



LICENSING COMMITTEE REPORT

Stan Weisser, RPh, Chairperson

Greg Murphy, Vice Chairperson

Victor Law, RPh

Allen Schaad, RPh

Ricardo Sanchez, Public Member

Albert Wong, PharmD

LICENSING COMMITTEE REPORT

Report of the Licensing Committee meeting held September 10, 2015.

a. Pharmacy Technician Requirements Assessment

Attachment 1

1. Pharmacy Technician Accreditation Commission (PTAC) Information

Relevant Law

Business and Professions Code Section 4202 establishes the general requirements for an applicant seeking licensure as a pharmacy technician and further requires the board to adopt regulations for the specification of training courses.

Title 16 CCR Sections 1793.5 provides the application requirements for a pharmacy technician license.

Title 16 CCR 1793.6 provides the requirements for acceptable training courses as one of the pathways to licensure as a pharmacy technician licensure.

Background

Currently law creates several pathways to licensure as a pharmacy technician, including the completion of a training program that meets one of the following criteria:

- Training program is accredited by the American Society of Health-System Pharmacists (ASHP)
- Training program is provided by a branch of the federal armed services
- Course provides a training period of at least 240 hours of instruction covering specified areas of pharmacy practice.

In 2013, the new Pharmacy Technician Accreditation Commission (PTAC) was launched. The PTAC is a collaboration of the ASHP and the Accreditation Council for Pharmacy Education (ACPE) and is tasked with assuring and advancing the quality of pharmacy technician education and training programs.

The committee heard a presentation on the PTAC by Dr. Peter Vlasses, Executive Director of the ACPE. Thereafter, the committee discussed various components of pharmacy technician training programs, expressed concerns with the timing of background checks that are conducted (after program costs have been incurred by students), and heard comments from the public.

Attachment 1 contains a copy of Dr. Vlasses' presentation, as well as Frequently Asked Questions about the PTAC.

2. National Changes to the Pharmacy Technician Certification Board (PTCB)

Relevant Law

Business and Professions Code Section 4202 establishes the general requirements for an applicant seeking licensure as a pharmacy technician.

Background

Currently law creates several pathways to licensure as a pharmacy technician including certification by the Pharmacy Technician Certification Board (PTCB).

The Pharmacy Technician Certification Board (PTCB) starting implementing changes to the certification program in 2014 and will continue through 2020. The changes are designed to advance pharmacy technician qualifications by elevating PTCB's standards for certification and recertification. Details of the changes are below.

Certification Changes:

- Completion of an ASHP-accredited pharmacy technician education program by 2020

Recertification Changes:

- One hour of medication safety continuing education (CE) by 2014. This is in addition to the one hour of law CE currently required.
- Twenty hours of pharmacy technician-specific CE by 2015. As part of this implementation, PTCB will gradually reduce the number of hours that can be earned via college/university coursework as well as the number of hours that can be earned through in-services.

Various PTCB certification program changes have and will occur between 2014 and 2020. The changes are designed to advance pharmacy technician qualifications by elevating the PTCB's standards for certification and recertification.

Information regarding the PTCB certification program changes is in **Attachment 2**.

b. Pharmacy Technician Licensure Requirements and Practice and Possible Changes

Relevant Law

Business and Professions Code Section 4038 defines a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties as specified.

Business and Professions Code Section 4202 establishes the general requirements for an applicant seeking licensure as a pharmacy technician.

Title 16 CCR Section 1793 provides additional context to the definition of a pharmacy technician including the duties that are performed (packaging, manipulative, repetitive or other nondiscretionary tasks related to the processing of a prescription in a pharmacy) under the direct supervision and control of a pharmacist.

Title 16 CCR 1793.2 further details the nondiscretionary tasks including:

- Removing the drug or drugs from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container
- Affixing the label or labels to the container
- Packaging and repackaging

Title 16 CCR 1793.5 provides the application requirements for a pharmacy technician license including:

- Identifying information
- Description of qualifications and supporting documentation
- Criminal background check
- Self-Query from the National Practitioner Data Back

Title 16 CCR 1793.6 provides the requirements for acceptable training courses as one of the pathways to licensure as a pharmacy technician licensure.

- Training program accredited by the American Society of Health-System Pharmacists (ASHP)
- Training program provided by a branch of the federal armed services
- Course that provides training period of at least 240 hours of instruction covering specified areas of pharmacy practice.

Title 16 CCR 1793.7 establishes the requirements for pharmacies employing pharmacy technicians. The section includes provisions that the supervising pharmacist is fully aware of all activities of a pharmacy technician under his or her direct supervision. Further this section provides that a pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk to patients. This section also establishes the pharmacist to pharmacy technician ratio.

Title 16 CCR 1793.8 establishes the “technician check technician” program in acute care inpatient hospital pharmacy settings.

Attachment 3 includes copies of the law for the above referenced sections.

Background

For several meetings the board has discussed different facets of the pharmacy technician program. The board has discussed its desire to raise the bar to qualify for licensure as a pharmacy technician, and has also expressed concern with the training programs that are accepting students with criminal backgrounds, who likely will not become licensed. The board also has requested that the committee consider the possibility of creating different types of pharmacy technician licensure (i.e., hospital, compounding, community, etc.).

The committee discussed the existing licensure requirements and noted that while the educational requirements for pharmacists have changed, the pharmacy technician requirements have not.

The committee heard comments in support of increasing the knowledge of pharmacy technicians, but not necessarily by increasing the statutory minimum educational requirements.

Committee Motion:

Recommend that the board approve changes to the Pharmacy Technician requirements as follows:

Amend Business and Professions Code section 4202 to require that all new applicants seeking licensure as a pharmacy technician meet one of the following educational requirements:

1. Be required to have two years (60 college credits) or an associate degree, and successful completion of a pharmacy technician training program accredited by the PCAB, and be PTCB certified at the time of application.
2. Military training .
3. Graduation from a school of pharmacy recognized by the board.

c. Pharmacy Technician Application Requirements Video

The committee has in the past discussed the deficiency rates of pharmacy technician applications. Over the years the board has tried various approaches to reduce the deficiency rates, to include updating the application form and instructions, including a Fact Sheet with the application, and maintaining a Frequently Asked Questions link on the board’s web site. To further these efforts board staff has been working with the department to develop a video on how to complete a Pharmacy Technician Application. Staff finalized a video script in early September. Department OIS staff are currently working

on the video story boards. Once those are completed and approved by the department, the project can move forward. Unfortunately, there is no firm timeline from the department for completion of the project. If additional information becomes available, staff will provide an update at the meeting.

d. North American Pharmacist Licensure Examination Changes

Relevant Law

Business and Professions Code Section 4200 establishes the requirements for pharmacist licensure, including a passing score on the NAPLEX examination.

Background

The NAPLEX examination is developed and administered by the National Associations of Boards of Pharmacy (NABP). On July 12, 2015, the NABP announced plans for enhancements across all of the NABP examination and assessment programs, including the NAPLEX. In November 2015 a new NAPLEX competency statement and a revised passing standard will be implemented. Further, the NAPLEX will make a progressive transition to a new administration model in 2016 after which the NAPLEX will increase in length from 185 items to 250 items.

Additional changes to the NAPLEX scoring are being evaluated as well; however, there is no proposal yet for state boards of pharmacy to consider.

Attachment 4 includes the article detailing the changes to the NAPLEX as well as the basis for the recommendations.

e. Accreditation Council for Pharmacy Education Updates of Curriculum Requirements for Pharmacists

Background

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy. During its January 2015 meeting the ACPE Board of Directions announced its approval of new *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor in Pharmacy Degree ("Standards 2016")*. In its press release the ACPE noted the following:

"Standards 2016 are employed for quality assurance so graduates of pharmacy education programs are practice-ready and team-ready and therefore, prepared to directly provide patient care in collaboration with other healthcare providers. Standards 2016 articulate the expectations of ACPE, the academy, the practice communication, and the U.S. Department of Education and are solidly based on evidence and experience."

The new standards and guidance will become effective July 1, 2016 and will be used in accreditation reviews beginning September 2016.

At its recent meeting, the committee heard a presentation from Dr. Peter Vlasses, Executive Director, ACPE, on the new standards.

A copy of the ACPE press release, ACPE “Standards 2016,” and Dr. Vlasses’ presentation are provided in **Attachment 5**.

f. Implementation of Pharmacy Curriculum Outcomes Assessment to be Used by Schools of Pharmacy

Background

On June 23, 2015, the NABP released updated information about the status of implementation of the Pharmacy Curriculum Outcomes Assessment (PCOA) to all schools and colleges of pharmacy. In its release, the NABP indicates that administration of the PCOA at or near the end of the didactic curriculum will be at no cost. However if a school chooses to schedule a second administration for students the current fee of \$75.00 will apply.

NABP notes that the PCOA provides a valid and reliable assessment of student competency in four board science domains:

- Biomedical science
- Pharmaceutical science
- Social/Behavioral/Administrative science
- Clinical science

Although this assessment tool is not new, it will now be integrated into all colleges and schools of pharmacy consistent with ACPE standards. In addition the PCOA will be adjusted moving forward to conform to all of the new ACPE standards.

Attachment 6 includes a memo from the NABP with information about the PCOA.

g. Competency Committee Report

California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

Effective August 1, 2015, the board instituted a quality assurance review of the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE). This means that there was a delay in the release of all CPJE examination scores. This process is done periodically to ensure the reliability of the examination. The board released the quality assurance review the week of October 12, 2015.

Examination Development

The Competency Committee held its annual meeting in August as well as workgroup meetings in September and October to fulfill examination development related duties.

