practice and educational and practice technologies
- ensure, based on mapping strategies(see Guidelines10.3, 13.5, and 14.8) and other assessment measures, that the breadth and depth of the curricular activities are adequate for the development of the desired competencies
- ensure that educational settings and methods of instruction lead to effective and efficient learning experiences
- be evidence-based

Guideline 15.3

The college or school must ensure the credibility of the degrees it awards and the integrity of student work. Formal examinations should take place under circumstances that ensure the correct identity of the student (including students taking distance education courses) and limit opportunities for academic misconduct.

Guideline 15.4

Student portfolios should be employed to document students' progressive achievement of the competencies throughout the curriculum and the practice experiences. The portfolios should be standardized and include student self-assessment, as well as faculty and preceptor assessments of the educational outcomes.

Guideline 15.5

The college or school must have mechanisms to assess and correct underlying causes of ineffective learning experiences. In this regard, the college or school's assessments should include measurement of perceived stress in faculty, staff, and students, and evaluate the potential for a negative impact on programmatic outcomes and morale.

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**STANDARDS FOR STUDENTS**

*The purpose of the standards in this section is to ensure that the college or school has adequate resources, fair and equitable policies and procedures, and capabilities to support student admission, progression, personal and professional development, and input into programmatic quality improvement.*

**Standard No. 16: Organization of Student Services**

**Standard No. 17: Admission Criteria, Policies, and Procedures**

**Standard No. 18: Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing**

**Standard No. 19: Progression of Students**

**Standard No. 20: Student Complaints Policy**

**Standard No. 21: Program Information**

**Standard No. 22: Student Representation and Perspectives**

**Standard No. 23: Professional Behavior and Harmonious Relationships**

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**Standard No. 16: Organization of Student Services**

**The college or school must have an organizational element(s) devoted to student services. The administrative officer responsible for this organizational element must oversee and coordinate the student services of the college or school.**

**Guideline 16.1**

The college or school should ensure that the organizational element devoted to student services, in general:

- has adequate personnel and resources to undertake its responsibilities
- links with university student services
- is responsible for student recruitment programs and administration of the admissions and progression processes
- is responsible for the orientation of prospective and new students, which should include a presentation of the mission, goals, values, and educational philosophy of the college or school
- provides orientation, training, and remediation to help students become proficient in the use of the program's technology and educational methodologies
- provides informational materials (printed or electronic), such as a student handbook, with relevant policies, procedures, and codes, and a bulletin describing the college or school and the pharmacy degree program
- administers student scholarships and awards (achievement and need-based) and loans
- provides academic advising and career-pathway counseling adequate to the needs of students, including those in alternate curricular pathways, where applicable
- coordinates the availability of personal counseling for students through university resources or by other arrangements
- identifies the professional technical standards<sup>17</sup> required as part of the admissions and progression procedures
- plans and participates in activities that support the development of students as professionals
- provides information about post-graduate education and training opportunities, e.g., residencies, fellowships, and graduate school
- provides or otherwise makes available training for advisors, tutors, counselors, and others involved in providing student services

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<sup>17</sup> Professional technical standards are established by the university, college, or school based on the physical and mental attributes required of students to be able to function competently as a pharmacist upon graduation.

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- provides support to faculty in effectively and efficiently teaching students with an acknowledged disability
- verifies completion of degree requirements

Guideline 16.2

The college or school must have an ordered, accurate, and secure system of student records. Student records must be confidential and maintained in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel must be knowledgeable regarding FERPA law and its practices.

Guideline 16.3

The college or school must provide students with financial aid information and guidance.

Guideline 16.4

The college or school must offer access to adequate health and counseling services for students. Appropriate immunization standards must be established, along with the means to ensure that such standards are satisfied. The college or school should have policies in place so that students who have off-campus classes or pharmacy practice experiences fully understand their insurance coverage and where and how to access health and counseling services.

Guideline 16.5

The college or school must establish and implement a policy on student services, including admissions and progression, that ensures nondiscrimination as defined by state and federal laws and regulations, such as on the basis of race, religion, gender, lifestyle, sexual orientation, national origin, or disability.

Guideline 16.6\*

The college or school offering multiple professional degree program pathways must ensure that all students have equal access to and a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling).

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**Standard No. 17: Admission Criteria, Policies, and Procedures**

**The college or school must produce and make available to students and prospective students criteria, policies, and procedures for admission to the professional degree program. Admission materials must clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional standards for graduation. As a component of its evaluation plan, the college or school must regularly assess the criteria, policies, and procedures to ensure the selection of students who have the potential for academic success in the professional degree program and the ability to achieve the professional competencies and to practice in culturally diverse environments.**

**Student enrollment must be managed in alignment with available physical, financial, faculty, staff, practice site, preceptor, and administrative resources. The dean and a duly constituted committee of the college or school must share the final responsibility for enrollment and selection of students.**

**Guideline 17.1**

The preprofessional educational requirements for admission to the professional degree program (not less than two academic years or the equivalent of college-level course work prior to the four academic years required by these standards) should provide basic sciences, such as general chemistry, organic chemistry, biological sciences (with a focus on human processes and diseases), mathematics, information and communication technologies, and physical sciences. Moreover, sufficient general education, defined as humanities, behavioral sciences, social sciences, and communication skills, should be provided in the preprofessional requirements to encourage the broadening of intellectual powers and interests and to facilitate the development of professional practitioners capable of understanding a culturally diverse society and their role in it as health care providers. Elements of general education also may be attained concurrently or integrated with the curriculum for the professional degree program.

**Guideline 17.2**

Students may be admitted to the professional degree program under early assurance agreements or policies within the institution (whether 0-6, 1-5 or 2-4 programs) or from another institution. In such admission arrangements, either a formal and published agreement should exist between the college or school and the associated institution(s) or policies should exist that are communicated to students. The early assurance student should be admitted to the professional degree program contingent upon successful completion of entrance requirements and application procedures. Early assurance students entering the first professional year of the pharmacy curriculum as defined in these standards should be at least as well qualified as students accepted for direct entry

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into the first professional year. The college or school must ensure that such early assurance agreements and policies allow it to manage student enrollment in alignment with physical, financial, faculty, staff, practice site, preceptor, and administrative resources, so that compliance with accreditation standards is not compromised.

Guideline 17.3

Admissions criteria, policies, and procedures should take into account necessary scholastic accomplishments, as well as other desirable qualities (such as intellectual curiosity, leadership, emotional maturity, empathy, ethical behavior, motivation, industriousness, and communication capabilities) that support the student's potential to become a self-directed lifelong learner and an effective professional. The admission process should foster diversity in the selection of students while ensuring that legal parameters are followed.

Written communication skills must be assessed in a standardized manner as part of the admission process. In-person standardized interviews of applicants, including evaluation of verbal communication skills, understanding of the pharmacy profession, and commitment to patient care, must be part of the admission process.<sup>18</sup> Such interviews should be conducted by faculty, preceptors, or staff, and should be held either on campus, in an off-site location, or using videoconferencing technology. To foster inter-rater reliability, interviewers should receive training in the method that the college or school has chosen for standardization of the interview process.

Guideline 17.4

Factors beyond the grade point average should be considered to determine which candidates qualify for interviews.

Guideline 17.5

Criminal and other activities that may restrict the student's ability to access experiential sites or potentially affect the student's eligibility for future licensure, by reason of state statutes or regulations, should be identified. Policies and procedures in accord with those of the university should be in place and available, under which students will be advised of the types of disclosures they may be required to make prior to admission and during the

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<sup>18</sup> In the case of 0-6, 1-5, or 2-4 programs with early assurance or policy arrangements, progression into the first professional year (as defined by the ACPE standards) can occur without the required interview only if formative and summative assessments in courses or activities (overseen by pharmacy faculty) are used to assess eligibility for progression based on the student's verbal and written communication skills, understanding of the pharmacy profession, and commitment to patient care. Evidence that each early assurance or policy arrangement student met the admission and progression requirements for entry into the first professional year must be documented as part of the admissions process. Transfer students into the first professional year of the curriculum for 0-6, 1-5, or 2-4 programs must be interviewed.

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professional degree program, what background checks they may be subject to prior to admission and during the professional degree program, and the potential adverse consequences resulting from these disclosures or background checks.

Guideline 17.6

The college or school must develop and employ admission criteria that set performance expectations for admission tests, evaluations, and interviews used in selecting students who have the potential for success in the professional degree program and the profession. The admission evaluation of students must be documented and records maintained by the college or school.

Guideline 17.7

A recruitment program should be established to provide a pool of well-qualified and diverse applicants for the available positions. Admission criteria, policies, and procedures must not be compromised regardless of the size and quality of the applicant pool.

Guideline 17.8

As a component of its evaluation program, the college or school should undertake studies to correlate admissions criteria, policies, and procedures with student achievement in the professional degree program and performance in professional practice.

Guideline 17.9\*

Colleges and schools should assess through admissions counseling procedures whether a student who will be learning at a distance has the self-motivation, commitment, skills, and competencies to benefit from and succeed in a distance-learning environment. Information gained should be used to update future admission and recruitment policies and decisions. All students admitted into distance-learning programs or pathways should possess the basic technological knowledge and skills to use the equipment utilized in the program. Where the effectiveness of new program initiatives has not yet been determined, initial course, pathway, or program enrollments should be limited and increased gradually until the effectiveness of the initiative is established. Consultation with ACPE must occur at least six months before recruiting students into new pathways or programs.

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**Standard No. 18: Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing**

**The college or school must produce and make available to students and prospective students transfer credit and course-waiver policies, based on rational procedures and defensible assessments.**

Guideline 18.1

The college or school must implement policies and procedures for the evaluation of the equivalency of educational courses (preprofessional or professional) prior to admission or transfer to the professional degree program.

Guideline 18.2

Credits toward completion of the professional program in pharmacy may be transferred from one ACPE-accredited professional degree program to another.

Guideline 18.3\*

For colleges or schools with nontraditional curricular pathways, for example, pathways for graduates of an ACPE-accredited baccalaureate in pharmacy program or for students in multiple professional degree program pathways, admission criteria and transfer credits should be customized in accordance with the results of a candidate's individualized assessments.

Requisites may only be waived based upon an educationally sound assessment of the professional competencies (as set forth in Standard 12) that may have been achieved through continuing pharmacy education, other postgraduate education and training, and previous pharmacy practice experience.

Guideline 18.4\*

Colleges and schools offering multiple professional degree program pathways must establish and implement policies and procedures for students who request to transfer credits or who wish to change from one program pathway to another.

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**Standard No. 19: Progression of Students**

**The college or school must produce and make available to students and prospective students criteria, policies, and procedures for academic progression, academic probation, remediation, missed course work or credit, dismissal, readmission, rights to due process, and appeal mechanisms.**

**Guideline 19.1**

The college or school should develop admission criteria, policies and procedures, student services, curricular evaluation and revision, and formative and summative assessment of achievement of competencies that collectively maximize the likelihood of successful student completion of the professional degree program in the expected timeframe.

**Guideline 19.2**

The college or school's system of monitoring student performance based on formative assessments of learning outcomes must provide for the early detection of academic difficulty. The college or school should provide individualized student services, such as tutorial support and faculty advising.

**Guideline 19.3**

The college or school should have progression policies that take into consideration assessments of professional behavior and academic integrity.

**Guideline 19.4**

The college or school should have records of student retention and attrition for purposes of identifying and analyzing trends and making programmatic adjustments as appropriate.

**Standard No. 20: Student Complaints Policy**

**The college or school must produce and make available to students a complaints policy that includes procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms. Students must receive information on how they can submit a complaint to ACPE for unresolved issues on a complaint related to the accreditation standards.<sup>19</sup>**

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<sup>19</sup> Refer also to ACPE Complaints Policy at <http://www.acpe-accredit.org/complaints/default.asp>

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Guideline 20.1

The college or school must include information about the complaint policy during student orientation and should reinforce its availability periodically during the professional degree program.

Guideline 20.2

The college or school must maintain a chronological record of student complaints related to matters covered by the accreditation standards and allow inspection of the records during on-site evaluation visits by ACPE.

Guideline 20.3

The college or school must inform ACPE during an on-site evaluation if any of the student complaints related to the accreditation standards have led to legal proceedings, and the outcomes of such proceedings.

**Standard No. 21: Program Information**

**The college or school must produce and make available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.**

Guideline 21.1

A current description (electronic or printed), such as a college or school catalog, a student handbook, or related college or university documents should be available that, in general, include the following:

- the mission, goals, objectives, and educational philosophy of the professional degree program
- the curricular plan, courses, and credit hours
- resources available to support the curriculum
- criteria, policies, and procedures related to admissions, progression, and access to student records
- the types of disclosures students may be required to make prior to admission or during the professional degree program, what background checks they may be subject to prior to admission or during the professional degree program, and the potential adverse consequences resulting from the disclosures or background checks
- college or school grading policy, grade scheme, and GPA calculation policy
- student code documents, such as ethics, conduct, and professional behavior
- off-campus curricular requirements, such as practice experiences in other geographic locations
- graduation requirements

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- tuition and fees, including refund policies
- financial aid guidance
- statement of nondiscrimination
- provision for on and off-campus housing, including availability during off-campus practice experiences
- graduation and post-graduation placement (e.g., employment, post-graduate education and training programs) rates
- current accreditation status of the program and contact information for ACPE
- recent pass rates of graduates taking the standardized licensure examinations for the first time
- expectations for attitudes, values, traits, and ethics required in the profession
- a description of policies regarding student life, such as accommodations for disabilities, harassment, antiviolence, and others
- immunization and other health or practice site requirements

Guideline 21.2\*

Admissions policies, procedures, and practices must fully and clearly represent the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance. Colleges and schools offering multiple program pathways should assess appropriate tuition and fees for facilities and services rendered. An explanation of tuition and fee differences between pathways or differences in facilities and services between pathways should be available upon request.

**Standard No. 22: Student Representation and Perspectives**

**The college or school must consider student perspectives and include student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.**

Guideline 22.1

The college or school should have a student government as well as suitable committees, such as a student/faculty relations committee, to develop student leadership and professionalism, to ensure a forum for student dialogue, and to ensure adequate communication of student opinions and perspectives.

Guideline 22.2

The college or school must involve student representatives on appropriate program committees, as well as in accreditation self-studies and strategic planning activities.

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Guideline 22.3

Instruments and techniques, such as course evaluations, focus groups, meetings with the dean or other administrative leaders, exit interviews, and nationally standardized surveys (e.g., those available through the American Association of Colleges of Pharmacy), should be systematically employed to obtain student perspectives on faculty, curriculum, student achievement of competencies, student services, and other aspects of the professional degree program. The assessment data so obtained should be systematically analyzed and used to improve all aspects of the program and to allow for longitudinal and cross-program evaluation. The college or school should share with students the aggregate results of their participation in the systematic process of program evaluation and improvement.

Guideline 22.4\*

Students should be provided with equitable representation regardless of the program pathway in which an individual student may be enrolled.

**Standard No. 23: Professional Behavior and Harmonious Relationships**

**The college or school must provide an environment and culture that promotes professional behavior and harmonious relationships among students, faculty, administrators, preceptors, and staff. Faculty, administrators, preceptors, and staff must be committed to developing professionalism and fostering leadership in students and to serving as mentors and positive role models for students.**

Guideline 23.1

The college or school must develop, via a broadly based process, a policy (consistent with university policies on student, faculty, preceptor, and staff professionalism) that defines expected behaviors and consequences for deviation from the policy, as well as due process for appeals.

Guideline 23.2

The college or school should foster and support opportunities for students to participate in student self-government.