Examination Statistics

Examination scores for the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) and North American Pharmacist Licensure Examination (NAPLEX) are released twice a year, generally in spring and fall.

The Semi-Annual CPJE statistical report for April 1, 2015, through September 30, 2015, reflects the overall pass rate for the CPJE was 84.7%. The pass rate for graduates from the California Schools of Pharmacy was 92.6%. The overall pass rate for the NAPLEX was 96.4%. A copy of the Semi-Annual CPJE Statistical Report may be found in **Attachment 7**.

h. Pharmacy Application Requirements

At its recent meeting, senior manager, Carolyn Klein, gave a presentation on pharmacy application requirements. The presentation was an overview of how a community pharmacy application is processed by the board, and included items that are common deficiencies. A copy of the presentation can be found in **Attachment 8**.

i. Status of Implementation of Legislation (AB 2605) Regarding Third-Party Logistics Providers

Relevant Law

Business and Professions Code section 4160 and 4161 establishes the licensure requirements for Third-Party Logistics Providers. Business and Professions Code section 4053.1 establishes the licensure requirements for Designated Representatives – 3PL.

Background

Effective January 1, 2015, the board implemented licensing Third-Party Logistics Providers in state and out of state as well as Designated Representatives-3PL based on the recent change in federal legislation that expressly states 3PLs cannot be licensed as wholesalers but as a unique licensure class.

Current Status

In December 2014, the board received its first nonresident Third-Party Logistics Provider application. Staff initially processed the applications received for Third-Party Logistics Providers and Designated Representative – 3PL manually during the programming of the licensing category in the Applicant Tracking System (ATS) and the Consumer Affairs System (CAS). The board issued its first nonresident Third-Party Logistics Provider and Designated Representative – 3PL licenses in February 2015. The board issued temporary license numbers to these licensees until the department completed its programming of establishing these license types in ATS and CAS, which was fully migrated in May 2015. The board is continuing to educate applicants and other states about the requirements for these three new license categories. On April 17, 2015, the board issued a subscriber alert on “Guidance for Third-Party Logistics Providers Currently Licensed as Drug Wholesalers” in order inform

consumers and licensees of the new law and to provide guidance on the licensure requirements.

As reflected in the licensing statistics, the board has issued the following licenses as of September 30:

- 85 Designated Representative-3PL (DRL)
- 6 Third-Party Logistics Providers (TPL)
- 18 Third-Party Logistics Providers Nonresident (NPL)

The board is continuing to educate applicants and other states about the requirements for these three new license categories.

j. Licensing Statistics

Licensing Statistics for July 1, 2015 – September 30, 2015

As of September 30, 2015, the board has 139,554 licensees, including almost 43,300 pharmacists and almost 74,700 pharmacy technicians.

During the first quarter, the board received 4,773 applications and issued 4,161 licenses. The board denied 32 applications during this time frame. In addition, the board received 6,872 status inquiries via e-mail and responded to 5,891.

At the July Board Meeting, the board discussed processing times for various application types. Staff shared some challenges with retrieving this information from the existing computer system and reported that staff had requested assistance from the department to develop a more robust report. Board staff was recently advised that this report will not be available until December.

In the interim, and in an attempt to provide general processing information by license type, the table below reflects the current processing time for new applications – these times represent the time an application is received by the board through the time either a deficiency letter is issued or a license is issued. If an incomplete application is received, there will be additional processing time involved.

Site Application Type	Number of Days
Pharmacy	24
Nonresident Pharmacy	29
Sterile Compounding	21
Nonresident Sterile Compounding	21
Hospital	8
Clinic	25
Wholesaler	25
Nonresident Wholesaler	24
Third-Party Logistics Provider	7
Nonresident Third-Party Logistics Provider	7

Individual Application Type	Number of Days
Pharmacist Exam	21
Pharmacist Initial License	5
Pharmacy Technician	28
Intern Pharmacist	23
Designated Representative	15
Designated Representative – 3PL	7

In addition, the processing time for evaluating deficiency mail is averaging between 50 days to 10 days, depending on the license type.

Attachment 9 includes the first quarter licensing statistics.

k. Future Committee Meeting Dates

The Licensing Committee has established the following dates for future meetings:

- January 6, 2016
- March 30, 2016
- May 26, 2016
- September 21, 2016

The minutes from the September 10, 2015, committee meeting are provided in **Attachment 10**.

Attachment 1

Pharmacy Technician Education and Accreditation of Educational Programs: A National Perspective



Speakers

- **Peter H. Vlasses, PharmD, DSc (Hon), BCPS, FCCP**
Executive Director
Accreditation Council for Pharmacy Education (ACPE)
- **Speaking on behalf of ASHP and ACPE Collaboration**
- **Objective:** Discuss the new ASHP and ACPE pharmacy technician program accreditation standards and PTAC including their relationship to PTCB.

Census Data

<u>Year</u>	<u># States Reporting</u>	<u># Techs</u>
2003	27	139,560
2004	29	158,864
2005	32	192,631
2006	35	235,340
2007	36	252,383
2008	36	284,421
2013	43	415,993

Technician Regulation Statistics

# States	1993	2000	2003	2008	2014
License/register/certify	12	30	36	39	44
Mandatory training	14	26	27	29	37
Recognize PTCB or national certification	n/a	?	22	29	35
Ratios					
1:1	12	1	1	0	0
None	17	15	15C 17H	17C 18H	17C 18H

Pharmacy Technician Program Accreditation

ASHP History

- 1960s - Profession-wide study on the role of pharmacy technicians (commissioned by ASHP, APhA, AACP and NARD)
- 1970s - ASHP developed training guidelines for pharmacy technicians and competency standards for hospital supportive personnel
- 1982 – ASHP develops accreditation standards for pharmacy technician training programs; Thomas Jefferson University Hospital first to be accredited.
- 1988, 2002 – Profession-wide summits held on future of pharmacy technicians

Pharmacy Technician Program Accreditation

ASHP History (cont.)

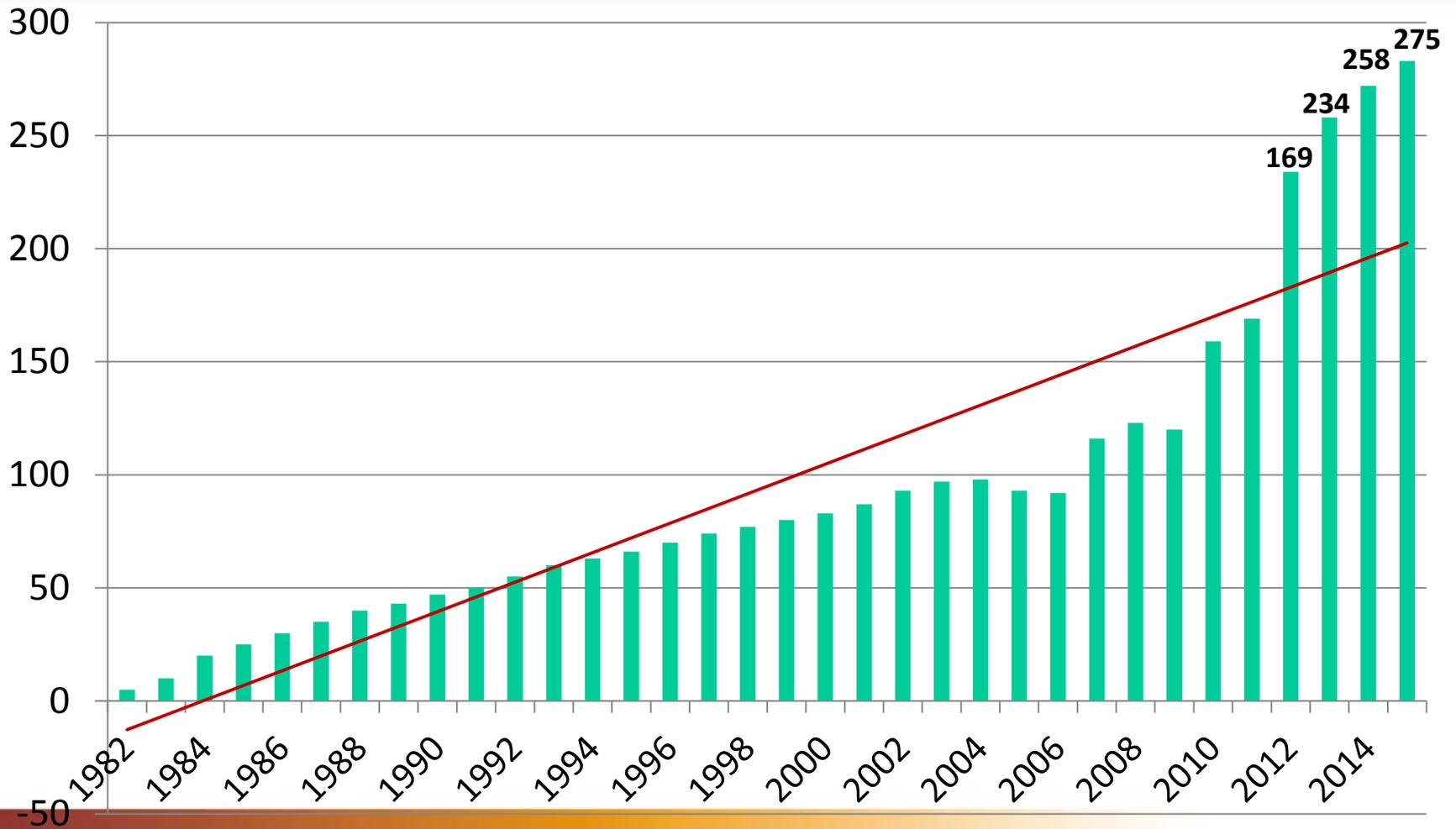
- 2003 – 2009 – Nationwide press coverage of several deaths from major medication errors that involve pharmacy technicians; Ohio passes legislation which dictates to the profession the necessary education of pharmacy technicians
- 2009 - CCP develops *Pharmacy Technician Credentialing Framework*