Guideline 23.3

The college or school should support students, faculty, administrators, preceptors, and staff participation in, as appropriate, local, state, and national pharmacy, scientific, and other professional organizations.

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Guideline 23.4

The college or school should implement strategies and programs to broaden the professional horizons of students in areas such as scientific inquiry, scholarly concern for the profession, the relevance and value of research, and postgraduate education and training through guest lecturers, participation in curricular and extracurricular activities, service learning, and other beneficial activities, such as White Coat Ceremonies that welcome students into the profession of pharmacy.

Guideline 23.5

The college or school should evaluate, through the results of surveys, focus groups or other means, whether relationships among students, faculty, administrators, preceptors, and staff are harmonious.

Guideline 23.6

Student interactions with faculty, administrators, preceptors, and staff should be facilitated through formal and informal activities. To foster harmonious relationships and positive role models, the college or school should encourage faculty guidance for student committees and attendance by faculty, administrators, preceptors, and staff at student functions, both professional and social. Student interactions with residents and fellows, and informal mentoring of students by residents or fellows, should be maximized whenever possible.

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**STANDARDS FOR FACULTY AND STAFF**

*The purpose of the standards in this section is to ensure that the college or school has fair and equitable policies and procedures and capabilities to attract, develop, and retain an adequate and appropriate number of qualified faculty and staff to contribute to and achieve the mission and goals.*

**Standard No. 24: Faculty and Staff—Quantitative Factors**

**Standard No. 25: Faculty and Staff—Qualitative Factors**

**Standard No. 26: Faculty and Staff Continuing Professional Development and Performance Review**

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**Standard No. 24: Faculty and Staff—Quantitative Factors**

**The college or school must have a sufficient number of qualified full-time faculty and staff to effectively deliver and evaluate the professional degree program, while providing adequate time for faculty development, research and other scholarly activities, service, and pharmacy practice.**

Guideline 24.1

Within the members of the full-time faculty, there should be an appropriate mix and balance of academic titles and experience within each discipline. The full-time faculty and staff may be complemented by part-time (co-staffed or co-funded) and voluntary faculty. Voluntary faculty should have adjunct status or another appropriate academic title or defined position.

Guideline 24.2

The number of full-time faculty must be sufficient, without the need for a major contribution from the college or school's administrators, to ensure time for:

- effective organization and delivery of the curriculum through classroom, small group, laboratory, practice simulation, and oversight and provision of experiential education
- faculty mentoring
- student advising and mentoring
- research and other scholarly activities
- faculty development as educators and scholars
- service and pharmacy practice
- participation in college or school and university committees
- assessment and evaluation activities

The college or school should periodically conduct faculty workload and needs assessments, at appropriate intervals. In general, a nucleus of full-time faculty should result in student-to-faculty ratios (including students in all program pathways) in line with data collected annually by the American Association of Colleges of Pharmacy for programs of similar size and mission.

Guideline 24.3<sup>20</sup>

The student-to-preceptor ratio for the practice experience components of the curriculum should be adequate to provide individualized instruction, guidance, and evaluative supervision, and to comply with state statutes and regulations. Important factors to be considered are the number of students each preceptor is assigned during the introductory

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<sup>20</sup> Additional guidance is provided in Standard 14 and Appendix C.

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pharmacy practice experiences and, particularly, during the advanced pharmacy practice experiences, the nature of the practice setting, and the character of instructional delivery.

Guideline 24.4

Adequate staff resources, such as administrative assistants, secretaries, student services personnel, teaching assistants, laboratory technicians, and information and communication technology personnel, should be provided to allow effective operation of the college or school.

Guideline 24.5

Adequate quantitative strength of the faculty and staff should be ensured through capacity planning, as well as recruitment and retention strategies that take into account substantive program changes, retirements, potential illness, and the time needed to prepare for responsibilities in the program. All faculty members should have adequate time, commensurate with their teaching experience and familiarity with the subject matter, to prepare course work before the start of a class. Practice faculty should have adequate time to develop experiential practice sites prior to student assignment.

**Standard No. 25: Faculty and Staff—Qualitative Factors**

**The college or school must have qualified faculty and staff who, individually and collectively, are committed to its mission and goals and respect their colleagues and students. Faculty must possess the required professional and academic expertise, have contemporary knowledge and abilities in current educational philosophy and techniques, and be committed to the advancement of the profession and the pursuit of research and other scholarly activities. Faculty whose responsibilities include the practice of pharmacy must satisfy all professional licensure requirements that apply to their practice. The college or school must foster the development of its faculty and staff, commensurate with their responsibilities in the program.**

Guideline 25.1

Full-time faculty should hold an earned doctoral degree appropriate to their responsibilities in the program. Faculty in the sciences should have doctoral education and, to foster scholarship and research, postdoctoral research training or equivalent experience. Pharmacy practice faculty should possess additional professional training (residency, fellowship, or equivalent experience) and either have or be working toward credentials (for example, specialty certification) relevant to their practice and teaching responsibilities. Faculty should show evidence of scholarship and publication.

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Guideline 25.2

The college or school, consistent with university policies, should establish and implement a process to validate all educational and training credentials of faculty, administrators, and staff to ensure that required tasks can be reliably performed and to ensure that other criteria (criminal records, for example) have been researched and considered.

Guideline 25.3

The college or school must ensure that policies and procedures for faculty recruitment, promotion, tenure (if applicable), and retention are established and applied in a consistent manner.

Guideline 25.4

The college or school must ensure that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement. Faculty should provide students both content and perspectives unique to their discipline and critical to problem solving and lifelong learning. Faculty, regardless of their discipline, must have or develop a conceptual understanding of current and proposed future pharmacy practice in a variety of settings. To ensure understanding of the foundations of the curriculum and foster collaborative teaching and research, faculty should have a general awareness of the scholarship and research of their colleagues in other academic disciplines.

Guideline 25.5

The college or school should select faculty and staff in accordance with a policy that ensures nondiscrimination, as defined by state and federal statutes and regulations, on the basis of, for example, race, religion, gender, lifestyle, sexual orientation, national origin, or disability. The college or school should strive to achieve diversity in its faculty, administrators, and staff through its recruitment policies and procedures.

Guideline 25.6

To contribute to the maintenance and enhancement of practice skills of faculty, and to develop such skills in students, pharmacy practice faculty who precept pharmacy practice experiences that involve direct patient care or provide instruction related to contemporary patient care should be engaged in patient medication therapy management.

Guideline 25.7

The faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective communication skills, and an understanding of pedagogy, including construction and delivery of the curriculum.

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Faculty should deploy educational technologies and techniques that support various modes of educational delivery (e.g., simulations and case studies) and evaluation (e.g., test construction and clinical performance assessments). Educational support systems should be provided to practitioners serving as voluntary faculty in the pharmacy practice experience component of the curriculum.

Guideline 25.8

Faculty should generate and disseminate knowledge through scholarship. Scholarship by faculty members, including the scholarship of teaching, must be evident and demonstrated by productive research and other scholarly activities, such as contributions to the scientific, professional, and educational literature; publication of books and review articles; and successes in securing extramural funding to support research and other scholarly activities.

Guideline 25.9

The college or school should provide, or be affiliated with institutions that provide, postgraduate education and training, including accredited residency and fellowship programs.

Guideline 25.10

To support the development of professional values in students and an understanding of issues affecting the profession of pharmacy, faculty and administrators should actively participate in pharmacy professional and scientific organizations.

Guideline 25.11\*

Faculty, instructors, and teaching assistants involved in distance education should be qualified not only to provide instruction in their subject areas but should also be qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning.

**Standard No. 26: Faculty and Staff Continuing Professional Development and Performance Review**

**The college or school must have an effective continuing professional development program for full-time, part-time, and voluntary faculty and staff consistent with their responsibilities. The college or school must review the performance of faculty and staff on a regular basis. Criteria for performance review must be commensurate with the responsibilities of the faculty and staff in the professional degree program.**

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Guideline 26.1

The college or school must have or provide support for programs and activities for faculty and preceptor continuing professional development as educators, researchers, scholars, and practitioners commensurate with their responsibilities in the program.

In general, the programs and activities for full-time and part-time faculty, as well as for volunteer faculty where appropriate, should:

- support the attainment of the promotion and tenure (if applicable) requirements
- support the acquisition or enhancement of skills needed to teach diverse learners
- assist faculty in efforts to become and remain productive scholars
- foster the achievement of new credentials
- address methods to better evaluate student achievement of the desired competencies
- provide orientation and ongoing training to faculty, instructors, and teaching assistants to help them become proficient in the use of the program's technology and educational methodologies
- provide strategies to develop consistent socialization, leadership, and professionalism in students throughout the curriculum
- be mandatory for first-time preceptors prior to the precepting of students
- include attendance at relevant professional meetings
- encourage faculty to become involved in professional organizations and continuing education programs and conferences, within and outside the college or school
- encourage continuing professional development by faculty and students
- provide opportunities for faculty-to-faculty mentoring
- ensure an understanding of ACPE's accreditation standards, guidelines, policies, and procedures to assist the dean in ensuring compliance

In addition, programs and activities for volunteer preceptors should support their professional development.

Guideline 26.2

The faculty and staff evaluation process should be annual, involve self-assessment, and include appropriate input from peers, supervisors, and students. The use of self-assessment and improvement tools, such as portfolios, by faculty and staff is encouraged.

Guideline 26.3

In general and commensurate with their responsibilities in the program, all faculty should be evaluated as to their:

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- teaching abilities, communication skills, and effectiveness related to pharmacy education
- generation and dissemination of knowledge through research and other scholarly activities, including publications
- commitment to personal continuing professional development
- patient care activities
- contributions to the advancement and promotion of the profession of pharmacy
- contributions toward advancement of the professional development of students
- contribution and collegiality in support of achievement of the college or school's mission and goals
- service contributions to the program and the community at large

Guideline 26.4

Evidence of the effectiveness of continuing professional development of faculty, as appropriate to their responsibilities in the program, should include:

- evaluation of education, research and other scholarly activities, and practice responsibilities
- development and evaluation of innovative education, research and other scholarly activity, and practice models
- participation in professional and scholarly meetings
- presentation of scholarly work
- service as an officer or committee member of school or college and external organizations
- presentation of continuing education programs
- other endeavors that promote the profession of pharmacy to society

Guideline 26.5

All staff should be evaluated, commensurate with their responsibilities, as to their:

- competence in support of administrators, faculty, preceptors, students, alumni and other stakeholders
- commitment to continuing knowledge and skills development
- collegiality in support of achievement of the mission
- service contributions to the program and the community at large

Guideline 26.6

The faculty evaluation process should recognize and value faculty members who contribute to the professional development of students through such activities as academic advising, career pathway counseling, and student organization advising.

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Guideline 26.7

The periodic review of the dean and other administrative leaders of the college or school should include input from administrators, faculty, students, and preceptors.

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**STANDARDS FOR FACILITIES AND RESOURCES**

*The purpose of the standards in this section is to ensure that the college or school has adequate and appropriate physical, library, educational, practice site, and financial resources to offer a high-quality professional degree program in pharmacy and meet its mission and goals and the accreditation standards.*

**Standard No. 27: Physical Facilities**

**Standard No. 28: Practice Facilities**

**Standard No. 29: Library and Educational Resources**

**Standard No. 30: Financial Resources**

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**Standard No. 27: Physical Facilities**

**The college or school must have adequate and appropriate physical facilities to achieve its mission and goals. The physical facilities must facilitate interaction among administration, faculty, and students. The physical facilities must meet legal standards and be safe, well maintained, and adequately equipped.**

**Guideline 27.1**

Physical facilities must provide a desirable, comfortable, and safe environment for teaching and learning and, in general, should include:

- offices for administrators and core faculty that provide privacy for study and for counseling and advising students
- accommodations for staff, commensurate with their responsibilities
- lecture rooms, small classrooms, and conference rooms to accommodate curricular and other programmatic needs
- facilities for individual and small group study by students
- information and communication technologies to support the mission, including faculty and staff development, with appropriate data security and recovery systems
- laboratories dedicated to professional curriculum instruction and practice simulation that are reflective of contemporary pharmacy practice and standards, including facilities for extemporaneous preparation of intravenous and other medications
- facilities that encourage interprofessional interactions (e.g., simulation laboratories)
- laboratories and other resources, such as instrumentation, to support research and other scholarly activities
- student activity areas, including space for professional organization materials and meetings, to support a favorable environment for student life
- appropriate equipment to support the needs of administration, faculty, preceptors, and students that is up-to-date and well maintained

**Guideline 27.2**

For colleges and schools that use animals in their professional course work or research, proper and adequate animal facilities must be maintained in accordance with acceptable standards for animal facilities. Animal use must conform to Institutional Animal Care and Use Committee (or equivalent) requirements. Accreditation of the laboratory animal care and use program is encouraged.

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Guideline 27.3

Space within colleges and schools dedicated for human investigation must comply with state and federal statutes and regulations. All human investigations performed by college or school faculty, whether performed at the college or school or elsewhere, must be approved by the appropriate Institutional Review Board(s) and meet state and federal research standards.

Guideline 27.4

Students, faculty, preceptors, instructors, and teaching assistants should have access to appropriate resources to ensure equivalent program outcomes across all program pathways, including access to technical, design, and production services to support the college or school's various program initiatives. The selection of educational resources and technologies should be based on appropriateness to the curriculum and students. Restorable backups of critical systems and data should be kept, preferably at locations away from the original systems and data. Alternate means of communication and information delivery should be accessible when needed.

Guideline 27.5\*

Commensurate with the numbers of students, faculty and staff, and the activities and services provided, branch or distance campuses must have or have access to physical facilities of comparable quality and functionality as those of the main campus.

**Standard No. 28: Practice Facilities**

**To support the introductory and advanced pharmacy practice experiences (required and elective) and to advance collaboratively the patient care services of pharmacy practice experience sites (where applicable), the college or school must establish and implement criteria for the selection of an adequate number and mix of practice facilities and secure written agreements with the practice facilities.**

Guideline 28.1

Before assigning students to any given practice site, the college or school must screen the site and associated preceptors using defined quality criteria to ensure that the educational experience would afford students the opportunity to achieve the required competencies.

Guideline 28.2

At a minimum, for all sites for required pharmacy practice experiences and for frequently used sites for elective pharmacy practice experiences, a written affiliation agreement between the site and the college or school must be executed. The agreement should clearly define the responsibilities, commitments, and expectations of each of the parties regarding the education of students. Agreements should provide for criteria for

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termination and sufficient advance notification of termination in order to permit development of alternate affiliations should this become necessary. Agreements should also address student-related matters such as health services, malpractice provisions, criminal background checks, student disclosures, immunization policies, and professional conduct expectations.

Guideline 28.3

The college or school must identify a diverse mixture of sites for required and elective pharmacy practice experiences. In general, each site used for required pharmacy practice experiences should have the following characteristics:

- meets or exceeds all legal and professional standards required to provide patient care
- has a patient population that exhibits diversity in culture, medical conditions, gender, and age, where appropriate
- has an adequate patient population based on the learning objectives for the rotation
- has access to learning and information resources
- has a commitment to the education of pharmacy students
- has management that is supportive of professional staff involvement in the education of pharmacy students
- has a practice environment that nurtures and supports pharmacist and student interactions with patients
- provides daily contact with the preceptor or a qualified designee to ensure that students receive feedback and have opportunities to ask questions
- is adequately equipped with the technology needed to support student training and to reflect contemporary practice
- provides medication therapy management and patient care services for diverse populations
- has adequate professional staff and supportive technical and clerical staff to meet the learning objectives and to provide for optimum time for preceptor and student interaction
- provides educational workshops for patients and other health care providers
- serves as an accredited site for training of pharmacy residents
- has collaborative professional and/or training relationships with other health care providers
- demonstrates a strong commitment to health promotion and illness prevention as reflected by the services provided and/or products sold (e.g., provision of health screening, tobacco cessation counseling, immunizations; not stocking cigarettes and other tobacco products)

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The college or school should ensure the availability of a broad array of quality-assured sites for elective pharmacy practice experiences (such as state or national pharmacy associations, state boards of pharmacy, pharmacy benefit managers, insurance companies, pharmaceutical manufacturers, drug information centers, and research laboratories) to support the achievement of curricular competencies and student interests.