Comparison of Selected Supportive Health Care Occupations

- Similar health care occupations:
 - ❖ medical/clinical laboratory technicians;
 - ❖ dental assistants;
 - ❖ occupational therapist assistants;
 - ❖ physical therapist assistants;
 - ❖ radiology technicians;
 - ❖ surgical technologists.
- Nearly all have specific training requirement as prerequisite for certification
- Often from accredited program, range 9-24 months

ASHP-Accredited Pharmacy Technician Training Programs



Accreditation Council for Pharmacy Education

● ACPE accredits:

❖ **Professional degree programs** (i.e., PharmD)

■ Recognized by:

- U.S. Department of Education
- Council on Higher Education Accreditation (CHEA)

❖ **Providers of continuing pharmacy education**

❖ **Pharmacy technician training programs** – with American Society of Health-System Pharmacists (ASHP)

● ACPE certifies:

❖ **Professional degree programs** outside the USA and its territories

Pharmacy Technician Accreditation Commission (PTAC)

- Formed through ASHP/ACPE collaboration
- PTAC recommendations require approval of both ASHP and ACPE Boards
- Transition occurred in 2014 and joint accreditation decision recommendations to ASHP and ACPE Boards began in June 2015
- PTAC adopted newly approved ASHP standards, guidelines, procedures
- Programs now transitioning from ASHP-accredited to ASHP and ACPE accredited status

Pharmacy Technician Accreditation Commission

- **Angela Cassano, PharmD, BCPS, FASHP** – President Pharmfusion Consulting, LLC, Midlothian, VA
- **Michael Diamond, MSc** – President World Resources Chicago Evanston, IL
- **Jacqueline Hall, RPh, MBA** – Pharmacy Manager Walgreens, New Orleans, LA
- **Jan Keresztes, PharmD** – South Suburban College, South Holland, IL
- **Barbara Lacher, BS, RPhTech, CPhT** – North Dakota State College of Science Wahpeton, ND
- **Douglas Scribner, CPhT, Med** – Central New Mexico Community College, Albuquerque, NM
- **John Smith, EdD** – Corinthian Colleges, Inc., Santa Ana, CA
- **Donna Wall, PharmD** – Indiana University Hospital, Indianapolis, IN
- **LiAnne (Webster) Brown, CPhT** – Richland College, Dallas, TX
- **Board Liaisons**
 - **Anthony Provenzano, PharmD** – ACPE Board Liaison, New Albertson's, Inc. Boise, ID
 - **Kelly Smith, PharmD** – ASHP Board Liaison, University of Kentucky College of Pharmacy, Lexington, KY

Functions of PTAC

- **Reviewing applications** for accreditation and **evaluations** of pharmacy technician education and training programs,
- Recommending accreditation actions to the **ASHP** Board of Directors and the **ACPE** Board of Directors
- Making recommendations to the Boards regarding standards, policies and procedures, and other matters related to PTAC's activities and services
- Assisting in **strategic planning** in matters related to pharmacy technician education and training accreditation.

Functions of PTAC cont.

- Identifying potential activities and collaborative opportunities
- Soliciting and receiving input and advice from other stakeholders to obtain broad perspectives to help assure the quality, validity and improvement of PTAC's accreditation standards, activities and services.

Ultimate Goal of ASHP-ACPE Collaboration

- A better **qualified** and trained workforce
- Improved patient **safety**
- Greater **consistency** in technician workforce
- Accreditation **standards updated as needed** to stay consistent with expanding roles and responsibilities of technicians
- Greater ability to **delegate** technical tasks from pharmacists to technicians
- **Less turnover** in pharmacy technician positions

Accreditation Standards for Pharmacy Technician Training Programs

- New accreditation standards approved by ASHP and ACPE
 - ❖ Six components to new standard:
Administration, Program Faculty, Education & Training, Students, Evaluation & Assessment, Graduation & Certificate
 - ❖ Knowledge areas mapped to PTCB task analysis
 - ❖ Changes to program director/experiential site requirements
 - ❖ Hours requirement revised

Faculty (Standard 2)

Program Director

- Must be Pharmacist or Pharmacy Technician
- Pharmacy Technician
 - ❖ Minimum – working on Associates Degree or State Teaching Certificate



Experiential Site coordinator

- Individual working at the experiential training site, coordinating activities
- Liaison to Program Director

Education & Training - Program Composition (Standard 3)

- Minimum of 600 hours over 15 weeks
 - 160 hours Didactic
 - 80 Hours “*Simulation*” (Lab)
 - 160 Experiential in at least 2 different practice sites
 - 200 hours up to the programs discretion
 - No Ratios mentioned
- Sequence of instruction
- Distance Education (std 3+4)
 - Hrs calculation, access, and ID verification



Std. 3.6: Education and Training Goals (n= 45)

- Personal/Interpersonal Knowledge and Skills (n=7)
- Foundational Professional Knowledge and Skills (n=9)
- Processing and Handling of Medications and Medication Orders (n=11)
- Sterile and Non-Sterile Compounding (n=3)
- Procurement, Billing, Reimbursement and Inventory Management (n=4)
- Patient- and Medication-Safety (n=6)
- Technology and Informatics (n=1)
- Regulatory Issues (n=2)
- Quality assurance (n=2)

Students - Qualifications of Candidates (Standard 4)

- In High School, or HS graduate or equivalent
- English Proficiency
- Math Proficiency
- Age Requirements (state dependent)
- Illicit drug use and criminal background
 - ❖ Assessed prior to acceptance

Related Materials

- **Guidance document**

<http://www.ashp.org/DocLibrary/Accreditation/Guidance-Document.pdf>

- **Model curriculum**

<http://www.ashp.org/DocLibrary/Accreditation/Model-Curriculum.pdf>

- **Regulations**

<http://www.ashp.org/DocLibrary/Accreditation/Regulations-on-Accreditation-of-Pharmacy-Technician-Education.pdf>

Pharmacy Technician Certification Program (PTCB) Changes

- New PTCB requirements to become initially certified:
 - ❖ By 2020, PTCB candidates will be required to complete an ASHP/ACPE-accredited training program
- New PTCB requirements to become recertified:
 - ❖ PTCB will require one of the 20 required CE hours to be in patient safety, in addition to one already required in law
 - ❖ PTCB will only accept pharmacy-technician-targeted CE

Program Composition Standard: Knowledge Areas

Technician Accreditation Standard

PTCB Blueprint

Personal/Interpersonal Knowledge & skills	-----	
Foundation Professional Knowledge & skills	↔	Pharmacology
Processing & Handling of Medication Orders	↔	Medication Order Entry and Fill Process
Sterile & Non-Sterile Compounding	↔	Sterile and Non-Sterile Compounding
Procurement, Billing, Reimbursement &	↔	Pharmacy Billing & Reimbursement
Inventory Management	↔	Pharmacy Inventory Management
Patient and Medication Safety	↔	Medication Safety
Technology & Informatics	↔	Rx Information System Usage/Application
Regulatory Issues	↔	Pharmacy Law & Regulations
Quality Assurance	↔	Pharmacy Quality Assurance

45 total goals

Questions



Pharmacy Technician Accreditation Commission

A Collaboration between the
American Society of Health System Pharmacists and the
Accreditation Council for Pharmacy Education

Frequently Asked Questions

1. What is this new Commission?

The Pharmacy Technician Accreditation Commission (PTAC) is being formed through a new collaboration between ASHP and ACPE and will serve both boards of directors as the accrediting review committee for pharmacy technician education and training programs. Since 1982, ASHP has served the role of accreditor of such programs and was advised through the work of its Commission on Credentialing. Starting in fall 2014, both ASHP and ACPE Boards of Directors will act on the accreditation recommendations from PTAC.

2. Why was this new Commission formed? What is the benefit?

Since its inception in 1932, ACPE has accredited professional degree programs in pharmacy and plays an important role in assuring the quality of pharmacy education. ASHP has accredited pharmacy technician programs since 1982, serving as the only pharmacy profession programmatic accreditor for technician education and training programs. In 2013, ASHP had 258 programs in the accreditation process. The need for standardized, quality, accredited training of technicians continues to be recognized by employers and pharmacists in all pharmacy settings. Many have suggested that ACPE should be involved in accrediting technician education and training programs, given their role in accrediting Doctor of Pharmacy degree programs. This collaboration brings together ACPE's expertise along with ASHP's strength of accrediting pharmacy technician education and training programs to form PTAC and a joint approval process to move the profession forward in addressing pharmacy technician accreditation. The collaboration is a win-win for both technician programs and for those who will benefit from the work of pharmacy technicians. It is believed that ACPE's involvement in the process will help bring wider acceptance and demand for accredited training across pharmacy and the health care continuum.

3. What will the new Commission mean to existing technician training programs accredited by ASHP?

Those programs currently accredited by ASHP will transition over to be granted accreditation by both ASHP and ACPE effective fall 2014. In the beginning programs will remain on their same accreditation cycle (surveyed every six years), and will not need to go through an additional survey or provide an additional report at the beginning of this transition. Programs scheduled for survey through May 31, 2014 will still be reviewed by the ASHP Commission on Credentialing, just prior to the transition to PTAC.

4. What will happen with new programs or those scheduled for survey after May 2014?

Unaccredited training programs seeking to become accredited will apply for accreditation through a process similar to the past with ASHP, but the accreditation review and recommendation process will be through PTAC instead of the ASHP Commission on Credentialing. Surveys will continue to be scheduled by ASHP, reports will continue to be sent to ASHP, however all accreditation recommendations will be made based on survey findings and recommendations by PTAC. Recommendations from PTAC will be reviewed and approved by both the Board of Directors at ASHP and ACPE. In the interim, programs being surveyed between now and May 31, 2014 will have their accreditation considered by the ASHP Commission on Credentialing. Existing programs that have surveys scheduled after May 2014 will continue as scheduled; however, be reviewed by PTAC.

5. What standards will be used by the PTAC?

PTAC will use the ASHP *Accreditation Standards for Pharmacy Technician Education and Training Programs* (<http://www.ashp.org/PharmTechAccred2014>) approved in April 2013 that go into effect in January 2014. The ACPE Board of Directors has adopted the new ASHP standards to initiate the collaboration. Procedures for accreditation under the new collaboration will be adapted from ASHP's *Regulations on Accreditation of Pharmacy Technician Training Programs*. Moving forward, PTAC will revise and update standards and policies/regulations periodically following best practices for accreditation, and eventually will create all changes to the standards and policies/regulations, with approval from the ASHP and ACPE Boards.

6. What role will the ASHP Commission on Credentialing play with technician programs?

The ASHP COC will continue to review technician programs and survey results through August 2014. Following that time, all related accreditation recommendations to both the ASHP and ACPE Boards regarding pharmacy technician programs will be through the PTAC. The ASHP Commission on Credentialing will then only review pharmacy residency programs for accreditation decisions.

7. What role will ASHP have with the new Commission?

ASHP will continue to schedule accreditation surveys, and prepare information for the Pharmacy Technician Accreditation Commission. Accreditation fees will continue to be paid to ASHP to run the operations related to accreditation for PTAC. Any inquiries about the pharmacy technician accreditation process can still be sent to ASHP Accreditation Services at ASD@ashp.org. Additionally, since ASHP is part of the collaboration, the ASHP Board of Directors will approve accreditation actions through PTAC instead of the Commission on Credentialing.

8. What role will ACPE have with the new Commission?

ACPE will collaborate with ASHP on the appointment of PTAC members and both organizations will provide staff support and a board liaison for PTAC. ACPE along with ASHP will develop a nominating committee to make recommendations for Commission

appointments; will provide communications about PTAC to various stakeholder groups; and provide education to state boards of pharmacy, regulatory bodies or other groups about the value of accreditation in assuring quality pharmacy technician education and training. Like ASHP, the ACPE Board of Directors will need to approve any recommendations made by PTAC.

9. How many Commissioners will be on PTAC?

PTAC will consist of 9 voting members and 3 non-voting members. Members will be considered from pharmacists and pharmacy technicians who bring experience and perspectives from a wide variety of pharmacy practice areas (e.g. community, health-system, long term care), pharmacy technician educators from a variety of settings, pharmacists involved in the regulation of the profession, and a public member. In addition there will be 3 non-voting members: a secretary staff member from ASHP or ACPE, as well as board liaisons from ASHP and ACPE.

10. How will Commissioners be identified to become members of PTAC?

A nominating committee will be made up of 3 ASHP and 3 ACPE appointees. The nominating committee will put forth a slate of candidates for appointment to PTAC, and the individuals must be approved by both the ASHP and ACPE Board of Directors. The nominating committee will seek candidates through a call for names to the general pharmacy community with specific requests to member organizations that are relevant stakeholders (e.g., Joint Commission of Pharmacy Practitioners (JCPP) organizations), and relevant pharmacy technician communities (e.g., Pharmacy Technician Educators Council, and other pharmacy technician organizations).

11. What is the length of appointment to PTAC?

Full terms will be for three years. Commissioners can be appointed for two terms in a row (i.e., maximum of 6 years). Initially, some Commissioners will be asked to have shortened terms of office, to ensure a manageable roll over of appointees each year.

12. What are the requirements to be considered as a Commissioner for PTAC?

Each Commissioner, with the exception of public members, must have expertise and experience in quality assurance of pharmacy technician education and training and/or the contemporary education, training or practice of pharmacy technicians. The ASHP and ACPE Boards will ensure the composition of PTAC reflects a commitment to diversity and geographic representation. All prospective Commissioners will be required to complete a disclosure form for any potential conflicts before they are recommended for appointment or review any programs.

13. What functions will PTAC have?

All recommendations of PTAC related to the following functions will be approved by both the ASHP and ACPE Board of Directors. PTAC will:

- Review applications for accreditation of pharmacy technician education and training programs.

- Evaluate pharmacy technician education and training programs for recommendations on accreditation status.
- Make recommendations regarding standards, policies and procedures and other matters related to PTAC activities and accreditation services.
- Assist in strategic planning in matters related to pharmacy technician education and training accreditation.
- Identify potential activities and collaborative opportunities.
- Solicit and receive input and advice from other stakeholders to obtain a broad perspective to help assure the quality, validity and improvement of ASHP/ACPE Accreditation Standards, activities and services.

14. What responsibilities will Commissioners have?

- Prepare for and participate in PTAC meetings
- Ensure effective planning and implementation of the PTAC functions
- Participate in on site surveys.

15. How often will PTAC meet?

PTAC will meet at least twice a year. Infrequently, additional meetings (in person or telephonic) of PTAC may be convened when needed to conduct business.



FOR IMMEDIATE RELEASE

ASHP: Ellen Wilcox; 301.664.8799; ewilcox@ashp.org

ACPE: Cynthia Avery; 312.664.3575; cavery@acpe-accredit.org

August 20, 2013

NEW PHARMACY TECHNICIAN ACCREDITATION COMMISSION LAUNCHED

ASHP-ACPE Collaboration Will Advance Quality of Technician Education, Training

BETHESDA, MD—The American Society of Health-System Pharmacists (ASHP) and the Accreditation Council for Pharmacy Education (ACPE) are pleased to announce their collaboration to accredit pharmacy technician education and training programs, beginning in late 2014.

The collaboration will result in the creation of the Pharmacy Technician Accreditation Commission (PTAC), which will be tasked with assuring and advancing the quality of pharmacy technician education and training programs.

The PTAC will conduct document reviews and site surveys and advise the ASHP and ACPE boards of directors, which will then agree on final accreditation actions. The establishment of the PTAC expands upon ASHP's 31-year history as the national accrediting body for pharmacy technician training programs and incorporates ACPE's expertise in the accreditation of educational programs.

"The creation of this new accrediting body is a critical next step in the evolution of pharmacy technician education and training programs, helping to assure employers and pharmacists in all settings of the quality and standardization of these programs," said Paul W. Abramowitz, Pharm.D., DSc (Hon), FASHP, ASHP's Chief Executive Officer. "We think that the collaboration between ASHP and ACPE is the perfect blend of knowledge and oversight that this process requires."

Established in 1932, ACPE is the preeminent national accreditation body for professional degree programs in pharmacy and providers of continuing pharmacy education. "ACPE is pleased to engage in this important collaboration that will create synergy between ASHP's work in accrediting pharmacy

technician training programs and ACPE's insights and deep expertise in accrediting pharmacy degree programs," said Peter H. Vlasses, Pharm.D., DSc (Hon), BCPS, FCCP, ACPE's Executive Director. "We believe that this team effort will augment the needed quality and consistency in the education of pharmacy technicians and help technician graduates meet the evolving needs of the pharmacy profession in all sectors of practice."

There are currently 258 programs in the ASHP accreditation process. Through the work of its Commission on Credentialing, ASHP will continue to accredit pharmacy technician programs until the PTAC officially begins its work in the fall of 2014. ASHP will also provide ongoing accreditation support for the PTAC.

For more information about the PTAC's accreditation role and processes, please see ["Frequently Asked Questions."](#)

##

ABOUT THE AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

ASHP is the national professional organization whose 40,000 members include pharmacists, pharmacy technicians, and pharmacy students who provide patient care services in hospitals, health systems, and ambulatory clinics. For 70 years, the Society has been on the forefront of efforts to improve medication use and enhance patient safety, including the accreditation of pharmacy residencies for 50 years and pharmacy technician training and education programs for 31 years. For more information about the wide array of ASHP activities and the many ways in which pharmacists help people make the best use of medicines, visit ASHP's website, www.ashp.org, or its consumer website, www.safemedication.com.

ABOUT 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 also offers evaluation and certification of professional degree programs internationally. The mission of the organization is to assure and advance excellence in education for the profession of pharmacy. ACPE is an autonomous and independent agency whose Board of Directors is derived through the American Association of Colleges of Pharmacy (AACCP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education (ACE). To learn more about ACPE visit www.acpe-accredit.org or follow us on [Facebook](#) and [Twitter](#).

Attachment 2

Pharmacy Technician Certification Board

Certification Program Changes

The Pharmacy Technician Certification Board (PTCB) is implementing changes to the PTCB Certification Program beginning in 2014 and continuing through 2020. These new changes advance pharmacy technician qualifications by elevating PTCB's standards for certification and recertification.

PTCB requirements have remained largely unchanged since the organization's founding in 1995. The Board of Governors decisions to implement program changes were initiated by a 2011 summit focused on five areas related to pharmacy technicians: *Consumer Awareness, Resources, Education, State Policy and Testing* (C.R.E.S.T.). Summit findings, combined with results from two profession-wide surveys, called for PTCB and the pharmacy profession to make decisive changes in certification standards.