Guideline 28.4

The college or school must periodically assess the quality of sites and preceptors in light of curricular needs and must identify additional sites when needed. Colleges or schools must also discontinue relationships that do not meet preset quality criteria.

**Standard No. 29: Library and Educational Resources**

**The college or school must ensure access for all faculty, preceptors, and students to a library and other educational resources that are sufficient to support the professional degree program and to provide for research and other scholarly activities in accordance with its mission and goals. The college or school must fully incorporate and use these resources in the teaching and learning processes.**

Guideline 29.1

In general, the library and educational resources should:

- satisfy generally accepted standards and practices for library and educational resources and access
- include print holdings and access to online journals, databases, and other resources that support the teaching and research program and that are selected by using tools such as the *Basic Resources for Pharmacy Education* of the American Association of Colleges of Pharmacy and a written collection development policy that is aligned with the college or school's mission and goals
- be under the direction of qualified librarians and media professionals (e.g., master's prepared) who have good working relationships with the college or school
- provide sufficient study, reading, and computer space for students, faculty, and preceptors
- include a faculty liaison or committee to ensure the adequacy of the collection, educational technologies, and services and to ensure their appropriate integration into the teaching program
- include remote access technologies and mechanisms that promote use of library information from off-campus sites by faculty, students, and preceptors
- have holdings and reference source search capabilities, interlibrary loan, and other methods for access to materials not in the collection

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Guideline 29.2

The college or school should provide organized programs to teach faculty, preceptors, and students the effective and efficient use of the library and educational resources.

Guideline 29.3

To foster improvement, student, preceptor, and faculty opinions should be sought and evaluated regarding the adequacy of and access to library and educational resources, and estimates of utilization should be obtained.

**Standard No. 30: Financial Resources**

**The college or school must have the financial resources necessary to accomplish its mission and goals. The college or school must ensure that student enrollment is commensurate with its resources.**

Guideline 30.1

The resources to deliver the program must be sufficient to allow the college or school to achieve its stated mission and make reasonable progress toward its goals. An uncommitted reserve of resources should be available to address unexpected issues.

Guideline 30.2

The college or school must have input into the development of and operate a budget that is planned, developed, and managed in accordance with sound and accepted business practices. Financial resources must be deployed efficiently and effectively to:

- support all aspects of the mission, goals, and strategic plan
- ensure stability in the delivery of the program
- allow effective faculty, administrator, and staff recruitment, retention, and development
- maintain and improve physical facilities, equipment, and other educational and research resources
- enable innovation in education, interprofessional activities, research and other scholarly activities, and practice
- measure, record, analyze, document, and distribute assessment and evaluation activities
- ensure an adequate quantity and quality of practice sites and preceptors to support the curriculum

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Guideline 30.3

Enrollment must be planned and managed in line with resource capabilities, including tuition and professional fees. Programs experiencing substantive changes in scope or student numbers must develop business plans, including revenue and expense *pro forma* for the time period over which the change will occur and beyond. The *pro forma* should demonstrate where resources are being added and how they will meet the program requirements caused by the change(s) over time. In general, tuition and professional fee increases specific to the pharmacy program should be returned in large measure to the college or school for quality assurance and continuous quality improvement. Tuition for pharmacy students must not be increased primarily to support unrelated educational programs.

Guideline 30.4

The college or school, with the support of the university, should develop and maintain a broad base of financial support, including a program to acquire extramural funds through private giving, endowment income, grants, contracts, and other fund-raising mechanisms. The university administrators responsible for the pharmacy program should have a clear understanding of the resource needs of the professional degree program, such as the need to support scholarship and research and the requirements of library and educational resources and experiential education. Resources obtained from extramural sources should be free of restrictions that may interfere with sound educational and ethical policies, and such resources should be used in a manner that maintains the integrity of and supports the mission.

Guideline 30.5

The dean must report to ACPE, in a timely manner, any budget cuts or other financial factors that could negatively affect the quality of the professional degree program or other aspects of the mission of the college or school.

Guideline 30.6\*

The college or school must ensure that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways. Such funding should include regular technological updates. The college or school's initiatives should not adversely affect its administrative effectiveness, result in faculty overload, or cause undue financial stress or instability. New methods of educational delivery should be cost-effective; however, financial considerations such as developing economies of scale should not overshadow the requirement to develop academically effective educational experiences.

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**Appendix A**

**Joint Commission of Pharmacy Practitioners  
Future Vision of Pharmacy Practice 2015**

**Background**

The organizations of the Joint Commission of Pharmacy Practitioners (JCPP), including seven member pharmacy practitioner groups (Academy of Managed Care Pharmacy, American College of Apothecaries, American College of Clinical Pharmacy, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, National Community Pharmacists Association) and four liaison members (Accreditation Council for Pharmacy Education, American Association of Colleges of Pharmacy, National Association of Boards of Pharmacy, National Council of State Pharmacy Association Executives) have all endorsed the following common vision of the preferred future for pharmacy by the year 2015.

The JCPP Future Vision of Pharmacy Practice is a consensus document that articulates a vision for pharmacy and how it will be practiced. Equally important, the document describes how pharmacy practice will benefit society. The document was officially adopted by the JCPP members' executive officers following the November 2004 JCPP meeting and has subsequently been endorsed by each JCPP member's board of directors.

The stakeholders group identified and prioritized the top groups and organizations pharmacy must engage in efforts to work toward the vision of optimized medication use. While pharmacy intends to take leadership roles in improving the use of medications in health and wellness it cannot do so in isolation from the many others involved in the medication use process.

**Future Vision of Pharmacy Practice  
Vision Statement**

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

**Pharmacy Practice in 2015**

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote

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health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications and the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes
- promotion of wellness, health improvement, and disease prevention
- design and oversight of safe, accurate, and timely medication distribution systems

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications and related devices and supplies
- the primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use

How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse, and misuse of medications are minimized
- medication-related public health goals are more effectively achieved
- cost-effectiveness of medication therapy is optimized

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## **Appendix B**

### **Additional Guidance on the Science Foundation for the Curriculum**

*During the standards revision process from 2003 to 2006, ACPE stakeholders (faculty, practitioners, regulators, and others) identified elements of the science foundation that they believe essential to the development of pharmacists. Some of these areas may be addressed in pre-pharmacy courses, while the majority would be the purview of the curriculum of the professional degree program. The majority of the sections listed would reflect required course work, while some could be addressed in elective courses. Laboratory experiences and patient-care simulations should be incorporated as appropriate to the subject matter. Topic headings do not imply the need for separate courses but rather that the material be addressed adequately in the curriculum. Content may be delivered as individual or integrated courses involving multiple disciplines. It is expected that the listing below will change as a function of evolution of the profession, leading to future updates of this appendix.*

*Thus, the following information is provided as a basis for curricular evaluation and continuous quality improvement, driven by the mission and goals of the college or school.*

Today's ever-changing health care environment requires a pharmacy practitioner to be knowledgeable and competent in the following areas critical to the foundation and delivery of effective patient care. The foundation in the sciences suggested by ACPE stakeholders follows:

#### **Basic Biomedical Sciences**

##### Anatomy and Physiology

- structure and function of major body systems: integumentary, muscular skeletal, cardiovascular, lymphatic, respiratory, digestive, nervous, endocrine, urinary, reproductive, and body fluid and electrolytes
- molecular aspects of cell biology
- cell physiology and cellular structure and organization

##### Pathology/Pathophysiology

- basic principles and mechanisms of disease, including:
  - inflammation and repair
  - degeneration
  - disturbances on hemodynamics
  - developmental defects

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- neoplasia
- pathophysiology of disease states amenable to pharmacist intervention

Microbiology

- general principles of microbial concepts
- principles of infectious disease
- host-parasite relationships
- pathogenic micro-organisms of man
- inflammatory responses to infectious agents
- clinical aspects of infection

Immunology

- human immunity and immune response
- principles of antigen-antibody relationships
- molecular biology of immune response
- genetic basis for antibody synthesis, development, function, and immunopathology

Biochemistry/Biotechnology

- chemistry of biomacromolecules (proteins, lipids, carbohydrates, and DNA)
- enzymology and co-enzymes and kinetics
- metabolic pathways to energy utilization
- nucleic acid metabolism, including DNA replication and repair, RNA, and protein synthesis
- recombinant DNA technology

Molecular Biology/Genetics

- cell structure and components
- ion channels and receptor physiology
- mitosis and meiosis
- chromosomes and DNA
- gene transcription and translation processes
- recombinant DNA technology

Biostatistics

- understanding of commonly used statistical tests and their basis
- management of data sets
- evaluation of statistical results
- understanding of statistical versus clinical significance

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**Pharmaceutical Sciences**

Medicinal Chemistry

- physico-chemical properties of drug molecules in relation to drug absorption, distribution, metabolism, and excretion (ADME)
- chemical basis of pharmacology and therapeutics
- fundamental pharmacophores for drugs used to treat disease
- structure activity relationships in relation to drug-target interactions
- chemical pathways of drug metabolism
- application to making drug therapy decisions

Pharmacology

- mechanism of action of drugs in various categories
- role of pharmacology in drug choice and the treatment of disease
- pharmacodynamics of drug action and absorption, distribution, metabolism, and elimination
- adverse effects and side effects of drugs
- drug-target interactions
- drug-drug, drug-food, drug-lab test interactions
- drug discovery and development

Pharmacognosy and Alternative and Complementary Treatments

- concepts of crude drugs, semi-purified, and purified natural products
- variability of occurrence of pharmacologically active substances in plants and impact on regulatory aspects of herbal products
- overview of classes of pharmacologically active natural products
- dietary supplements (vitamins, minerals, and herbals)
- alternative medical treatments
- evaluation of alternative and complementary medicine purity, bioavailability, safety, and efficacy
- herbal-drug interactions
- Dietary Health Supplement and Education Act and impact on regulation of dietary supplements and herbal products

Toxicology

- mechanism of toxicity and toxicokinetics
- acute and chronic toxic effect of xenobiotics on the body, including drug or chemical overdose and toxic signs of drugs of abuse
- interpretation of drug screens
- antidotes and approaches to toxic exposures

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- functions of poison control centers
- bioterrorism and disaster preparedness and management

Bioanalysis/Clinical Chemistry

- fundamentals of laboratory medicine and its importance to screening, diagnosis, and evaluation of patients
- clinical data relevant to disease state management

Pharmaceutics/Biopharmaceutics

- physical-chemical principles of dosage forms
- biological principles of dosage forms
- principles of drug delivery via dosage forms (e.g., liquid, solid, semi-solid, controlled release, patches, and implants)
- principles of dosage form stability and drug degradation in dosage forms
- materials and methods used in preparation and use of dosage forms

Pharmacokinetics/Clinical Pharmacokinetics

- basic principles of in vivo drug kinetics (linear and nonlinear)
- principles of bioavailability/bioequivalence
- physiologic determinates of drug onset and duration
- drug, disease, and dietary influences on absorption, distribution, metabolism, and excretion
- clinical pharmacokinetics of commonly used and low-therapeutic-index drugs
- the pharmacokinetic-pharmacodynamic interface

Pharmacogenomics/genetics

- genetic basis for disease and drug action
- genetic basis for alteration of drug metabolism
- genome and proteomic principles in relation to disease and drug development
- genetic basis for individualizing drug doses

Extemporaneous Compounding/Parenteral/Enteral

- United States Pharmacopeia guidance on compounding and FDA Compliance Policy Guidelines
- techniques and principles used to prepare and dispense individual extemporaneous prescriptions, including dating of compounded dosage forms
- liquid (parenteral, enteral), solid, semi-solid, and topical preparations
- dosage form preparation calculations
- sterile admixture techniques
  - United States Pharmacopeia (USP) Chapter 797

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- stability and sterility testing and dating
- clean room requirements
- infusion devices and catheters

**Social/Behavioral/Administrative Pharmacy Sciences**

Health Care Delivery Systems

- introduction to United States, state, and local health care delivery systems and their interfaces
- social, political, and economic factors of the U.S. health care delivery system
- principles that influence the distribution of pharmaceutical products and services
- role of public and private insurers, pharmaceutical industry, and managed care on health care delivery in the United States
- Medicare and Medicaid
- Indigent care programs
- incidence of and problems associated with drug overuse, underuse, and misuse in the U.S. health care system
- new models of care, including integrated care systems, medical home models of care, accountable care organizations

Economics/Pharmacoeconomics

- economic principles in relation to pharmacoeconomic analysis
- concepts of pharmacoeconomics in relation to patient care
- applications of economic theories and health-related quality-of-life concepts to improve allocation of limited health care resources

Practice Management

- leadership development
- management of transformational change
- emotional intelligence for leaders
- creating/implementing shared mission and vision
- management principles (planning, organizing, directing, and controlling resources) applied to various pharmacy practice settings and patient outcomes
- management of staff within the practice setting, including pharmacists, technicians, and other supportive personnel
- principles of planning, organizing, directing, and controlling pharmacy resources.
- tools, including informatics, needed to assess and address change, increase competitiveness, improve quality, and optimize patient services
- basic drug procurement process

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- integration of clinical and distributive functions with medication therapy management and other patient care services
- management of medication use safety systems
- strategies to improve continuity of patient care as patients move between health care settings
- marketing principles
- public/population health principles
- basic accounting principles
- infection control
- project management
- managing and improving the medication-use process
- third-party administration and managed care systems
- health care improvement mechanisms at the micro- and macro-system levels

Pharmacoepidemiology

- application of principles of epidemiology to the study of drug use and outcomes in large populations
- studies that provide an estimate of the probability of beneficial effects in populations, or the probability of adverse effects in populations, and other parameters relating to drug use benefit
- methods for continual monitoring for unwanted effects and other safety-related aspects of drugs

Pharmacy Law and Regulatory Affairs

- legal basis of pharmacy practice
- pharmacist's responsibilities and limits under the law
- pharmacist's role in reducing liability by reducing drug-related misadventure
- civil versus criminal liability
- business contract law

History of Pharmacy

- overview of the evolution of pharmacy as a distinct profession
- moving from focus on the drug to focus on the patient and the drug, including clinical pharmaceutical care and other aspects of patient-provided pharmacist care
- major milestones and contributors in the evolution of pharmacy

Ethics

- principles of professional behavior
- ethical issues related to the development, promotion, sales, prescription, and use of drugs

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- dealing with ethical dilemmas
- conflict of interest
- ethical issues in delivery of patient-centered care and clinical research
- principles of end-of-life care
- ethical issues in teamwork

Professional Communication

- effective verbal and written interpersonal communication
- health literacy
- communicating with diverse patients, families, pharmacists, and other health professionals in a variety of settings, both individually and as a member of a team
- interviewing techniques
- active listening and empathy
- assertiveness and problem-solving techniques
- cultural influences on communication of health information
- group presentation skills
- strategies for handling difficult situations
- documentation of pharmacist recommendations and consultations
- principles of behavior modification
- communicating research and clinical findings to interprofessional and interdisciplinary audiences