PTCB engaged stakeholders and the pharmacy community by collecting feedback on the new requirements through May 2013.

Program Changes

Certification

To qualify for PTCB certification, each new candidate must complete a(n):

- Criminal background check by a future date to be announced*
- ASHP-accredited pharmacy technician education program by 2020

Recertification

To qualify for PTCB recertification, each Certified Pharmacy Technician (CPhT) must complete:

- One hour of medication safety continuing education (CE) by 2014
- Twenty hours of *pharmacy technician-specific* CE by 2015

The number of CE hours accepted will be modified for those earned:

- Via college/university coursework—from 15 to 10 hours by 2016
- Through in-services—from 10 to 5 hours in 2015, and from 5 to 0 in 2018

PTCB Certification Program

Criminal Background Checks*

Criminal background checks will be required for new candidates applying for PTCB certification by a future date to be announced.*

Description and Proposed Plan:

In a March 2012 survey, 88% of 17,400 respondents recommended that PTCB require background checks for technicians applying for the PTCB Certification Program. Many employers already require background checks as a condition of employment.

- Work with state boards of pharmacy and ASHP-accredited pharmacy technician education programs to determine how to synchronize existing systems and most efficiently implement background checks for new PTCB candidates.
- Collaborate with the National Association of Boards of Pharmacy (NABP) to integrate and standardize systems.
- Conduct research regarding the processing and cost implications of background checks.

****UPDATE: As of December 2014, PTCB has decided not to broaden our role by requiring criminal background checks for initial applicants.***

ASHP-Accredited Pharmacy Technician Education Program

Successful completion of an American Society of Health-System Pharmacists (ASHP) accredited pharmacy technician education program will become a requirement for initial PTCB certification.

Description and Proposed Plan:

Leaders in the profession have demonstrated a desire for pharmacy technicians to follow the same credentialing model as pharmacists by becoming certified and registered with the state. Pharmacists are required to graduate from an accredited pharmacy school before they sit for the NAPLEX board exam and become licensed by their state board of pharmacy.

The number of ASHP-accredited pharmacy technician education programs is growing in both community and hospital settings. ASHP-accredited programs include practical experience in addition to didactic course work, thereby providing well-rounded training for technicians. Many large employers have also begun developing their own training programs and seeking ASHP accreditation. In the March 2012 survey, 78% of respondents agreed that 2020 is a reasonable year by which to implement accredited education.

- National pharmacy technician associations will be consulted to successfully complete this transition.
- This requirement will affect new individuals applying for national certification following the implementation date. It will not affect already certified pharmacy technicians applying for PTCB recertification or reinstatement.

PTCB Recertification Program

Medication Safety CE (Equivalent to Patient Safety CE)

As part of the 20 hours of CE currently required for PTCB recertification, CPhTs will need to complete one CE hour of medication safety (equivalent to patient safety, as defined by ACPE as topic 05) by 2014, in addition to the one hour of law CE currently required.

Description and Proposed Plan:

Pharmacy technicians assist pharmacists with duties that impact patient care and safety. It is important that technicians continue to be educated on how their routine responsibilities shape the medication distribution system. By learning to identify potential errors in the system and how to report these, pharmacy technicians can affect the medication safety culture within pharmacies. 89% of respondents to the March 2012 survey supported this decision.

- Encourage pharmacy associations and other national CE providers to create patient safety CE programs specifically for pharmacy technicians.
- Highlight new patient safety CE programs on ptcb.org.

Pharmacy Technician-Specific CE

PTCB will require all CE hours to be *pharmacy technician-specific* by 2015.

Description and Proposed Plan:

It is important for pharmacy technicians to be educated through programs designed specifically to address their responsibilities and knowledge requirements in the workplace. Many CE providers currently offer pharmacy-technician specific CE, with others looking to expand their offerings.

In order to qualify for this designation, CE programs must have pharmacy technician-specific objectives written for the course. An acceptable CE program may have two sets of objectives written for it, one for pharmacists and one for pharmacy technicians.

Pharmacy technician-specific objectives will be based upon the Accreditation Council for Pharmacy Education (ACPE) CE designations; however, PTCB will not require programs to be offered only by ACPE-accredited providers.

- Work with CE providers to encourage the creation of pharmacy technician- specific objectives for all CE programs.
- Continue to feature CE programs for pharmacy technicians on ptcb.org.

Acceptable CE: College Courses

PTCB will reduce the number of CE hours that can be earned via college/university coursework from 15 to 10 by 2016.

Description and Proposed Plan:

Due to the importance of pharmacy technicians completing technician-focused CE, leaders from the pharmacy profession encouraged greater emphasis on attaining technician-specific knowledge, with less allowance for broad academic courses.

PTCB will educate technicians eligible for recertification and reinstatement prior to their certification expiration dates.

Acceptable CE: In-Service Courses

PTCB will reduce the allowable number of CE hours to be earned through in-services from 10 to 5 in 2015, and from 5 to 0 in 2018.

Description and Proposed Plan:

It is important that pharmacy technicians be educated through quality, standardized CE programs. In-service CEs will be phased out to eliminate inconsistencies.

- Work with employers through the target implementation date to standardize the information being provided through in-services.
- Educate technicians eligible for recertification and reinstatement prior to their certification expiration dates.

Online Comment Period

PTCB conducted an open comment period through May 2013, inviting members of the pharmacy community to share feedback and insight on implementing the new requirements. Visit ptcb.org for more information and access to the feedback form.

Open Forums

PTCB plans to work closely with educators, employers, boards of pharmacy, and state/national organizations to best implement these decisions. During 2013, PTCB asked for live feedback from pharmacy technicians and stakeholders at the following open forums across the country:

American Pharmacists Association (APhA) Annual Meeting and Exposition 2013

Session: Sunday, March 3 from 2:00-3:00 pm in room 153B, in Los Angeles, CA

California Pharmacists Association West Coast Pharmacy Exchange

Session: Sunday, March 17 from 5:00-6:00 pm, in Monterey, CA

South Carolina Society of Health-System Pharmacists (SCSHP) 2013 Annual Meeting

Sessions: Sunday, March 24 & Monday, March 25 from 3:30-4:30 pm, in Charleston, SC

Pharmacy Society of Wisconsin (PSW) Educational Conference

Session: Thursday, April 18 from 1:00-2:00 pm, in Madison, WI

North Dakota Pharmacists Association (NDPhA) Annual Convention

Session: Friday, April 26, in Dickinson, ND

Texas Society of Health-System Pharmacists (TSHP) 2013 Annual Meeting

Session: Saturday, April 27 in Austin, TX

Attachment 3

Business and Professions Code Section 4038(a)

"Pharmacy technician" means an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in Section 4115.

Title 16 CCR Section 1793 - Definition

"Pharmacy technician" means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the processing of a prescription in a pharmacy, but who does not perform duties restricted to a pharmacist under section 1793.1. Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

Title 16 CCR Section 1793.2. - Duties of a Pharmacy Technician.

"Nondiscretionary tasks" as used in Business and Professions Code section 4115, include:

- (a) removing the drug or drugs from stock;
- (b) counting, pouring, or mixing pharmaceuticals;
- (c) placing the product into a container;
- (d) affixing the label or labels to the container;
- (e) packaging and repackaging.

Title 16 CCR Section 1793.2. - Duties of a Pharmacy Technician.

"Nondiscretionary tasks" as used in Business and Professions Code section 4115, include:

- (a) removing the drug or drugs from stock;
- (b) counting, pouring, or mixing pharmaceuticals;
- (c) placing the product into a container;
- (d) affixing the label or labels to the container;
- (e) packaging and repackaging.

Title 16 CCR Section 1793.3. - Other Non-Licensed Pharmacy Personnel.

(a) In addition to employing a pharmacy technician to perform the tasks specified in section 1793.2, a pharmacy may employ a non-licensed person to type a prescription label or otherwise enter prescription information into a computer record system, but the responsibility for the accuracy of the prescription information and the prescription as dispensed lies with the registered pharmacist who initials the prescription or prescription record. At the direction of the registered pharmacist, a non-licensed person may also request and receive refill authorization.

(b) A pharmacist may supervise the number of non-licensed personnel performing the duties specified in subdivision (a) that the pharmacist determines, in the exercise of his or her professional judgment, does not interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law.

(c) A pharmacist who, exercising his or her professional judgment pursuant to subdivision (b), refuses to supervise the number of non-licensed personnel scheduled by the pharmacy, shall notify the pharmacist-in-charge in writing of his or her determination, specifying the circumstances of concern with respect to the pharmacy or the non-licensed personnel that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule.

(d) No entity employing a pharmacist may discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this section.

Title 16 CCR Section 1793.5. - Pharmacy Technician Application.

The "Pharmacy Technician Application (Form 17A-5(Rev. 01/11)), incorporated by reference herein, required by this section is available from the Board of Pharmacy upon request.

(a) Each application for a pharmacy technician license shall include:

(1) Information sufficient to identify the applicant.

(2) A description of the applicant's qualifications, and supporting documentation for those qualifications.

(3) A criminal background check that will require submission of fingerprints in a manner specified by the board and the fee authorized in Penal Code section 11105(e).

(4) A sealed, original Self-Query from the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) dated no earlier than 60 days of the date an application is submitted to the board.

(b) The applicant shall sign the application under penalty of perjury and shall submit it to the Board of Pharmacy.