Social and Behavioral Aspects of Practice

- pharmacy as a patient-centered profession
- patient and other health care provider perceptions of pharmacists' capabilities
- role of the pharmacist related to patient care
- role of the pharmacist related to interaction with other health care professionals
- development of leadership skills
- importance of involvement in pharmacy organizational, regulatory, state, and federal issues

Informatics

- basic terminology (data, information, knowledge, hardware, software, networks, information systems, information systems management)
- reasons for systematic processing of data, information and knowledge in health care
- use of data in continuous quality improvement initiatives
- the benefits and current constraints in using information and communication technology in health care

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**Clinical Sciences**

Pharmacy Practice and Pharmacist-Provided Care

- overview of the pharmacy profession
- issues of contemporary practice
- emerging and unique roles for the pharmacist on the health care team
- concepts of pharmacist-provided patient care and medication therapy management services
- principles of pharmacist-managed, patient-centered pharmacy services
- methods of outcome monitoring and assessment techniques
- problem identification (e.g., duplication, dosage, drug interactions, adverse drug reactions and interactions, frequency, dosage form, indication mismatches) and resolution
- role of pharmacy care plans in patient care
- interprofessional team decision making and care provision
- monitoring for positive and negative drug therapy outcomes
- evidence-based practice and decisions
- identifying pharmacotherapeutic knowledge gaps in the professional literature
- principles of clinical management of drug toxicity and overdose
- home diagnostic devices
- durable medical equipment

Medication Dispensing and Distribution Systems

- preparation and dispensing of prescriptions
- development and maintenance of patient medication profiles
- identification and prevention of medication errors
- identification and prevention of drug toxicity
- issues of distribution systems associated with all types of practice settings
- role of automation and technology in workload efficiency and patient safety
- assurance of safety in the medication-use process
- medication error reduction programs
- continuous quality improvement programs

Pharmacotherapy

- principles of clinical practice guidelines for various disease states and their interpretation in the clinical setting
- integration of core scientific and systems-based knowledge in patient care decisions

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- reinforcement of basic science principles relative to drug treatment protocols and clinical practice guidelines
- evaluation of clinical trials that validate treatment usefulness
- application of evidence-based decision making to patient care
- drug monitoring for positive and negative outcomes
- diagnostic tests in the diagnosis, staging, and monitoring of various disease states
- concepts of pain management and palliative care
- promotion of wellness and non-pharmacologic therapies
- disease prevention and monitoring
- nonprescription drug therapies
- dietary supplements
- design of patient-centered, culturally relevant treatment plans
- drug-induced disease
- medication reconciliation for patients moving from one care setting to another

Pharmacist-Provided Care for Special Populations

- pathophysiologic and pharmacotherapy alterations specific for special population patients (e.g., pediatric, geriatric, pregnant, cystic fibrosis, sickle cell anemia, celiac disease, genetic disorders, and others) for prescription and nonprescription medications
- dosage calculation and adjustments in special-population patients
- drug monitoring for positive/negative outcomes in special-population patients

Drug Information

- fundamentals of the practice of drug information
- application of drug information skills for delivery of pharmaceutical care
- technology of drug information retrieval for quality assurance
- the ability to judge the reliability of various sources of information

Medication Safety

- causes of medication errors/systems approaches
- human factors in errors
- strategies for reducing errors
- pharmacy leadership in medication safety
- current National Patient Safety Goals as they relate to medication use
- organizations devoted to assurance and advancement of quality health care (e.g., Joint Commission)
- quality and improvement strategies, such as failure mode and effects analysis, root cause analysis, and lean principles

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Literature Evaluation and Research Design

- fundamentals of research design and methodology
- principles of evaluation of the primary literature
- practical implications of the primary literature
- principles of research design and analysis in practicing evidence-based pharmacy
- levels of clinical evidence
- regulatory and ethical principles for research

Patient Assessment Laboratory

- obtaining a comprehensive patient history
- familiarity with basic assessment techniques (inspection, palpation, percussion, auscultation), terminology, and the modifications caused by common disease states and drug therapy
- triage and referral skills
- knowledge of therapeutic drug concentrations and their interpretation
- knowledge of the basis for common clinical laboratory values and diagnostic tests and the influences of common disease states
- false positive and false negative results
- OTC point-of-care testing devices (e.g., glucometers, pregnancy tests, home testing for HbA1c, drug screening)
- principles of electrocardiography and common EKG abnormalities
- advanced cardiac life support

Elective Courses

- Multiple opportunities should be provided throughout the curriculum for students to take course work designed to develop areas of personal interest, to expand their understanding of professional opportunities, and to achieve the outcomes of the curriculum.

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## **Appendix C**

### **Additional Guidance on Pharmacy Practice Experiences**

*The following information is a compilation of comments received from ACPE stakeholders relative to pharmacy experiential education. As with Appendix B, the information is provided as a basis for curricular reflection and continuous quality improvement, driven by the mission and goals of the college or school.*

#### **General Guidance**

The pharmacy practice experiences should:

- ensure that every student has multiple opportunities to perform patient-centered care activities in a variety of settings
- be in-depth, structured, and carefully coordinated with other components of the curriculum
- require active participation and patient care responsibilities, in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice

The development of the desired student competencies should occur in a progressive manner and involve experiences in a variety of practice settings in which pharmacists work as partners with patients, physicians, nurses, other health care professionals, and administrators.

General objectives and learning modules, as well as site-specific learning objectives, should be established for all of the pharmacy practice experiences. The objectives for the pharmacy practice experiences should identify the competencies to be achieved, expected types of patients (if applicable), level of student responsibility, and setting needed for the objectives to be met. The college or school should specify, for those pharmacy practice experiences involving direct patient care, the major disease states/conditions that all students are expected to encounter. The college or school should also specify the extent of student interaction with patients and the settings in which the interactions will occur.

Specific criteria should be developed to enable faculty and students to assess progress midway through the experience and at its completion. Students should be provided the opportunity to demonstrate achievement of stated competencies as assessed through the use of reliable, validated criteria.

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Educational experiences in the same practice area, for example, community pharmacy, should result in comparable educational objectives and competencies in students, especially in the Advanced Pharmacy Practice Experiences.

### **Oversight of Pharmacy Practice Experiences**

The experiential director, or equivalent person responsible for oversight and quality assurance of the pharmacy practice experience component of the curriculum, should have sufficient practice, academic, and management expertise to have credibility with other faculty and practitioners, as well as to direct the program in a manner that facilitates the college or school's ability to influence advancement of the practice of pharmacy. The college or school should ensure that the person has the appropriate expertise, support, and authority to evaluate, identify deficiencies if applicable, and implement change where needed. The person should serve on, or be *ex-officio* to, key committees where their input is most effective.

Colleges and schools should have systems, such as computerized programs, to manage the pharmacy practice experiences.

Important factors to be considered and assessed to ensure the desired outcomes are the number of students each preceptor and/or site is assigned; the nature, dynamics, and other responsibilities of the practice site; the experience and other commitments of the preceptor; the specific objectives of the experience; the potential benefit of student-to-student interaction and collaboration; and the instructional methodologies employed.

The college or school should obtain assessment of qualities and performance of preceptors from students in a manner that would not adversely affect the grading process. The methods of assessment and reporting employed should promote the development within the student of the ability to offer constructive criticism in a manner appropriate to interprofessional relationships. The assessment should include each preceptor's:

- ability to facilitate learning
- communication skills
- quality as a professional role model
- effectiveness related to pharmacy education

The quality control procedure employed should use a variety of methods, such as use of a review committee consisting of practitioners, faculty, and students, and visits to and communications with experiential sites conducted by trained individuals.

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### **Preceptors**

The college or school should identify preceptors who will be positive role models for students and who, in general, demonstrate the following behavior, qualities, and values (as applicable to their area of practice):

- practice ethically and with compassion for patients
- accept personal responsibility for patient outcomes
- have professional training, experience, and competence commensurate with their position
- utilize clinical and scientific publications in clinical care decision making and evidence-based practice
- have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
- have an aptitude to facilitate learning
- be able to document and assess student performance
- have a systematic, self-directed approach to their own continuing professional development
- collaborate with other health care professionals as a member of a team
- be committed to their organization, professional societies, and the community

In general, preceptor training should include:

- orientation to the college or school's mission, goals, and values
- review of the college or school's curriculum and teaching methodologies
- review of the specific objectives for the pharmacy practice experiences
- guidance regarding the assessment of students' prior knowledge and experience relative to the rotation's objectives so that the preceptor may tailor the rotation to maximize the educational experience and ensure appropriate student interaction with patients and their care givers and other health professionals, if applicable
- review of the college or school's performance assessment and grading systems

### **Introductory Pharmacy Practice Experiences**

The introductory pharmacy practice experiences may use various formats, including:

- shadowing of practitioners or students on advanced pharmacy practice experiences
- interviews with real patients
- simulation
- service learning (see below)
- real practice experiences in community, institutional, long-term care pharmacies, etc.

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In this regard, colleges and schools are encouraged to identify or develop introductory pharmacy practice experiences that consistently expose students to and allow participation in activities such as, but not limited to:

- processing and dispensing new/refill medication orders
- conducting patient interviews to obtain patient information
- creating patient profiles using information obtained
- responding to drug information inquiries
- interacting with other health care professionals
- participating in educational offerings designed to benefit the health of the general public
- interpreting and evaluating patient information
- triaging and assessing the need for treatment or referral, including referral for a patient seeking pharmacist-guided self-care
- identifying patient-specific factors that affect health, pharmacotherapy, and/or disease state management
- assessing patient health literacy and compliance
- performing calculations required to compound, dispense, and administer medications
- administering medications
- evaluating appropriateness of medication dosing utilizing basic dosing principles
- providing point-of-care and patient-centered services
- conducting physical assessments
- preparing and compounding extemporaneous preparations and sterile products
- communicating with patients and other health care providers
- interacting with pharmacy technicians in the delivery of pharmacy services
- documenting interventions in patient records in a concise, organized format that allows readers to have a clear understanding of the content
- presenting patient cases in an organized format covering pertinent information
- billing third parties for pharmacy services

In accordance with its policies and procedures and using established criteria, a college or school may exempt applicable students from the requirements of certain introductory pharmacy practice experiences, provided that the college or school has assessed or otherwise validated that the student has achieved the desired outcomes of that experience through an alternative experience acceptable to the college or school.

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Service Learning: Service learning experiences<sup>21</sup> *per se*, although beneficial in developing desirable student attitudes and values, do not necessarily qualify as introductory pharmacy practice experiences unless they specifically include the activities described above. The college or school may use such experiences to complement the introductory pharmacy practice experiences. Colleges and schools using service learning activities, whether as part of the introductory pharmacy practice experiences or not, should ensure that, in general, such activities:

- meet a community need
- establish or enhance a relationship between the community and the academic institution
- help foster civic and professional responsibility and the development of a sense of caring for others
- are integrated into the required academic curriculum
- provide structured time to reflect on the service learning experience
- enhance what is taught in the didactic curriculum by extending student learning beyond the classroom and into the community
- provide opportunities for interaction with other health professional students and practitioners
- attempt to balance the service that is provided and the learning that takes place

[**Note:** Appendix D provides the American Association of Colleges of Pharmacy document *Pre-APPE Performance Domains and Abilities* as guidance for assessment of student capabilities before entering advanced pharmacy practice experiences.]

### **Advanced Pharmacy Practice Experiences**

Most of the time assigned for students in advanced pharmacy practice experiences should involve direct patient care. Direct patient care experiences should be of sufficient length to provide both continuity of patient care and an opportunity for the student to practice the competencies associated with that practice setting. The series of required and elective experiences should be coordinated to achieve, in composite, the experiential whole of the advanced pharmacy practice experiences. Where possible, practice experiences should be offered in academic health centers to provide students with the opportunity to encounter and participate in innovative health care delivery and treatment.

Colleges and schools are encouraged to identify or develop advanced pharmacy practice experiences that consistently allow students to perform activities that build upon those activities listed for the introductory pharmacy practice experiences. In general, and where

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<sup>21</sup> Service learning is a structured learning experience with clearly defined objectives that combines performing service in the community with preparation, reflection, and discussion.

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legally permitted, activities in which students should participate during required advanced pharmacy practice experiences include, but are not limited to:

- practicing as a member of an interprofessional team
- identifying, evaluating, and communicating to the patient and other health care professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems
- consulting with patients regarding self-care products
- recommending prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional nondrug therapies, and complementary and alternative therapies
- recommending appropriateness medication dosing utilizing practical pharmacokinetic principles
- administering medications where practical and consistent with the practice environment and where legally permitted
- identifying and reporting medication errors and adverse drug reactions
- managing the drug regimen through monitoring and assessing patient information
- providing pharmacist-delivered patient care to a diverse patient population
- providing patient education to a diverse patient population
- educating the public and health care professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment, and medical and drug devices
- retrieving, evaluating, managing, and using clinical and scientific publications in the decision-making process
- accessing, evaluating, and applying information to promote optimal health care
- ensuring continuity of pharmaceutical care among health care settings
- participating in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements
- participating in discussions and assignments regarding the drug approval process and the role of key organizations in public safety and standards setting
- participating in discussions and assignments concerning key health care policy matters that may affect pharmacy
- working with the technology used in pharmacy practice

Additional activities in which students should be able to participate during required community and hospital/health system advanced pharmacy practice experiences may include, as appropriate to the learning environment:

- preparing and dispensing medications
- managing systems for storage, preparation, and dispensing of medications
- allocating and using key resources and supervising pharmacy technical staff

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- participating in purchasing activities
- creating a business plan to support a patient care service, including determining the need, feasibility, resources, and sources of funding
- managing the medication use system and applying the systems approach to medication safety
- participating in the pharmacy's quality improvement program
- participating in the design, development, marketing, and reimbursement process for new patient services
- participating in discussions and assignments of human resources management, medication resources management, and pharmacy data management systems, including pharmacy workload and financial performance
- participating in the pharmacy's planning process
- conducting a drug use review
- managing the use of investigational drug products
- participating in the health system's formulary process
- participating in therapeutic protocol development
- participating in the management of medical emergencies
- performing prospective and retrospective financial and clinical outcomes analyses to support formulary recommendations and therapeutic guideline development

Additional activities in which students should be able to participate during required ambulatory care and acute/general medicine advanced pharmacy practice experiences may include, as appropriate to the learning environment:

- developing and analyzing clinical drug guidelines
- participating in the health system's formulary process
- participating in the design, development, marketing, and reimbursement process for new patient services
- participating in discussions of human resources management, medication resources management, and pharmacy data management systems including pharmacy workload and financial performance

Elective Courses

- Multiple opportunities should be provided throughout the curriculum for students to undertake pharmacy practice experiences designed to develop areas of personal interest, to expand their understanding of professional opportunities, and to achieve the outcomes of the curriculum.

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**Appendix D**

**Pre-Advanced Pharmacy Practice Experiences Performance Domains and Abilities**

[The enclosed guidance for assessment of student capabilities before entering advanced pharmacy practice experiences is extracted (minor edits) from the American Association of Colleges of Pharmacy document *Pre-APPE Performance Domains and Abilities* (see: [http://www.aacp.org/governance/SECTIONS/experientialeducation/Documents/PreAPPE%20Performance%20Domains%20and%20Abilities\\_November%202010.pdf](http://www.aacp.org/governance/SECTIONS/experientialeducation/Documents/PreAPPE%20Performance%20Domains%20and%20Abilities_November%202010.pdf)).]