(c) The board shall notify the applicant within 30 days if an application is deficient; and what is needed to correct the deficiency. Once the application is complete, and upon completion of any investigation conducted pursuant to section 4207 of the Business and Professions Code, the board will notify the applicant within 60 days of a license decision.

(d) Before expiration of a pharmacy technician license, a pharmacy technician must renew that license by payment of the fee specified in subdivision (r) of section 4400 of the Business and Professions Code.

Title 16 CCR Section 1793.6. - Training Courses Specified by the Board.

A course of training that meets the requirements of Business and Professions Code section 4202 (a)(2) is:

(a) Any pharmacy technician training program accredited by the American Society of Health-System Pharmacists,

(b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or

(c) Any other course that provides a training period of at least 240 hours of instruction covering at least the following:

(1) Knowledge and understanding of different pharmacy practice settings.

(2) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.

(3) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.

(4) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.

(5) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.

(6) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.

(7) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

Title 16 CCR Section 1793.7. - Requirements for Pharmacies Employing Pharmacy Technicians.

(a) Except as otherwise provided in section 1793.8, any function performed by a pharmacy technician in connection with the dispensing of a prescription, including repackaging from bulk and storage of pharmaceuticals, must be verified and documented in writing by a pharmacist. Except for the preparation of

prescriptions for an inpatient of a hospital and for an inmate of a correctional facility, the pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient.

(b) Pharmacy technicians must work under the direct supervision of a pharmacist and in such a relationship that the supervising pharmacist is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records.

(c) A pharmacy technician must wear identification clearly identifying him or her as a pharmacy technician.

(d) Any pharmacy employing or using a pharmacy technician shall develop a job description and written policies and procedures adequate to ensure compliance with the provisions of Article 11 of this Chapter, and shall maintain, for at least three years from the time of making, records adequate to establish compliance with these sections and written policies and procedures.

(e) A pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.

(f) For the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Pursuant to Business and Professions Code section 4115(g)(1), this ratio shall not apply to the preparation of a prescription for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

Title 16 CCR Section 1793.8 - Technicians in Hospitals with Clinical Pharmacy Programs.

(a) A general acute care hospital, as defined in Health and Safety Code 1250 (a), that has an ongoing clinical pharmacy program may allow pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed and approved by a licensed pharmacist. Only inpatient hospital pharmacies as defined in 4029(a) that maintain a clinical pharmacy services program as described in 4052.1 may have a technician checking technician program as described. The pharmacy shall have on file a description of the clinical pharmacy program prior to initiating a technician checking technician program.

(1) This section shall only apply to acute care inpatient hospital pharmacy settings.

(2) Hospital pharmacies that have a technician checking technician program shall deploy pharmacists to the inpatient care setting to provide clinical services.

(b) Compounded or repackaged products must have been previously checked by a pharmacist and then may be used by the technician to fill unit dose distribution systems, and floor and ward stock.

(c) To ensure quality patient care and reduce medication errors, programs that use pharmacy technicians to check the work of other pharmacy technicians pursuant to this section must include the following components:

(1) The overall operation of the program shall be the responsibility of the pharmacist-in-charge.

(2) The program shall be under the direct supervision of a pharmacist and the parameters for the direct supervision shall be specified in the facility's policies and procedures

(3) The pharmacy technician who performs the checking function has received specialized and advanced training as prescribed in the policies and procedures of the facility.

(4) To ensure quality there shall be ongoing evaluation of programs that use pharmacy technicians to check the work of other pharmacy technicians.

Business and Professions Code Section 4202. - Pharmacy Technician: License Requirements for Education, Experience; Board Regulations; Criminal Background Check; Discipline

(a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:

- (1) Has obtained an associate's degree in pharmacy technology.
- (2) Has completed a course of training specified by the board.
- (3) Has graduated from a school of pharmacy recognized by the board.
- (4) Is certified by the Pharmacy Technician Certification Board.

(b) The board shall adopt regulations pursuant to this section for the licensure of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for licensure as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

(c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(d) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(e) Once licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician license shall be returned to the board within 15 days.

Attachment 4



NABP
 NATIONAL ASSOCIATION OF
 BOARDS OF PHARMACY

Search the site...

[e-Profile Login and ID Quick Search](#)

- [HOME](#)
 - [ABOUT](#)
 - [PROGRAMS](#)
 - [PUBLICATIONS](#)
 - [NEWS](#)
 - [MEETINGS](#)
 - [CONTACT](#)
-
- [BOARDS OF PHARMACY](#)
 - [MEMBERS](#)
 - [PHARMACISTS](#)
 - [STUDENTS](#)
 - [TECHNICIANS](#)
 - [GOVERNMENT AFFAIRS](#)
 - [CONSUMERS](#)

NABP and Member Boards of Pharmacy Continue Legacy of Innovations in Test Development

July 12, 2015 4:20 PM | Topics: [Pharmacist License](#), [Mpje](#), and [Naplex](#)

The National Association of Boards of Pharmacy® (NABP®) and its member state boards of pharmacy continue the tradition of excellence in test development with plans for enhancements across all of the NABP examination and assessment programs. The enhancements are in response to the evolving practice of pharmacy and direction from the state boards of pharmacy, who legally determine pharmacists' competence to practice and the content of the Association's licensure examinations.

The North American Pharmacist Licensure Examination® (NAPLEX®) program has recently undergone evaluations of its content and test specifications, test design and assembly, administration processes, scoring, and passing standard. The new NAPLEX competency statements and revised passing standard will be implemented in November 2015. In addition, the NAPLEX will make a progressive transition to a new administration model in 2016. At that time, the NAPLEX will increase in length from 185 items to 250 items. The recommendation to increase the depth and breadth of the NAPLEX came as a result of the national NABP Pharmacy Practice Analysis Survey conducted in 2014. Over 4,700 respondents to the Survey (pharmacy regulators, practitioners, and academicians) recognized the value in testing entry-level candidates on a variety of patient-centered, clinically based topics necessary for safe and effective practice. NABP is also reviewing a proposal to move the NAPLEX scoring results to a pass/fail platform. The benefits and concerns with such a transition must be evaluated before such an action can be proposed to the state boards of pharmacy.

In support of the need for a national evaluation of foundational knowledge in the PharmD curriculum, and in compliance with the Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016)* requirement, NABP will be providing the Pharmacy Curriculum Outcomes Assessment® (PCOA®) to all students nearing completion of the didactic curriculum (ie, third year or equivalent). The PCOA is the only nationally administered examination that covers the four

PRINT
 MORE SHARING SERVICES
 E-MAIL NABP

[SIGN UP FOR NABP NEWS](#)

[QUESTIONS?](#)

News Topics

- [Compounding](#)
- [Controlled Substances](#)
- [Counterfeit Drugs](#)
- [Buying Medicine Online](#)
- [Committee And Task Force Reports](#)
- [Continuing Education](#)
- [Diversion](#)
- [Education](#)
- [Electronic Prescriptions](#)
- [Federal Regulations](#)
- [Internet Pharmacy](#)
- [Medication Collection Program Disposal](#)
- [Over The Counter](#)
- [Patient Safety](#)
- [Pharmacies](#)
- [Pharmacists](#)
- [Pharmacy Technicians](#)
- [Practitioner Prescriber](#)
- [Prescribing Authority](#)
- [Prescription Drug Abuse](#)
- [Prescription Label](#)
- [Prescription Monitoring Program](#)
- [Prescriptions](#)
- [Pseudoephedrine](#)
- [Resolutions](#)
- [Tamper Resistant Prescription](#)
- [Vaccinations](#)

foundational sciences in pharmacy curriculum as outlined by the ACPE *Standards 2016* and the 2013 Center for the Advancement of Pharmacy Education outcomes. The PCOA has been administered to over 32,000 students enrolled in ACPE-accredited PharmD programs and is used by the schools and colleges of pharmacy as evidence of student progress and growth throughout the PharmD curriculum.

Both the PCOA and the NAPLEX provide descriptive data for the schools and colleges to evaluate in relation to student performance at the program as well as the national level. In addition, aggregate outcomes from these examinations present comparisons of student performance among the various PharmD curriculums in the United States.

In collaboration with its member boards, NABP is moving forward with a communication skills assessment. The 2014 NABP Pharmacy Practice Analysis Survey provided strong evidence that pharmacist communication skills are of paramount importance for safe and effective practice and that entry-level pharmacists deficient in communication skills could place the public health at risk. In response, NABP will develop an integrated pharmacist communication skills assessment that could be used by its member boards as an additional component for licensure beginning in 2018.

Rounding out the ongoing exam development efforts, NABP conducted a review of the Multistate Pharmacy Jurisprudence Examination® (MPJE®) content domains followed by a survey of pharmacist and pharmacy regulators. The MPJE domain survey addressed the key areas required for practitioner compliance with state and federal laws and regulations. Recognizing the importance of quality control measures, sterile and nonsterile compounding regulations, and compliance with the standards of pharmacy practice, NABP has revised the MPJE content domains to reflect contemporary practice.

The current and future NABP examination and assessment programs provide the state boards of pharmacy and academic institutions with critical data to affirm preparedness for pharmacist practice and make evidenced-based evaluations and decisions for licensure. NABP is committed to high standards of excellence for test design, development, and defensibility of its programs and looks forward to collaborating with other organizations invested in the excellence of pharmacy practice.

NABP is the independent, international, and impartial Association that assists its state member boards and jurisdictions for the purpose of protecting the public health.