The domains and ability performance statements ... represent the working group's consensus concerning which performances are "must have" abilities. Evidence of student achievement of abilities and competencies within these core domains reflect student readiness to enter Advanced Pharmacy Practice Experiences (APPE's). Each domain has one or more suggested ability statement(s) (knowledge, skill, attitudes/values/or behavior) that must be achieved and documented prior to entering Advanced Pharmacy Practice Experiences (APPE's). Each domain also has suggested EXAMPLE competencies (where a competency statement consists of one or more of the three elements of an ability statement) that can be utilized to demonstrate student achievement of the domain ability. There is some overlap in these competency statements which is a reflection of how different colleges/schools and their faculties decide to approach each core domain. Therefore it is not expected that every college or school will demonstrate student achievement of every performance competency statement in this document..., but rather will use the domain-specific ability statements, the example performance competency statements, the "IPPE Competency Task Force Report" (see:[http://www.aacp.org/governance/SECTIONS/pharmacypractice/Documents/Report on AACP Task Force on IPPE Competencies.pptx](http://www.aacp.org/governance/SECTIONS/pharmacypractice/Documents/Report%20on%20AACP%20Task%20Force%20on%20IPPE%20Competencies.pptx)) competency statements, and other AACP Reports and literature for guidance in determining their own student performance objectives for each of the core domains.

It is expected that every college/school will demonstrate their students' achievement of the core ability(ies) in each domain through the use of multiple performance assessments compatible with their own experiential learning system. Recognizing the need for educational flexibility and creativity, it is anticipated that while many of these abilities can and will be achieved during Introductory Pharmacy Practice Experiences (IPPE's), colleges/schools will have multiple learning approaches in addition to IPPE's to achieve learning of and documentation of student performance of the domain abilities. These approaches may include, but are not limited to, simulations, OSCE's, and practice laboratories. It is also anticipated that each college/school may have additional student performance competencies they desire that their students achieve within each core

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domain or have additional “non-core” domains they want their students to achieve. These pre-APPE core domains and ability statements also provide a basis for development of core Advanced Pharmacy Practice Experience core domain abilities and competencies.

**Core Domains:**

**1. Patient Safety - Accurately Dispense Medications (order fulfillment):**

**Ability Statement: Demonstrate a commitment to and a valuing of patient safety by assuring accurate preparation, labeling, dispensing and distribution of prescriptions and medication orders.**

Maps to 2004 CAPE Outcome I: Provide Pharmaceutical Care to Achieve Optimal Patient Outcomes; and 2007 Pharmacy Practice Supplemental Outcomes II-B: Accurately prepare and dispense medications and/or supervise the preparation of medications and II-C: Accurately compound individual or bulk

**EXAMPLE Performance competencies:**

- Accurately prepare and dispense medications or supervise the preparation of medications
- Evaluate the acceptability and accuracy of a prescription and verify that the information is correct then correctly prepare the prescription and label for dispensing
- Evaluate appropriateness of medication orders by correlating the order with patient-specific data and drug information.
- Compound parenteral and non-parenteral drug products using accurate calculations, pharmaceutical components, and techniques.
- Dispense medications and devices in accordance with legal requirements.
- Provide safe, accurate and time-sensitive medication distribution
- Appropriately compound, dispense, or administer a medication, pursuant to a new prescription, prescription refill, or drug order.
- Accurately process and dispense medication pursuant to a new prescription, prescription refill, or drug order.
- Accurately evaluate and process a new prescription, prescription refill, and medication order in accordance to the law.
- Determine appropriate storage of compounded medications before and after dispensing.

**2. Basic Patient Assessment**

**Ability Statement: Collect record and assess subjective and objective patient data to define health and medication-related problems. Patient information must be**

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**collected in a manner demonstrating knowledge of patient educational level, the unique cultural and socioeconomic situations of patients, and comply with requirements for patient privacy.**

Maps to 2007 Pharmacy Practice Supplemental CAPE Outcome I-A: Provide Pharmaceutical Care to Achieve Optimal Patient Outcomes: Compile Patient-Specific Information

**EXAMPLE Performance competencies:**

- Collect patient histories in an organized fashion, appropriate to the situation and inclusive of cultural, social, educational, economic, and other patient-specific factors affecting self-care behaviors, medication use and adherence
- Obtain, record, and interpret a history from a patient to minimally include drug allergies and reactions, drugs (prescription, OTC, and herbal) being taken, doses being used, cultural, social, educational, economic, and other patient-specific factors affecting self-care
- Patient Assessment: Obtain and interpret patient information to determine the presence of a disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.
- Gather and organize accurate and comprehensive patient specific information
- Obtain and interpret patient information, inclusive of cultural, social, educational, economic, and other patient-specific factors affecting self-care behaviors, medication use and adherence to determine the presence of a disease, medical condition, or drug-related problem(s). , including a basic medication history from a patient to include drug allergies, a description of allergic reactions, drugs being taken, doses being used, over the counter medications being taken, and herbal/natural products being used.
- Obtain accurate and comprehensive patient history (include drug allergies, a description of allergic reactions, drugs being taken, doses being used, over the counter medications being taken, herbal/natural products being used, self care behaviors, and adherence)
- Gather information necessary to evaluate patient drug therapy (both patient history and utilization of a chart)
- Record all patient information accurately, legally and succinctly
- Perform a basic review of a patient's medication profile to identify medication allergies, correct doses, duplicate medications, and important drug interactions.
- Obtain and accurately record a patient's health and medication history.
- Gather and accurately record a patient's health and medication information from his/her medical record.
- Evaluate patient information to determine the presence of a disease, medical condition, or drug-related problem(s), and assess the need for treatment and/or referral.

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- Evaluate a patient's medication profile to identify medication allergies, appropriate doses and signs, duplicate medications, and clinically relevant drug interactions.
- Identify and prioritize a patient's drug-related problems

### **3. Medication Information**

**Ability Statement: Demonstrate knowledge of and accept responsibility for that knowledge of commonly used medications, formulations and drug products.**

Maps to 2004 CAPE Outcomes II-A-V: Maintain professional competence by identifying and analyzing emerging issues, products, and services that may impact patient-specific therapeutic outcomes and 2007 Pharmacy Practice Supplemental Outcome V: Maintain professional competency in providing pharmaceutical care by committing oneself to being an independent, self-initiated life-long learner

#### **EXAMPLE Performance competencies**

- Summarize key information related to the use of common (Top 200) medications
- Identify brand and generic names, dosage forms and usual dosing ranges for common (Top 200) medications
- Describe the mechanism of action of common medications (Top 200 medications) at the molecular, cellular, systems, and whole organism levels
- List and describe the mechanism(s) of common drug interactions.
- Cite the spectrum and common indications for commonly used antibiotics
- Identify target drug concentrations for Narrow Therapeutic index drugs.
- Determine the appropriate storage of compounded medications before and after dispensing

### **4. Identification and Assessment of Drug related Problems**

**Ability Statement: Correlate drug related variables and patient related variables to identify and assess drug related problems. Evaluate how the unique characteristics of patients and patient populations impact on manifestations of drug-related problems**

Maps to CAPE Outcome I-A: Provide Pharmaceutical Care to achieve optimal patient outcomes; Provide Patient-centered care and 2007 Pharmacy Practice Supplemental Outcome I-A: Gather and organize accurate and comprehensive patient information to identify ongoing or potential drug therapy problems.

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**EXAMPLE Performance competencies:**

- Evaluating medication orders to identify drug related problems
- Assess the urgency and risk associated with identified drug related problems
- Evaluate patient information and medication information that places a patient at risk for developing drug-related problems

**5. Mathematics applied to pharmaceutical calculations, compounded medications, dose calculations, and applications of pharmacokinetic calculations.**

**Ability Statement: Utilize pharmaceutical and pharmacokinetics mathematics to perform accurate medication calculations. Value the importance of total accuracy in performing and applying these calculations.**

Maps to 2004 CAPE Outcome I-A: Provide Patient-Centered Care and 2007 Pharmacy Practice Supplemental Outcomes I-B: Interpret and evaluate patient and drug-related data needed to identify actual or potential drug therapy problems (prescription and non-prescription) I-B-4: Perform any additional patient calculations needed

**EXAMPLE Performance competencies**

- Perform accurate pharmaceutical calculations, especially involved in the preparation of compounded oral, topical, rectal, ophthalmic, or parenteral preparation, and pharmacokinetic calculation of appropriate doses.
- Apply mathematical principles (e.g., accurately perform dose calculations, kinetics) in pharmacy practice

**6. Ethical, Professional, and Legal Behavior:**

**Ability Statement: In all health-care activities, demonstrate knowledge of and sensitivity towards the unique characteristics of each patient. Comply with all federal, state, and local laws related to pharmacy practice. Demonstrate ethical and professional behavior in all practice activities.**

Maps to CAPE Outcome I-B-4: Carry out duties in accordance with legal, ethical, social, economic, and professional guidelines:

**EXAMPLE Performance competencies:**

- Professionalism: Demonstrate caring, ethical, and professional behavior when interacting with peers, professionals, patients, and caregivers.

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- Demonstrate sensitivity and responsiveness to culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity when interacting with patients, caregivers, and other health care professionals.
- Comply with federal, state and local laws and regulations related to pharmacy practice
- Practice ethically, including maintaining patient confidentiality, responding to errors in care and professional misconduct (including plagiarism)
- Comply with federal, state and local laws and regulations related to pharmacy practice
- Maintain professional and ethical behavior in all practice environments, demonstrating ethical practice, empathy, cultural sensitivity, and professional communications in compliance with all laws, regulations, and professional standards.
- Professionalism: Demonstrate empathy, assertiveness, effective listening skills, and self-awareness.
- Demonstrate professional and ethical behavior in all practice environments
- Apply legal and regulatory principles to medication distribution, use and management systems
- Accept responsibility for patient care
- Make and defend rational, ethical decisions within the context of personal and professional values
- Demonstrate empathy, assertiveness, effective listening skills, and self-awareness.

**7. General Communication Abilities**

**Ability Statement: Demonstrate effective communication abilities in interactions with patients, their families and care givers, and other health care providers. Communication should be consistent with education level, cultural issues, and be empathetic. Elicit feedback validating understanding of communication.**

**Maps to CAPE Outcome I-A-2:** Communicate and collaborate with prescribers, patients, care givers, and other involved health care providers to engender a team approach to patient care; and **II-A-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; and 2007 Pharmacy Practice

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PROFESSIONAL PROGRAM IN PHARMACY LEADING TO THE DOCTOR  
OF PHARMACY DEGREE  
ADOPTED: JANUARY 15, 2006  
GUIDELINES 2.0: JANUARY 23, 2011  
EFFECTIVE: FEBRUARY 14, 2011**

Supplemental Outcome I-E-3: Consider social, economic, and cultural factors that influence a patient's perspective on health, illness, and medication use.

**EXAMPLE Performance competencies:**

- Communicate effectively using appropriate verbal, non-verbal, and written communication at a suitable level) with patients, caregivers, and other health care providers, at a suitable level for the partner in the interaction, to engender a team approach to patient care.
- Demonstrate effective communication skills (verbal, non-verbal, and written) at an appropriate level for patients, caregivers, health care providers, and the general public.

**8. Counseling Patients:**

**Ability Statement: Provide effective health and medication information to patients and/or care givers and confirm patient and/or care giver understanding of the information being provided.**

Maps to CAPE Outcome I-A: Provide Patient-centered care and Pharmaceutical Care to achieve optimal patient outcomes; and 2007 Pharmacy Practice Supplemental Outcomes IV-G: Educate patients and/or caregivers about drug therapy

**EXAMPLE Performance competencies**

- Use effective written, visual, verbal, and nonverbal communication skills to provide patient/caregiver self-management education
- Appropriately and accurately provide basic medication counseling to a patient or caregiver receiving a medication.
- Assess and validate the ability of patients and their agents to obtain, process, understand and use health- and medication-related information
- Counsel patients on proper self-care and preventative care
- Use appropriate methods of patient education to review indications, adverse effects, dosage, storage, and administration techniques
- Use effective written, visual, verbal, and nonverbal communication skills to provide education to the patient/caregiver on drug, drug use, self- or preventative care, or other health-related education to health care providers.
- Communicate alternative therapeutic strategies to the prescriber to correct or prevent drug-related problems.
- Assist a patient in correctly selecting an over the counter preparation.
- Develop and provide drug, drug use, or other health-related education to consumers or health providers

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- Provide accurate response to drug information requests written and verbally.
- Use effective written, visual, verbal, and nonverbal communication skills to counsel and educate a patient or caregiver regarding appropriate medication use – prescription and self-care.
- Demonstrate and/or describe proper administration technique for various drug delivery systems (e.g., inhalers, eye drops, etc.)

**9. Drug Information Analysis and Literature Research**

**Ability Statement: Assess information needs of patients and health providers and apply knowledge of study design and literature analysis and retrieval to provide accurate, evidence-based drug information.**

Maps to 2004 CAPE Outcome I-A-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; and 2007 Pharmacy Practice Supplemental Outcome I-D: Retrieve, analyze, and interpret the professional, lay, and scientific literature to make informed, rational, and evidence-based decisions.

**EXAMPLE Performance competencies**

- Collect accurate and comprehensive drug information from appropriate sources to make informed, evidence-based, patient-specific or population-based decisions. (3)
- Recognize the type of content that is available in general (tertiary), secondary, and primary information sources
- Collect, summarize, analyze and apply information from the biomedical literature to patient-specific or population-based health needs
- Demonstrate utilization of drug information resources
- Describe the type of content in commonly used drug and medical information resources.
- Collect and interpret accurate drug information from appropriate sources to make informed, evidence based decisions.
- Use effective written, visual, verbal, and nonverbal communication skills to accurately respond to drug information questions.

**ACCREDITATION STANDARDS AND GUIDELINES FOR THE  
PROFESSIONAL PROGRAM IN PHARMACY LEADING TO THE DOCTOR  
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EFFECTIVE: FEBRUARY 14, 2011**

**10. Health and Wellness – Public Health**

**Ability Statement: Know and apply principles of health and wellness in provision of individual and population-based health and wellness information. Integrate unique characteristics of individuals and populations in design of health and wellness information.**

Maps to 2004 CAPE Outcome 3: 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.

**EXAMPLE Performance competencies:**

- Participate in activities that promote health and wellness and the use of preventive care measures
- Promote to patients the importance of health, wellness, disease prevention (e.g., immunizations, tobacco cessation counseling), and management of their diseases and medication therapies to optimize outcomes.
- Provide preventative health services (e.g., immunizations, tobacco cessation counseling)
- Public Health: Promote to patients the importance of health, wellness, disease prevention, and management of their diseases and medication therapies to optimize outcomes.

**11. Insurance /Prescription Drug Coverage**

**Ability Statement: Utilizing knowledge of a wide array of private and public health insurance options assist patients and care givers to obtain their medications and related para-pharmaceuticals in an affordable manner that meets their health care needs.**

Maps to 2007 Social and Administrative Sciences Outcomes 2-1-A: Identify the key features of private and public payers of health care; and 2-1-B: Describe the objectives of health insurance and managed health care

**EXAMPLE Performance competency:**

- Assist a patient or caregiver in problems related to prescription medication coverage, health insurance, or government health care programs.

# **Attachment 4**

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	All Hours accepted from School?	Form required?
AL	Yes	1500 (all can be from school)	Yes	F1500	yes	yes
AZ	Yes	1500 (all can be from school)	Yes	F1500	yes	yes
AR	Yes	1500 (graduation from ACPE in lew of hours)	Yes	F2000	yes	yes
CO	Yes	1500 (all can be from school)	Yes	F1500	yes	yes
CT	Yes	1500 (while enrolled in school no more than 400 can be obtained outside college)	Yes	F1500	yes	yes
DE	Yes	accept all hours from college	Yes	F1500	yes	yes
FL	Yes	If grad of ACPE school after 1.1.2001 degree meets requirements for hours.	Yes	F2080(500in state)	yes	yes
KS	Yes	1500	Yes	F1500	yes	yes
KY	Yes	1500 will accept all hours from the school	Yes	F1500	yes	yes
ME	Yes	1500 (500 in US)	Yes	F1500, 500 in US	yes	yes
MD	No	1000 (ACPE school hours)	No	F1560	yes	yes

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	All Hours accepted from School?	Form required?
MA	Yes	ACPE transcripts after 1/1/2012 or 1500 (1000 in pharmacy)	Yes	F1500	yes	yes
MI	Yes	1000(400 in class 800 dispensing)	Yes	F1000	yes	yes
MS	Yes	1600 (all can be from school)	Yes	F1600	yes	yes
NE		F0		F0	yes	yes
NV	Yes	1500 (all can be from school)	Yes	F1500	yes	yes
NH	Yes(as Technician)	1500(full credit for college supervised programs)	Yes(as Technician)	F1500	yes	yes
NJ	Yes	1440(all can be from school)	Yes	F1440	yes	yes
NY	Yes	will accept PharmD degree as hours met	Yes	F2080(in 12 mos)	yes	yes
NC	No	If grad of ACPE school after 1.1.2001 degree meets requirements for hours.	No	F1500	yes	yes
ND	Yes	1500(all can be from school)	Yes	F1500	yes	yes
OK	Yes	1500(up to 1500 accepted from school)	Yes	F1000(in State)	yes	yes

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	All Hours accepted from School?	Form required?
OR	Yes	1440(can all be from school)	Yes	F1440	yes	yes
RI	Yes	1500(can be earned in school)	Yes	F1500	yes	yes
TN	No	1500(1100 can be earned in school)	No	F1500(if out of state must earn 500 more in state)	yes	yes
TX	Yes	1500(will not approve didactic hours from school)	Yes	F1500	yes	yes
UT	Yes	1500( will accept all 1740 from ACPE school)	Yes	F1500	yes	yes
VA	Yes	1500(all hours can be from ACPE accredited school)	Yes	F1500(in US)	yes	yes
WA	Yes	1500(1200 with academic credit)	Yes	F1500	yes	yes
WI	No	1500(can be from PharmD degree)	No	F2000/US 2000	yes	yes
WY	Yes	1200(all can be from school)	Yes	F1200	yes	yes
ID	Yes	0 as long as a grad from ACPE accredited school	Yes	F1500	yes	no
IN	Yes	1500(graduation from ACPE in lew of hours)	Yes	F1500	yes	no

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	All Hours accepted from School?	Form required?
OH	Yes	PharmD degree from ACPE accredited school accepted	Yes	F1500	yes	no
AK	Yes	1500(1000 from School)	Yes	F1500	no	yes
DC	Yes	1000 (in school) or 1500 (independent prelicensure practice) or 2 rotations totaling 660 hrs(in school) and 510(under licensed RPH) 400 (hours outside school) in pharmacy dispensing meds.	Yes	F1500	no	yes
GA	Yes	1500(1000 granted from, completing PharmD program)	Yes	F1500	no	yes
HI	Yes	1500	Yes	F1500	no	yes
IL	Yes(as Technician)	400 and School credit	Yes(as Technician)	F1200(course approved by Board)	no	yes
IA	Yes	1250(from School) 250(from hospital or Pharmacy)	Yes	F1500	no	yes
LA	Yes	1yr 1500(credit of 1000 from structured program)	Yes	F1500	no	yes

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	All Hours accepted from School?	Form required?
MN	Yes	1600(400 while attending classes, 800 dispensing hours)	Yes	F1600	no	yes
MO	Yes	480(in state school) 1500(out of state school)	Yes	F1500	no	yes
MT	Yes	1500(in conjunction with academic credit)	Yes	F1500	no	yes
NM	Yes	2150(1650 college hours)	Yes	F1500	no	yes
PA	Yes	1500(can accept 750 from school)	Yes	F1500(in US)	no	yes
SC	Yes	1500(can accept 1000 from school)	Yes	F1500(in US)	no	yes
VT	Yes	1740(1240 can be earned from school)	Yes	F1740	no	yes
WV	Yes	1500(800 can be from school)	Yes	F1500 (1/3 earned in foreign country)	no	yes
SD	Yes	2000(can accept 1740 from school)	Yes	F1500	no	no

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
AL	Yes	1500(all can be from school)	Yes	F1500	All curriculum hours are reported by the school of pharmacy when the student graduates. All non-curriculum hours must be worked under a preceptor and must be reported by that preceptor at the time of completion. All hours are reported by form on the website.
AK	Yes	1500(1000 from School)	Yes	F1500	Hours acquired with a Non-Alaska Intern license: The Supervising Pharmacist must submit the enclosed Verification of Work Experience Reference Letter. S/he must specify the hours were not delegated to your degree requirements. Educational Intern Hours acquired through degree program must be substantiated in writing by either that state board(s) on a Verification of Intern License or by the College of Pharmacy. Non Educational Intern Hours hours worked as an intern that are not designated to the degree program must be substantiated in writing by either that state board or supervising pharmacist and mailed directly this office.
AZ	Yes	1500(all can be from school)	Yes	F1500	Hours are to be emailed to one person (Valerie)
AR	Yes	1500(graduation from ACPE in lew of hours)	Yes	F2000	INT affidavit form- grid on the back of form to track hours and must be signed by supervising pharmacist in charge
CO	Yes	1500(all can be from school)	Yes	F1500	INT hours affidavit form on website. Out of state hours will need letter of verification from that state board and letter of verification from supervising pharmacist in charge's licensensure
CT	Yes	1500 (while enrolled in school no more than 400 can be obtained outside college)	Yes	F1500	Pharmacy Intern Preceptor's Statement form that student and the preceptor fills out.

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
DE	Yes	accept all hours from college	Yes	F1500	School reports hours by form online and non rotational hours will need to be filled out by preceptor on INT affidavit form online.
DC	Yes	1000 (in school) or 1500 (independent prelicensure practice) or 2 rotations totaling 660 hrs(in school) and 510(under licensed RPH) 400 (hours outside school) in pharmacy dispensing meds.	Yes	F1500	Must submit certificate of graduation or official transcripts documenting intern hours. Non rotational hours to be filled on preceptor form available on website.
FL	Yes	If grad of ACPE school after 1.1.2001 degree meets requirements for hours.	Yes	F2080(500in state)	Intern hours completed outside of an ACPE accredited College of Pharmacy are reported to office on intern report affidavit form. Individuals who graduate with a Pharm D from an ACPE accredited school in the state of Florida are automatically granted 2080 intern hours which can be verified by our office. Those applying for licensure must complete the Work Experience Form B to show proof of intern hours completed
GA	Yes	1500(1000 granted from, completing PharmD program)	Yes	F1500	Download form online and mail or fax in form Pharmacy Intern Form for in state. If licensed as a RPH in another state will need to fill out verificatin of license form and certification of work experience as a RPH form.
HI	Yes	1500	Yes	F1500	Pharmacy Intern Form for in state. If licensed as a RPH in another state will need to fill out verificatin of license form and certification of work experience as a RPH form.
ID	Yes	0 as long as a grad from ACPE accredited school	Yes	F1500	No longer track student hours. Part of the certification of graduation is a statement from their school that the student has earned at least 1500 hours which is the minimum required by Idaho law.

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
IL	Yes(as Technician)	400 and School credit	Yes(as Technician)	F1200(course approved by Board)	In state applicants will need to download form on website and send in, out of state hours are to be sent by that state.
IN	Yes	1500(graduation from ACPE in lew of hours)	Yes	F1500	Certificate of completion from school is all that is needed.
IA	Yes	1250(from School) 250(from hospital or Pharmacy)	Yes	F1500	Internship booklet that contains a set of documents and forms to be completed by one or more pharmacist preceptors during the course of their internship training
KS	Yes	1500	Yes	F1500	Affidavit form on website, needs to be signed by supervising pharmacist in charge. If Kansas University students then school provides a list and they review the list.
KY	Yes	1500 will accept all hours from the school	Yes	F1500	Certification of Intern Hours form signed by the Dean of the school or from the Board of Pharmacy verifying hours
LA	Yes	1yr 1500(credit of 1000 from structured program)	Yes	F1500	All practical experience hours earned in an internship must be recorded on a Pharmacist's Affidavit form and submitted to the Board for review and approval. A separate Pharmacist's Affidavit must be completed for each pharmacy site. Internship hours earned outside of Louisiana must be certified to the Louisiana Board of Pharmacy by the board of pharmacy in the state where the hours were earned. Hours must also be recorded on a Pharmacist's Affidavit form and submitted for review.
ME	Yes	1500(500 in US)	Yes	F1500, 500 in US	School can report the hours or can complete signed affidavits from preceptor form on website.
MD	No	1000(ACPE school hours)	No	F1560	INT hours form in application packet, school will have to sign and seal.

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
MA	Yes	ACPE transcripts after 1/1/2012 or 1500(1000 in pharmacy)	Yes	F1500	Out of state hours are to be reported by that state Board by certified letter and in state hours are to be submitted by form on website to the Board
MI	Yes	1000(400 in class 800 dispensing)	Yes	F1000	There are affidavit forms that preceptor must fill out for the hours completed. These affidavits are apart of the application process, which the school will have students fill out.
MN	Yes	1600(400 while attending classes, 800 dispensing hours)	Yes	F1600	Internship hours obtained in state, the applicant must complete an Internship Manual. Hours worked outside of Minnesota must be submitted by an affidavit form from the Board of Pharmacy of the state where the hours were accumulated.
MS	Yes	1600(all can be from school)	Yes	F1600	Out of state hours are to be reported by that state Board by certified letter and in state hours are to be submitted by Affidavit form signed by superivisng pharmacist in charge.
MO	Yes	480(in state school) 1500(out of state school)	Yes	F1500	The pharmacy school will document and report hours. The Board of Pharmacy in the state where the hours were earned must provide the Missouri Board of Pharmacy with certification
MT	Yes	1500(in conjunction with academic credit)	Yes	F1500	Hours are to be submitted by form on website
NE		F0		F0	If applying through the School, the school will send in hours. If any hours obtained out of school rotation will need to submit form filled out by pharmacist. Out of state hours does not need to be reported.
NV	Yes	1500(all can be from school)	Yes	F1500	Verification of intern hours must come directly from the state board of pharmacy where licensed as an intern. For hours earned in Nevada, the pharmacist completes a preceptor report form.

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
NH	Yes(as Technician)	1500(full credit for college supervised programs)	Yes(as Technician)	F1500	Non rotational hours will need to fill Internship/Preceptor log form, if hours were earned as part of PharmD curriculum, school will complete the Certificate of Pharmacy Education form. Out of state hours, request State Board of Pharmacy to transfer hours directly to the NH Board of Pharmacy.
NJ	Yes	1440(all can be from school)	Yes	F1440	No Int hours are required, only official transcript with grad date will be sufficient enough. Hours from school will fulfill the requirement. Foreign grads will have to fill out affidavit forms to report hours and preceptor evaluation form to complete.
NM	Yes	2150(1650 college hours)	Yes	F1500	In state hours are reported by form. Out of state hours will need be sent from that state board via certified letter or it can be reported by school or employer
NY	Yes	will accept PharmD degree as hours met	Yes	F2080(in 12 mos)	Graduates of ACPE accredited programs are deemed to have sufficient internship experience for admission to licensure. Candidates who have at least 1,000 hours of internship after the 3rd professional year may be admitted to take their practical exam before graduation. Those submissions are made on a notarized form on web site.
NC	No	If grad of ACPE school after 1.1.2001 degree meets requirements for hours.	No	F1500	If from school then school will fill out form (certificate of graduation) to report hours. If not from school Pharmacy Experience form must be filled out by supervising pharmacist and must be submitted no later that 30 days of grad date.
ND	Yes	1500(all can be from school)	Yes	F1500	Students of NDSU will fill out affidavit which is different from Non NDSU whom will also fill out an affidavit of Internship form.

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
OH	Yes	PharmD degree from ACPE accredited school accepted	Yes	F1500	School report the hours by sending in Certificate of Grad letter. Non-academic training hours can be reported on affidavit form to be credited.
OK	Yes	1500(up to 1500 accepted from school)	Yes	F1000(in State)	School report the hours by form, hours earned out of school the preceptor report the hours by form
OR	Yes	1440(can all be from school)	Yes	F1440	School will report the rotational hours prior to graduation on form. Do not accept non-rotational hours.
PA	Yes	1500(can accept 750 from school)	Yes	F1500(in US)	Pharmacy interns may report however many intern hours that they earn. Schools report school-related intern hours on page three of the pharmacist license by exam/score transfer application. This page must be directly mailed to the Board from the school. Intern hours earned outside of school and in Pennsylvania are reported to the Board using the "Intern Experience Reporting Form" completed by the pharmacist preceptor. A total of 1,500 intern hours is required for licensure of which no more that 750 may be earned through the academic program. At least 750 intern hours must be earned outside of school.
RI	Yes	1500(can be earned in school)	Yes	F1500	Submit hours on the Preceptor Affidavit of Internship Hours form. An applicant whose hours have been filed with another board, must request that board to submit directly to the BOARD an affidavit certifying the approved
SC	Yes	1500(can accept 1000 from school)	Yes	F1500(in US)	Fill out form and preceptor has to sign off. Out of state hours will have to be certified by that state board.
SD	Yes	2000(can accept 1740 from school)	Yes	F1500	No form, if out of state-certified letter from that state Board. If in state school will send in certified letter and Board will review.

State	Do you Issue an Intern License for US student?	Number of Hours required	Do you Issue an Intern License for Foreign Grad?	Number of Hours required	How are hours reported?
TN	No	1500(1100 can be earned in school)	No	F1500(if out of state must earn 500 more in state)	If attended a Tennessee College of Pharmacy the internship hours are submitted by the College of Pharmacy. If they did not graduate from a Tennessee College of Pharmacy, will only accept hours certified by that state board of pharmacy.
TX	Yes	1500(will not approve didactic hours from school)	Yes	F1500	Intern Hours are reported on Hours Completion Form available on website.
UT	Yes	1500( will accept all 1740 from ACPE school)	Yes	F1500	School report the hours. Out of state hours will need certified letters.
VT	Yes	1740(1240 can be earned from school)	Yes	F1740	School will report hours through transcript. Hours done outside of school will have to fill out INT hour form.
VA	Yes	1500(all hours can be from ACPE accredited school)	Yes	F1500(in US)	School requires INT license, therefore the students will have to fill out INT affidavit form.
WA	Yes	1500(1200 with academic credit)	Yes	F1500	Once application is turned in the Board will send out packet/email packet along with affidavit forms to report hours (Preceptor attestation form).
WV	Yes	1500(800 can be from school)	Yes	F1500 (1/3 earned in foreign country)	Intern Hours Affidavit form
WI	No	1500(can be from PharmD degree)	No	F2000/US 2000	School can report hours by filling out Certification of Academic Internship in the Practice of Pharmacy. All non-academic internshipt needs to be filled out on Certificate of Non-Academic internship in the Practice of Pharmacy. Out of State hours are to be filled out on Verification of Practical Experience Internship in the Practice of Pharmacy.
WY	Yes	1200(all can be from school)	Yes	F1200	The school report the hours on the affidavit of graduation form. If hours were done out of school they will fill out affidavit form which is available on the website.