Archives

August 2015 (16)
 July 2015 (31)
 June 2015 (31)
 May 2015 (36)
 April 2015 (23)
 March 2015 (23)
 February 2015 (18)
 January 2015 (20)
 2014 (310)
 2013 (307)
 2012 (309)
 2011 (365)
 2010 (305)
 2009 (189)
 2008 (188)
 2007 (215)
 2006 (164)
 2005 (53)
 2004 (62)
 2003 (42)
 2002 (37)
 2001 (62)
 1995 (8)
 1994 (4)
 1993 (8)
 1992 (5)
 1991 (6)
 1990 (4)



Dispensers Get Four More
Months to Meet DSCSA
Provisions

Copyright © 2015 National Association of Boards of Pharmacy® (NABP®).

[Resources](#) [Terms of Use Statement](#) [Privacy Policy](#) [Linking Policy](#)



Attachment 5



FOR IMMEDIATE RELEASE

CONTACT: Cynthia Avery
(312) 664-3575
cavery@acpe-accredit.org

February 3, 2014

ACPE Releases Draft Standards 2016

Chicago, IL – The Accreditation Council for Pharmacy Education (ACPE) has released the *Draft Revised Standards for the Professional Program Leading to the Doctor of Pharmacy Degree (i.e., Draft Standards 2016)* and the Guidance Document to Standards 2016 for public review and comment. *Draft Standards 2016* are designed to ensure that graduates of pharmacy education programs are practice-ready and team-ready and therefore, prepared to directly provide patient care in collaboration with other healthcare providers. *Draft Standards 2016* articulate the expectations of ACPE, the academy, the practice community, and the U.S. Department of Education and are solidly based on evidence and experience. It is anticipated that the final *Standards 2016* would be effective in July 2016.

Draft Standards 2016 were developed by a working group advised by input from a broad range of individuals and organizations over the past 3 years. Over a thousand interested individuals participated in the Standards revision process by responding to surveys, participating in ACPE's 2012 Invitational Conference, and sharing best practices that were the foundation of the Standards revision process. *Draft Standards 2016* integrate AACP's 2013 CAPE Educational Outcomes as a basis of its minimum requirements and are designed to assure quality in pharmacy education while allowing for educational advancement that focuses on the preparation of pharmacy graduates capable of improving healthcare.

According to Robert S. Beardsley, RPh, PhD, Past President of ACPE and Co-chair of the Standards Revision Subcommittee, "Throughout the Standards Revision Process, ACPE restructured, simplified, and clarified requirements in *Draft Standards 2016* based on stakeholder feedback and insights. The revision provides for greater flexibility and innovation in teaching, learning and assessment methods."

"ACPE proactively engaged stakeholders in the evolution of the revised Standards to ensure graduates are prepared to meet the needs and expectations of society. These revised *Draft Standards 2016* represent evolutionary change rather than revolutionary change," added Jeffrey W. Wadelin, PhD, ACPE Associate Executive Director and Co-chair of the Standards Revision Subcommittee. "Although there is a generous timeline that allows for planning, evolution, and adaptation of professional degree programs, professional degree programs in pharmacy should not wait to innovate!"

ACPE welcomes and encourages feedback on *Draft Standards 2016* from all ACPE stakeholders. Comments can be provided online, by e-mail, by mail, or through participation in open hearings at professional meetings. You can access copies of *Draft Standards 2016*, the Guidance document, an overview of how to provide feedback and a link to the online comment survey at <https://www.acpe-accredit.org/deans/2014StandardsRevision.asp>. **Interested individuals and organizations can provide comments through any of the provided mechanisms until December 15, 2014.**

About 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. In collaboration with the American Society of Health-System Pharmacists, ACPE accredits pharmacy technician education and training programs. ACPE also offers evaluation and certification of professional degree programs internationally. The mission of ACPE is to assure and advance excellence in education for the profession of pharmacy. ACPE is an autonomous and independent agency whose Board of Directors is derived through the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education (ACE). To learn more about ACPE, visit www.acpe-accredit.org or follow us on [Facebook](#), [LinkedIn](#), and [Twitter](#).

###

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION



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

(“STANDARDS 2016”)

APPROVED January 25, 2015

RELEASED February 2, 2015

**Accreditation Council for Pharmacy Education
Chicago, Illinois
© 2015**

TABLE OF CONTENTS

PREAMBLE	iii
SECTION I: EDUCATIONAL OUTCOMES	1
Standard 1: Foundational Knowledge.....	1
Standard 2: Essentials for Practice and Care	1
Standard 3: Approach to Practice and Care	2
Standard 4: Personal and Professional Development.....	2
SECTION II: STRUCTURE AND PROCESS TO PROMOTE	
ACHIEVEMENT OF EDUCATIONAL OUTCOMES	3
Standard 5: Eligibility and Reporting Requirements.....	3
Standard 6: College or School Vision, Mission, and Goals	3
Standard 7: Strategic Plan.....	4
Standard 8: Organization and Governance.....	4
Standard 9: Organizational Culture	5
Standard 10: Curriculum Design, Delivery, and Oversight.....	5
Standard 11: Interprofessional Education (IPE).....	7
Standard 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum	8
Standard 13: Advanced Pharmacy Practice Experience (APPE) Curriculum....	9
Standard 14: Student Services	10
Standard 15: Academic Environment	10
Standard 16: Admissions.....	11
Standard 17: Progression.....	12
Standard 18: Faculty and Staff - Quantitative Factors	13
Standard 19: Faculty and Staff - Qualitative Factors.....	13
Standard 20: Preceptors.....	14
Standard 21: Physical Facilities and Educational Resources.....	15
Standard 22: Practice Facilities	15
Standard 23: Financial Resources.....	16
SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS	17
Standard 24: Assessment Elements for Section I: Educational Outcomes	17
Standard 25: Assessment Elements for Section II: Structure and Process	17
Appendix 1	19
Required Elements of the Didactic Doctor of Pharmacy Curriculum	

Appendix 2	24
Expectations within the APPE Curriculum	
Appendix 3	26
Required Documentation for Standards and Key Elements 2016	

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

STANDARDS 2016

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). ACPE expanded its activities to include evaluation and certification of professional degree programs internationally in 2011 and entered into a collaboration with the American Society of Health-System Pharmacists (ASHP) to accredit pharmacy technician education and training programs beginning in 2014. 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 (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (ACE) (one appointment). Since the inception of its accreditation agency recognition program in 1952, the U.S. Department of Education (USDE) has continuously recognized ACPE. ACPE also gained recognition by the Council for Higher Education Accreditation (CHEA) 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®).

Importance of Standards

To achieve and maintain ACPE accreditation, professional Doctor of Pharmacy (PharmD) degree programs (hereafter described as ‘programs’) must meet the standards contained in this document. ACPE standards are minimum requirements, and it is expected that programs will exceed these required standards through initiatives designed to ensure continuous quality improvement. These standards describe the various elements needed for quality-assured professional education and are based on evidence and experience. They articulate expectations that ACPE (as well as pharmacy practice and the pharmacy academy) has of academic institutions offering the PharmD degree. ACPE standards also reflect the expectations that the U.S. Department of Education and state boards of pharmacy have of the colleges and schools, and of ACPE, regarding the quality of professional degree programs.

These standards have been developed with input from a broad range of constituents interested in and affected by pharmacy education. They focus on the educational outcomes required of PharmD programs and the assessment of those outcomes. They also address the structural and process-related elements within pharmacy education necessary to implement evidence-based outcome measures that document achievement of the standards. In addition, these standards describe areas where programs can experiment and innovate within the didactic and experiential components of their curricula to meet the required Educational Outcomes (Standards 1–4). Establishing a commitment to continuing professional development (CPD) by

students and graduates is also addressed, as are contemporary educational concepts such as student readiness to:

- Enter advanced pharmacy practice experiences (APPE-ready)
- Provide direct patient care in a variety of healthcare settings (Practice-ready)
- Contribute as a member of an interprofessional collaborative patient care team (Team-ready)

Revision of Standards: Background

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

- The experience gained by ACPE in its accreditation reviews since the adoption of the Doctor of Pharmacy standards in 2007
- Feedback from ACPE stakeholders regarding quality improvement of the standards
- The reports of the Institute of Medicine (IOM) (www.iom.edu) noting needed changes in our healthcare system to improve medication safety and patient outcomes, including the five competencies that all healthcare professionals should attain during their education:
 - Provide patient-centered care
 - Work in interprofessional teams
 - Employ evidence-based practice
 - Apply quality improvement
 - Utilize informatics
- Expansion of the scope of pharmacy practice in state laws and regulations to include collaborative practice with prescribers
- The revision of the AACP's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes in 2013, which are intended to be the target toward which the evolving pharmacy curriculum should be aimed
<http://www.aacp.org/resources/education/cape/Pages/default.aspx>
- The Joint Commission of Pharmacy Practitioners' (JCPP) *Vision of Pharmacy Practice*, accepted by the governing boards of 10 pharmacy organizations, including ACPE, and released in 2013
<http://www.amcp.org/Tertiary.aspx?id=8463>
- The document *Pharmacists' Patient Care Process*, developed by a work group from 11 national pharmacy organizations to promote a consistent approach to the process of care. This document was endorsed by the Joint Commission of Pharmacy Practitioners in 2014.
http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf
- Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61854-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61854-5/fulltext)

- Core Competencies for Interprofessional Collaborative Practice
<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>
- Revised NAPLEX Competency Statements
<http://www.nabp.net/programs/examination/naplex/naplex-blueprint>

Revision of Standards: Process Employed

In January 2012, 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. ACPE also held a multi-stakeholder invitational conference in fall, 2012¹ to discuss issues facing pharmacy practice and education. The results of the conference influenced the direction and content of these revised standards. The first draft of the revised standards was approved by the ACPE Board of Directors in January 2014 and distributed to ACPE stakeholders in February 2014. Subsequently, a series of open hearings was conducted at national pharmacy meetings. Another Web-based survey that allowed anonymous completion by stakeholders was conducted during 2014, and an extensive review of the draft standards was completed by an advisory group from various sections of the academic and practice communities. The ACPE Board of Directors approved the revised standards on **January 21–25, 2015** with an effective date of **July 1, 2016**. The new standards will be referred to as “Standards 2016.” Colleges and schools being evaluated by ACPE beginning in the fall of 2016 must comply with the new standards.