# **Attachment 5**



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

March 13, 2014

Virginia Herold  
Executive Officer  
California State Board of Pharmacy  
1625 N. Market Blvd., N219  
Sacramento, CA 95834

**RE: Advanced Practice Pharmacists**

Dear Ms. Herold:

The California Retailers Association (CRA) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to submit comments to the Board of Pharmacy (Board) as the Board considers implementation of SB 493, which creates a path for Advanced Practice Pharmacists (APPs). We share the goal of the legislation to facilitate patient access to high quality, affordable care and broaden the range of care delivery options to millions of Californians each year. To achieve this desired goal, we strongly recommend the Board of Pharmacy adopt a reasonable and thoughtful approach to implementing the APP designation. We strongly encourage the Board, consistent with the law, to adopt a multiple pathways approach that includes ACPE-accredited certificate programs, NCCA-accredited certification programs and multidisciplinary certifications. This multiple pathways approach will allow the new law to be implemented in a meaningful manner that will offer consumers the benefits that will flow from the APP services.

**I. Discussion**

Community and health system pharmacists are among the most trusted and accessible healthcare providers, and have a minimum of six years of extensive training and education to help patients achieve their individual healthcare goals. With increasing numbers of patients enrolled in health insurance plans and Medi-Cal, community pharmacists stand ready to help these patients achieve better health outcomes and an improved quality of life. Recent reviews by the U.S. Public Health Service (USPHS) and others have highlighted the improved clinical outcomes and healthcare savings that result when pharmacists provide medication management services, order and interpret labs, and initiate and modify medication regimens, among other services.

The new California law requires community pharmacists to be designated as an Advanced Practice Pharmacist (APP) before the APP is authorized to render certain care and services. The law allows APPs to order and interpret laboratory test results, participate in the evaluation and management of diseases in collaboration with other healthcare providers, and initiate, adjust, or discontinue medications. Such services offer patients expanded opportunities for receiving enhanced timely access to APP provided healthcare services as well as expand consumer choices for delivery of healthcare.

While we appreciate the scope of practice expansion in the state of California, it is important to recognize that community pharmacists already provide services covered by the APP provision within the United States Public Health Service (PHS) and in other states across the country. For example, 46 states allow pharmacists to enter into Collaborative Practice Agreements (CPAs) which enable many of the services granted to APPs. Flexible CPAs in states such as Washington have allowed pharmacists to provide advanced patient care services such as ordering labs, initiating and modifying drug therapy regimens, and managing chronic disease states. Yet, these states generally do so without imposing additional educational requirements, including residencies or certification, as a condition to provide services. In addition and importantly, within the state of California and elsewhere, health-system pharmacists already have the requisite authority to provide APP services under protocols. They are permitted to render these services without any additional mandated training or education requirements beyond the extensive six year training and education pharmacists receive. While we appreciate the additional autonomy, the APP designation is designed to provide an overly restrictive implementation of the provision would render the APP provision meaningless and thereby deny patients the benefits of convenient and timely access to APP services.

As such, NACDS and CRA members are deeply concerned about the possible negative implications to patient care if the Board does not implement the law in a manner that maintains ACPE-accredited programs as one of the multiple pathways for the APP designation. To do otherwise would erect unwarranted impediments to patient care as we will explain in greater detail below. While our industry believes that pharmacists are already trained to provide these APP services and does not agree with the underlying premise that additional training is necessary for providing APP services, we recognize that the law includes such training. Within the context of the current situation, NACDS & CRA submit that the training be commensurate with the corresponding scope of practice, and be harmonized with the scope of practice laws and regulations within and across the United States. To this end, we urge the Board to carefully consider available evidence on scope of practice, and advance a reasonable, consistent and thoughtful multiple pathways approach that includes the ACPE "certificate" approach – one that will benefit patient care and consumer choice and convenience through APP services.

**APP Provision.** The law provides that a pharmacist must meet two of the following advanced pharmacy practice requirements:

- (1) Certification in a relevant area of practice;
- (2) Completion of a postgraduate residency; or
- (3) Providing clinical services to patients for at least one year under a collaborative practice agreement.

With respect to the specific APP eligibility criteria, it is important to acknowledge that California faces severe residency capacity constraints. The American Society of Health-System Pharmacy lists only six (6) accredited community pharmacy residency positions in the state of

California.<sup>1</sup> In other words, that translates into one (1) position for every 156 “graduating” California pharmacists or one (1) position for about 6,500 pharmacists in the state. Further, barriers to residency expansion have been noted by academic researchers, with limitations on funding<sup>2</sup> availability as well as a residency program director capacity; thus community residency expansion is not feasible. As such, the law’s residency pathway as one of the two prerequisite requirements to APP designation is clearly a not viable for the vast majority of pharmacists.

The multiple pathways approach for certification achieves the statute’s goal of achieving APP designation consistent with the statute. Per the statute, an APP must:

Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the **Accreditation Council for Pharmacy Education** or another entity recognized by the board. (*Emphasis added.*)

We understand that the Board has had discussions around certifications available through the Board of Pharmacy Specialties (BPS). We recognize that BPS certifications and other certification programs that may arise as options for pharmacists to choose for APP designation in the multiple pathways approach. We note however that BPS certification is not widespread in the state. Our understanding is that only about **4%** of California pharmacists hold a BPS certification.<sup>3</sup> In addition, we note that several of the BPS certifications are in highly specialized areas of care (e.g., nuclear pharmacy) that would not be applicable to community pharmacy practice where many patients would benefit from APP services. As such, very few BPS-certified pharmacists practice in community pharmacy settings. In fact, a 2006 survey reported that health-system and academic settings are the most common practice settings, with only about **0.79%** of BPS-certified pharmacists practicing in chain pharmacies.<sup>4</sup> While more recent data was not readily accessible, we do not believe there has been a significant change in this number.

Importantly, it is critical to understand that BPS certifications in and of themselves are rate-limiting in community pharmacy settings due to restrictive eligibility criteria. For instance, to sit for the Ambulatory Care certification exam, a candidate must be residency trained, or have completed at least four (4) years of practice with rigid requirements for community pharmacists to meet (e.g., at least 50% of time spent in ambulatory care pharmacy activities). As previously noted, securing a community pharmacy residency to fulfill the prerequisite BPS

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<sup>1</sup> <http://accred.ashp.org/aps/pages/directory/residencyProgramDirectory.aspx?pageno=1>

<sup>2</sup> <http://www.ashp.org/DocLibrary/Accreditation/Starting-Residency/RTP-PhResidenReimbursement.aspx>

<sup>3</sup> [http://www.bpsweb.org/resources/find\\_bcp.cfm](http://www.bpsweb.org/resources/find_bcp.cfm); BPS only lists individuals whose annual dues status is current.

<sup>4</sup> [http://pharmacypracticenews.com/ViewArticle.aspx?d=Policy&d\\_id=51&i=December%2B2006&i\\_id=207&a\\_id=6255](http://pharmacypracticenews.com/ViewArticle.aspx?d=Policy&d_id=51&i=December%2B2006&i_id=207&a_id=6255)

certification eligibility criteria is a major logistical, if not nearly impossible hurdle for the community pharmacy setting.

Accordingly, we urge the Board to consider the benefits to patient healthcare through the multiple pathways approach versus the negative impact on patient's access to APP services from not doing so. A recent review of the "pharmacist clinician" designation in North Carolina, for example, found that only 1.1% of all registered pharmacists have obtained the designation, with only 57 pharmacists achieving the designation since 2004.<sup>5</sup> Limited pursuit of the advanced pharmacist designations has unfortunately resulted in limited availability of these beneficial pharmacist-provided healthcare services to patients. Accordingly, we urge the board to adopt the multiple pathways approach to achieve the APP designation.

## **II. Multiple Pathways Approach to APP Certification**

CRA and NACDS support adoption of a multiple pathways approach that includes ACPE-accredited certificate programs, NCCA-accredited certification programs and multidisciplinary certifications. These represent options consistent with the statute as well as feasible options to meet the advanced training for APPs while ensuring the intent of the legislation to have pharmacists provide healthcare services to patients in order to improve their health and quality of life. We thus put forth the following considerations for the Board:

### **A. Allow Advanced Training Accredited by ACPE as a Pathway for Advanced Practice Pharmacists**

SB493 explicitly refers to advanced training programs accredited through Accreditation Council for Pharmacy Education (ACPE) providers. To date, ACPE-accredited programs have provided training nationwide for pharmacists on immunization delivery, medication therapy management services, and diabetes management, among others. ACPE-accredited certificate programs, now formally called "practice-based CPE activities," require a minimum of 15 contact hours for a pharmacist to complete.<sup>6</sup> These programs include both didactic instruction and demonstration of professional competency, and are "designed to instill, expand, or enhance practice competencies through the systematic acquisition of specified knowledge, skill, attitudes, and behaviors."<sup>7</sup>

ACPE-accredited practice-based CPE activities are fully capable of providing advanced training in practice areas to meet the APP designation. We envision the emergence of certificates with didactic and live training in competencies such as ordering and interpreting labs, initiating and modifying therapy, and communication across healthcare professions. This would also be in alignment with advanced pharmacist designations observed in other states. In New Mexico, for

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<sup>5</sup> <http://www.japha.org/article.aspx?articleid=1765649>

<sup>6</sup> [https://www.acpe-accredit.org/pdf/CPE\\_Standards\\_Final.pdf](https://www.acpe-accredit.org/pdf/CPE_Standards_Final.pdf)

<sup>7</sup> <http://www.pharmacycredentialing.org/Files/CCPWhitePaper2010.pdf>

example, pharmacists can achieve recognition as a “Pharmacist Clinician” through an ACPE-accredited program on Physical Assessment.

### **B. Allow Flexible Certification Program Options for Advanced Practice Pharmacists**

As one of the multiple pathways for achieving APP designation, CRA and NACDS support Board recognition for pharmacy-related certifications accredited by the National Commission for Certifying Agencies (NCCA) as well as other certification programs that may be developed. Currently, NCCA accredits the Board of Pharmacy Specialties (BPS) certifications, as well as the Certified Geriatric Pharmacist program developed by the Commission for Certification in Geriatric Pharmacy. We also support the development of new NCCA-accredited certifications that would be more applicable to the scope of services that will be provided by APPs.

In addition, CRA and NACDS support Board-recognition for multidisciplinary certifications as an additional means of achieving the APP designation. The Council on Credentialing in Pharmacy lists multidisciplinary certifications available to pharmacists.<sup>8</sup> Such programs include the Certified Diabetes Educator program, Certified Asthma Educator program, and Certified Pain Educator program, among others. Each of these multidisciplinary certifications are related to areas of disease state management, medication management and other topics, and are developed by professional boards, academies and associations related to each topic area. We support these programs being recognized by the Board as meeting the certification requirement for APPs.

### **III. Conclusion**

In conclusion, we ask the Board, consistent with the law, to adopt the multiple pathways approach for the Advanced Practice Pharmacist (APP) designation that includes ACPE-accredited certificate programs, NCCA-accredited certification programs and multidisciplinary certifications.

Sincerely,



Mandy Lee  
California Retailers Association



Mary Staples  
National Association of Chain Drug Stores

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<sup>8</sup> <http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf>

# **Attachment 6**

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>I. APPLICATIONS</b>													
<b>A. Received</b>													
Pharmacist (exam applications)	190	155	137	140	79	107	82	73					963
Pharmacist (initial licensing applications)	290	521	251	198	142	105	23	6					1536
Intern pharmacist	65	475	403	340	41	96	124	104					1648
Pharmacy technician	854	763	743	663	471	792	556	527					5369
Pharmacy	35	35	35	30	27	46	31	33					272
Pharmacy Exempt	0	0	0	0	0	0	1	0					1
Pharmacy - Temp	11	10	11	5	10	17	5	15					84
Sterile Compounding	3	6	2	3	2	18	19	45					98
Sterile Compounding - Exempt	0	0	0	0	0	0	0	4					4
Sterile Compounding - Temp	0	3	0	0	0	6	0	3					12
Nonresident Sterile Compounding	1	3	1	2	1	1	1	0					10
Clinics	16	4	12	6	2	4	1	7					52
Clinics Exempt	18	0	1	5	0	3	3	0					30
Hospitals	3	2	4	1	0	2	3	0					15
Hospitals Exempt	0	0	0	0	0	1	0	0					1
Hospitals - Temp	0	1	0	0	0	2	0	0					3
Drug Room	0	0	0	0	0	0	0	0					0
Drug Room Exempt	0	0	0	0	0	0	0	0					0
Nonresident Pharmacy	7	11	9	13	7	12	31	13					103
Nonresident Pharmacy - Temp	1	2	2	0	3	4	15	1					28
Licensed Correctional Facility	0	0	0	0	1		0	0					1
Hypodermic Needle and Syringes	0	0	1	0	0	5	1	1					8
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers	10	5	12	6	9	10	3	5					60
Nonresident Wholesalers - Temp	2	0	2	2	0	4	4	2					16
Wholesalers	7	11	14	6	3	7	8	0					56
Wholesalers Exempt	0	0	0	0	0	0	2	0					2
Wholesalers - Temp	1	1	0	1	0	3	0	0					6
Veterinary Food-Animal Drug Retailer	0	0	0	0	1	0	0	0					1
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0					0
Designated Representatives	43	37	68	38	35	76	23	29					349
Designated Representatives Vet	0	1	1	0	1	1	1	0					5
Centralized Hospital Packaging	0	1	0	2	0	0	0	0					3
<b>Total</b>	<b>1557</b>	<b>2047</b>	<b>1709</b>	<b>1461</b>	<b>835</b>	<b>1322</b>	<b>937</b>	<b>868</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10736</b>

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

<b>I. APPLICATIONS (continued)</b>	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>B. Issued</b>													
Pharmacist	307	541	155	295	139	119	27	4					1587
Intern pharmacist	104	215	553	398	51	64	74	105					1564
Pharmacy technician	620	681	475	813	655	637	902	519					5302
Pharmacy	47	30	44	33	26	32	34	12					258
Pharmacy - Exempt	1	0	0	1	0	1	1	0					4
Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Sterile Compounding	4	3	2	4	3	0	3	2					21
Sterile Compounding - Exempt	0	0	1	0	1	0	0	0					2
Sterile Compounding - Temp	0	0	0	0	0	0	0	0					0
Nonresident Sterile Compounding	3	2	0	2	1	2	3	0					13
Clinics	13	8	10	7	3	7	9	0					57
Clinics Exempt	2	1	17	0	1	1	3	0					25
Hospitals	2	2	1	0	1	1	1	1					9
Hospitals Exempt	0	0	0	2	0	0	0	0					2
Hospitals - Temp	0	0	0	1	0	0	0	0					1
Drug Room	0	0	0	0	0	0	1	0					1
Drug Room Exempt	0	0	0	0	0	0	0	0					0
Nonresident Pharmacy	7	8	7	8	15	11	10	1					67
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Licensed Correctional Facility	0	0	0	0	0	0	1	0					1
Hypodermic Needle and Syringes	2	0	0	1	1	4	1	0					9
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers	11	2	8	5	13	22	9	0					70
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Wholesalers	4	4	3	7	2	0	12	3					35
Wholesalers Exempt	0	0	0	0	0	0	0	0					0
Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0					0
Designated Representatives	54	54	28	40	36	51	20	20					303
Designated Representatives Vet	1	6	1	2	0	1	0	1					12
Centralized Hospital Packaging	0	0	0	0	0	0	0	1					1
<b>Total</b>	<b>1182</b>	<b>1557</b>	<b>1305</b>	<b>1619</b>	<b>948</b>	<b>953</b>	<b>1111</b>	<b>669</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9344</b>

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
C. Pending													
Pharmacist (exam applications)	649	281	530	527	466	354	335	388					0
Pharmacist (eligible)	1441	268	1006	1069	812	785	824	813					0
Intern pharmacist	157	373	192	147	153	139	192	189					0
Pharmacy technician	2636	2362	2743	2623	2688	2733	2010	2003					0
Pharmacy	150	130	140	129	135	150	136	154					0
Pharmacy - Exempt	2	2	2	1	1	1	0	0					0
Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Sterile Compounding	25	20	27	25	28	41	54	93					0
Sterile Compounding - Exempt	2	2	1	0	0	0	0	4					0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0					0
Nonresident Sterile Compounding Clinics	18	17	20	22	22	21	20	20					0
Clinics	50	45	46	47	48	43	36	43					0
Clinics - Exempt	25	17	8	13	12	14	5	5					0
Hospitals	12	12	10	11	11	10	14	14					0
Hospitals - Exempt	0	1	0	0	0	1	1	1					0
Hospitals - Temp	0	0	0	0	0	0	0	0					0
Drug Room	0	0	0	0	1	1	0	0					0
Drug Room - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Pharmacy	91	70	91	102	96	94	110	121					0
Nonresident Pharmacy - Temp	0	0	0	0		0	0	0					0
Licensed Correctional Facility	0	0	0	0	1	1	0	0					0
Hypodermic Needle and Syringes	16	5	16	16	9	9	4	5					0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers	91	67	43	100	97	77	56	60					0
Nonresident Wholesalers - Temp	0	0	0	0		0	0	0					0
Wholesalers	65	47	70	70	70	74	69	70					0
Wholesalers - Exempt	1	0	0	0	0	0	0	0					0
Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer	2	0	2	2	3	2	2	2					0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0					0
Designated Representatives	140	78	112	137	141	153	143	139					0
Designated Representatives Vet	8	2	0	0	1	1	2	1					0
Centralized Hospital Packaging	0	0	0	0	0	0	0	0					0
Total	5581	3799	5059	5041	4795	4704	4013	4125	0	0	0	0	0

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
D. Withdrawn													
Pharmacist (exam applications)	0	0	0	0	98	147	0	0					245
Pharmacist (eligible)	0	0	0	0	0	0	0	0					0
Intern pharmacist	1	2	0	0	0	17	0	0					20
Pharmacy technician	5	0	0	1	7	11	442	9					475
Pharmacy	0	0	0	0	1	1	3	0					5
Pharmacy - Exempt	0	0	0	0	0	0	0	0					0
Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Sterile Compounding	0	0	0	0	0	1	0	0					1
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0					0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0					0
Nonresident Sterile Compounding	0	0	0	0	0	0	0	0					0
Clinics	0	0	0	0	0	0	0	0					0
Clinics - Exempt	0	0	0	0	0	0	6	0					6
Hospitals	0	0	0	0	0	0	0	0					0
Hospitals - Exempt	0	0	0	0	0	0	0	0					0
Hospitals - Temp	0	0	0	0	0	0	0	0					0
Drug Room	0	0	0	0	0	0	0	0					0
Drug Room - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Pharmacy	1	0	0	0	0	0	0	0					1
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Licensed Correctional Facility	0	0	0	0	0	0	0	0					0
Hypodermic Needle and Syringes	1	0	0	0	7	0	0	0					8
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers	0	0	0	0	3	4	7	1					15
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Wholesalers	17	0	0	0	0	2	0	0					19
Wholesalers - Exempt	0	0	0	0	0	0	0	0					0
Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0					0
Designated Representatives	22	0	0	0	0	0	1	0					23
Designated Representatives Vet	0	0	0	0	0	0	0	0					0
Centralized Hospital Packaging	0	0	0	0	0	0	0	0					0
Total	47	2	0	1	116	183	459	10	0	0	0	0	818

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

<b>I. APPLICATIONS (continued)</b>	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
E. Denied													
Pharmacist (exam applications)	2	0	1	1	1	1	0	0					6
Pharmacist (eligible)	0	0	0	0	0	0	0	0					0
Intern pharmacist	0	0	0	1	0	1	2	0					4
Pharmacy technician	3	7	1	3	3	5	3	10					35
Pharmacy	0	0	0	3	2	0	1	1					7
Pharmacy - Exempt	0	0	0	0	0	0	0	0					0
Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Sterile Compounding	0	1	0	0	0	0	0	0					1
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0					0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0					0
Nonresident Sterile Compounding	0	0	0	0	0	0	0	0					0
Clinics	0	0	0	0	0	0	0	0					0
Clinics - Exempt	0	0	0	0	0	0	0	0					0
Hospitals	0	0	0	0	0	0	0	0					0
Hospitals - Exempt	0	0	0	0	0	0	0	0					0
Hospitals - Temp	0	0	0	0	0	0	0	0					0
Drug Room	0	0	0	0	0	0	0	0					0
Drug Room - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Pharmacy	0	1	0	1	0	0	0	0					2
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0					0
Licensed Correctional Facility	0	0	0	0	0	0	0	0					0
Hypodermic Needle and Syringes	0	0	0	0	0	0	0	0					0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Wholesalers	0	0	0	1	0	0	0	0					1
Wholesalers - Exempt	0	0	0	0	0	0	0	0					0
Wholesalers - Temp	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0					0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0					0
Designated Representatives	0	0	0	0	0	0	0	0					0
Designated Representatives Vet	0	0	0	0	0	0	0	0					0
Centralized Hospital Packaging	0	0	0	0	0	0	0	0					0
<b>Total</b>	<b>5</b>	<b>9</b>	<b>2</b>	<b>10</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

**II. RESPOND TO STATUS REQUESTS**

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>A. E-mail status requests and inquiries</b>													
Pharmacist/Intern	568	389	286	200	153	153	162	172					2083
Pharmacy Technicians	523	601	436	534	395	542	404	418					3853
Site Licenses (pharmacy, clinic)	307	531	268	388	265	301	479						2539
Site Licenses (wholesalers)	248	375	247	264	207	250	316	315					2222
Pharmacist-in-Charge	215	242	353	326	279	403	273	314					2405
Renewals	71	145	112	109	92	116	140	138					923
<b>B. Telephone status requests and inquiries</b>													
Site Licenses (pharmacy, clinic)	146	194	137	162	203	148	135						1125
Site Licenses (wholesalers)	142	195	163	212	134	104	113	112					1175
Pharmacist-in-Charge	50	91	77	70	175	76	109	90					738
Renewals	492	697	531	609	680	404	548	587					4548

**III. UPDATE LICENSING RECORDS**

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>A. Change of Pharmacist-in-Charge***</b>													
Received	97	95	103	94	114	138	133	117					891
Processed	16	105	152	337	89	68	142	92					1001
Pending	1023	1013	964	275	296	309	300	325					0
<b>B. Change of Exemptee-in-Charge***</b>													
Received	13	10	19	14	9	14	8	14					101
Processed	0	7	23	13	12	10	7	7					79
Pending	249	252	248	37	43	49	34	35					0
<b>C. Change of Permits</b>													
Received	46	45	50	39	64	124	61	82					511
Processed	54	54	48	93	78	176	72	75					650
Pending	450	441	443	389	320	161	70	127					0
<b>D. Discontinuance of Business***</b>													
Received	31	27	22	5	19	22	18	21					165
Processed	16	9	43	12	18	18	9	2					127
Pending	253	271	250	149	153	153	162	181					0
<b>E Requests processed</b>													
Address/Name Changes	1250	1200	1065	1030	891	764	937	882					8019
Off-site storage	56		46										102
Transfer of intern hours	13	11	6	8	5	7	9	3					62
License verification	162	168	93	170	190	123	209	143					1258

Board of Pharmacy Licensing Statistics - Fiscal Year 2013/14

**IV. AVERAGE PROCESSING TIMES**

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
A. Average days to process initial applications												
Pharmacist (exam application)	25	23	20	23	17	12	8	9				
Pharmacy Intern	9	4	4	6	4	4	6	10				
Pharmacy Technician	31	41	30	46	36	24	31	30				
Pharmacies	24	24	16	24	14	24	20	17				
Non-Resident Pharmacies	24	24	16	24	14	24	20	17				
Wholesaler	24	24	16	24	14	24	20	17				
Veterinary Drug Retailers	24	24	16	24	14	24	20	17				
Designated Representatives	24	24	16	24	9	24	20	17				
Out-of-State Distributors	24	24	16	24	14	24	20	17				
Clinics	24	24	16	24	14	24	20	17				
Hypodermic Needle & Syringe Distributors	24	24	16	24	14	24	20	17				
Sterile Compounding	24	24	16	24	14	24	20	17				
Change of Permit	58	45	59	23	19	10	9	10				
Change of Pharmacist-in-Charge	27	22	38	21	18	17	13	20				
Change of Designated Representative-in-Charge	0	9	24	47	19	19	18	17				
Discontinuance of Business	68	13	51	6	19	19	18	19				

B. Average days to process deficiency documents

Pharmacist (exam application)	3	3	4	3	3	4	3	3				
Pharmacy Intern	3	3	2	3	4	3	3	1				
Pharmacy Technician	2	2	1	1	1	1	1	1				
Pharmacies	5	5	5	6	8	4	4	3				
Non-Resident Pharmacies	5	5	5	6	5	4	4	3				
Wholesaler	5	5	5	6	8	4	4	3				
Veterinary Drug Retailers	5	5	5	6	8	4	4	3				
Designated Representatives	5	5	5	6	8	4	4	3				
Out-of-State Distributors	5	5	5	6	8	4	4	3				
Clinics	5	5	5	6	8	4	4	3				
Hypodermic Needle & Syringe Distributors	5	5	5	6	8	4	4	3				
Sterile Compounding	5	5	5	6	8	4	4	3				

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**IV. AVERAGE PROCESSING TIMES (cont.)**

C. Average days to issue a license after all deficiencies are corrected

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist (initial licensing)	3	4	3	3	3	2	2	2				
Pharmacy Intern	3	3	3	3	2	2	2	1				
Pharmacy Technician	10	4	4	2	2	2	2	2				
Pharmacies	10	10	18	15	17	13	10	23				
Non-Resident Pharmacies	10	10	18	15	17	13	10	23				
Wholesaler	10	10	18	15	17	13	10	23				
Veterinary Drug Retailers	10	10	18	15	17	13	10	23				
Designated Representatives	20	10	18	15	4	4	2	9				
Out-of-State Distributors	10	10	18	15	17	13	10	23				
Clinics	10	10	18	15	17	13	10	23				
Hypodermic Needle & Syringe Distributors	10	10	18	15	17	13	10	23				
Sterile Compounding	10	10	18	15	17	13	10	23				

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V. Revenue Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
<b>A. Revenue Received*</b>													
Applications	203,413	274,216	254,207	188,092	152,962	176,513	180,284						\$1,429,687
Renewals	923,118	719,675	1,661,295	804,584	663,167	737,826	837,156						\$6,346,820
Cite and Fine	219,955	220,754	181,294	144,169	129,166	248,203	129,600						\$1,273,140
Probation/Cost Recovery	37,575	9,853	129,224	42,744	10,126	33,965	117,449						\$380,937
Request for Information/Lic. Verification	3,020	3,045	2,125	2,965	3,950	2,175	3,835						\$21,115
Fingerprint Fee	7,791	5,684	10,850	8,330	5,635	5,006	6,376						\$49,672
<i>*denotes updates made November 2013</i>													
<b>B. Renewals Received</b>													
Pharmacist	1453	1751	1731	1805	1512	1569	1576	1551					12948
Pharmacy technician	2443	2619	2745	2770	2350	2380	3013	2339					20659
Pharmacy	201	311	617	467	200	625	515	420					3356
Pharmacy - Exempt	0	0	78	35	1	0	1	1					116
Sterile Compounding	14	13	20	46	17	23	11	11					155
Sterile Compounding - Exempt	0	1	0	0	3	0	0	0					4
Nonresident Sterile Compounding	9	6	9	7	5	2	5	8					51
Clinics	77	76	90	57	57	54	104	85					600
Clinics - Exempt	2	0	100	60	5	12	2	0					181
Hospitals	15	21	29	78	30	23	43	34					273
Hospitals - Exempt	0	0	55	20	9	0	1	0					85
Drug Room	4	2	1	2	1	2	2	2					16
Drug Room - Exempt	0	0	6	3	2	0	0	0					11
Nonresident Pharmacy	35	19	34	27	30	17	28	33					223
Licensed Correctional Facility	0	1	32	14	3	0	0	0					50
Hypodermic Needle and Syringes	23	10	16	30	31	21	23	18					172
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0					0
Nonresident Wholesalers	65	56	62	54	51	38	44	37					407
Wholesalers	53	67	35	43	28	31	29	55					341
Wholesalers - Exempt	0	0	6	3	0	3	0	0					12
Veterinary Food-Animal Drug Retailer	6	2	0	1	3	1	3	0					16
Designated Representatives	174	249	221	183	221	197	241	242					1728
Designated Representatives Vet	9	10	5	4	3	1	3	6					41
<b>Total</b>	<b>4583</b>	<b>5214</b>	<b>5892</b>	<b>5709</b>	<b>4562</b>	<b>4999</b>	<b>5644</b>	<b>4842</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>41445</b>

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<b>VI. Current Licensees</b>	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist	42808	43335	43559	43713	43811	43911	43894	43878				
Intern	5760	5474	5792	6016	4752	5858	5891	5982				
Pharmacy technician	74206	74111	74278	74447	74409	74464	74571	74420				
Pharmacy	6295	6312	6405	6337	6346	6350	6358	6340				
Pharmacy - Exempt	122	122	122	123	121	119	119	118				
Sterile Compounding	242	243	243	247	245	242	241	240				
Sterile Compounding - Exempt	24	24	25	26	26	85	24	24				
Nonresident Sterile Compounding	95	96	96	96	97	95	94	91				
Clinics	1145	1153	1160	1165	1167	1174	1166	1155				
Clinics - Exempt	233	234	251	251	252	254	234	234				
Hospitals	403	405	405	406	405	404	405	406				
Hospitals - Exempt	89	89	90	90	90	90	89	88				
Drug Room	27	27	27	27	27	27	25	25				
Drug Room - Exempt	16	16	16	16	16	16	14	14				
Nonresident Pharmacy	497	499	502	507	518	519	519	513				
Licensed Correctional Facility	52	52	52	52	52	53	53	53				
Hypodermic Needle and Syringes	349	349	350	271	351	355	342	342				
Hypodermic Needle and Syringes - Exempt	1	1	1	1	1	1	0	0				
Nonresident Wholesalers	822	810	831	831	830	849	814	813				
Wholesalers	630	621	634	633	621	619	611	605				
Wholesalers - Exempt	14	14	14	14	14	14	14	14				
Veterinary Food-Animal Drug Retailer	27	27	27	26	26	25	25	23				
Designated Representatives	3179	3232	3276	3302	3337	3382	3399	3418				
Designated Representatives Vet	66	72	73	75	75	76	76	77				
<b>Total</b>	<b>137102</b>	<b>137318</b>	<b>138229</b>	<b>138672</b>	<b>137589</b>	<b>138982</b>	<b>138978</b>	<b>138873</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>