Revision of Standards: What’s Different?

- *Format* – The standards revision process yielded two distinct documents: **Standards** and **Guidance**. The *Standards* document includes the 25 standards, required (key) elements, assessment elements, and required documentation for each individual standard. The *Guidance* document was developed to support colleges’ and schools’ efforts to enhance the quality of their PharmD programs and includes suggested strategies, additional examples of compliance evidence, and other important information to facilitate meeting standards. ACPE expects programs to be in compliance with all elements outlined in the *Standards* document and to use the information within the *Guidance* document to improve the quality of their programs. In other words, the *Standards* document contains required elements that all accredited Doctor of Pharmacy programs must meet, while the *Guidance* document contains clarifying statements and suggested strategies for improvement.
- *Philosophy and Emphasis* – Based on stakeholder feedback, the Standards have been refined to ensure that graduating students are “practice-ready” and “team-ready,” that is, prepared to directly contribute to patient care working in collaboration with other healthcare providers. The revision has also placed greater emphasis on critical educational outcomes identified by CAPE and the assessment of the level of student

¹ Zellmer WA, Vlasses PH, Beardsley RS. Summary of the ACPE Consensus Conference on Advancing Quality in Pharmacy Education. Am J Pharm Educ. 2013; 77, 3, Article 44.

achievement of these outcomes. The Standards focus on the (1) development of students' professional knowledge, skills, abilities, behaviors, and attitudes, including scientific foundation, knowledge application, and practice competencies, (2) the manner in which programs assess students' acquisition of knowledge and application of knowledge to practice, (3) mastery of skills and achievement of competencies, and (4) the importance of both curricular and co-curricular experiences in advancing the professional development of students. Throughout the revision process, ACPE has focused on addressing the environmental factors noted above in *Revision of Standards: Background*.

- *Importance of Assessment* – Based on feedback from the academy and other stakeholders, the new Standards emphasize assessment as a means of improving the quality of pharmacy education. Having valid and reliable assessment mechanisms in place will provide additional insights to programs regarding their strengths and deficiencies. Throughout the Standards, terms such as “adequate,” “sufficient,” and “appropriate” appear in several areas. Programs are expected to utilize assessment outcome data to determine if the available resources are adequate, sufficient, etc. to allow for compliance with the Standards.
- *Organization of Standards* – Although, at a minimum, the Standards address the same critical areas as in previous versions, they have been restructured, simplified, and clarified. The Standards are organized into three major sections (Educational Outcomes; Structure and Process to Promote Achievement of Educational Outcomes; and Assessment). The Structure and Process section is further organized into four subsections: (1) Planning and Organization, (2) Educational Program for the Doctor of Pharmacy Degree, (3) Students, and (4) Resources. In the third section, Standards 24 and 25 list the assessment elements for Educational Outcomes and Structure and Process, respectively. Standards and Key Elements are phrased as declarative statements describing the various attributes of an accredited Doctor of Pharmacy program. Programs not meeting the expectations and requirements outlined within these statements will be out of compliance with the Standards. Standards annotated with an asterisk (*) are appropriate for new program initiatives and alternate pathways to degree completion, such as an accelerated curriculum, geographically dispersed campuses, online or distance-learning-based programs, and other educational innovations. Three appendices are included within the Standards. Appendix 1 is a revision of the former Appendix B in Standards 2007 and describes the required elements of the didactic component of the PharmD curriculum. Appendix 2 (formerly Appendix C in Standards 2007) describes the expectations of the experiential learning component of the curriculum. Appendix 3 outlines the documentation needed for the Standards and Key Elements.
- *Organization of Guidance* – Materials are provided in this document to help colleges and schools of pharmacy: (1) understand the breadth and scope of issues underlying the achievement of each standard and (2) achieve academic program enhancement. Suggested strategies for quality improvement are based on evidence gleaned from the literature and/or the evaluation of successful programs.
- *Innovation* – Colleges or schools may choose avenues other than those suggested in the guidance document to achieve compliance with the Standards. In all cases, however, ACPE requires evidence that standards are being met.

- *Style* – The Chicago Manual of Style, 15th 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 revised professional degree program Standards. Through its strategic plan, ACPE will also be investigating opportunities for better and more standardized ways to evaluate the achievement of the Standards, including the identification of valid outcome measures to be monitored across all accredited programs. In addition, ACPE will be improving its policies and procedures to allow for greater 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 25, 2015**

STANDARDS AND KEY ELEMENTS

SECTION I: EDUCATIONAL OUTCOMES

The educational outcomes² described herein have been deemed essential to the contemporary practice of pharmacy in a healthcare environment that demands interprofessional collaboration and professional accountability for holistic patient well-being.

Standard 1: Foundational Knowledge

The professional program leading to the Doctor of Pharmacy degree (hereinafter “the program”) develops in the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to apply the foundational sciences to the provision of patient-centered care.

Key Element:

1.1. Foundational knowledge – The graduate is able to develop, integrate, and apply knowledge from the foundational sciences (i.e., biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.

Standard 2: Essentials for Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to provide patient-centered care, manage medication use systems, promote health and wellness, and describe the influence of population-based care on patient-centered care.

Key Elements:

2.1. Patient-centered care – The graduate is able to provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

2.2. Medication use systems management – The graduate is able to manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

2.3. Health and wellness – The graduate is able to design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

2.4. Population-based care – The graduate is able to describe how population-based care influences patient-centered care and the development of practice guidelines and evidence-based best practices.

² Adapted from the American Association of Colleges of Pharmacy’s Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes, 2013.

Standard 3: Approach to Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

Key Elements:

- 3.1. Problem solving** – The graduate is able to identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.
- 3.2. Education** – The graduate is able to educate all audiences by determining the most effective and enduring ways to impart information and assess learning.
- 3.3. Patient advocacy** – The graduate is able to represent the patient’s best interests.
- 3.4. Interprofessional collaboration** – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.
- 3.5. Cultural sensitivity** – The graduate is able to recognize social determinants of health to diminish disparities and inequities in access to quality care.
- 3.6. Communication** – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.

Standard 4: Personal and Professional Development

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to demonstrate self-awareness, leadership, innovation and entrepreneurship, and professionalism.

Key Elements:

- 4.1. Self-awareness** – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.
- 4.2. Leadership** – The graduate is able to demonstrate responsibility for creating and achieving shared goals, regardless of position.
- 4.3. Innovation and entrepreneurship** – The graduate is able to engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.
- 4.4. Professionalism** – The graduate is able to exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

The Educational Outcomes articulated in Section I can only be fully achieved in an academic culture purposely designed to nurture learners and to support the administrators, faculty, preceptors, and staff who mentor them. The standards in Section II describe essential structures and processes that provide the organizational stability and potential for advancement critical to continuous quality improvement in pharmacy education.

Subsection IIA: Planning and Organization

Standard 5: Eligibility and Reporting Requirements

The program meets all stated degree-granting eligibility and reporting requirements.

Key Elements:

5.1. Autonomy – The academic unit offering the Doctor of Pharmacy program is an autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity). This includes autonomy to manage the professional program within stated policies and procedures, as well as applicable state and federal regulations.

5.2. Legal empowerment – The college or school is legally empowered to offer and award the Doctor of Pharmacy degree.

5.3. Dean's leadership – The college or school is led by a dean, who serves as the chief administrative and academic officer of the college or school and is responsible for ensuring that all accreditation requirements of ACPE are met.

5.4. Regional/institutional accreditation – The institution housing the college or school, or the independent college or school, has (or, in the case of new programs, is seeking) full accreditation by a regional/institutional accreditation agency recognized by the U.S. Department of Education.

5.5. Regional/institutional accreditation actions – The college or school reports to ACPE within 30 days 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.

5.6. Substantive change – The dean promptly reports substantive changes in organizational structure and/or processes (including financial factors) to ACPE for the purpose of evaluation of their impact on programmatic quality.

Standard 6: College or School Vision, Mission, and Goals

The college or school publishes statements of its vision, mission, and goals.

Key Elements:

6.1. College or school vision and mission – These statements are compatible with the vision and mission of the university in which the college or school operates.

6.2. Commitment to educational outcomes – The mission statement is consistent with a commitment to the achievement of the Educational Outcomes (Standards 1–4).

6.3. Education, scholarship, service, and practice – The statements address the college or school's commitment to professional education, research and scholarship, professional and community service, pharmacy practice, and continuing professional development.

6.4. Consistency of initiatives – All program initiatives are consistent with the college or school's vision, mission, and goals.

6.5. Subunit goals and objectives alignment – If the college or school organizes its faculty into subunits, the subunit goals are aligned with those of the college or school.

Standard 7: Strategic Plan

The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

Key Elements:

7.1. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.

7.2. Appropriate resources – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.

7.3. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.

Standard 8: Organization and Governance

The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

Key Elements:

8.1. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program's vision and mission and to meet ACPE accreditation standards. The dean has direct access to the university administrator(s) with ultimate responsibility for the program.

8.2. Qualified dean – The dean is qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service.

8.3. Qualified administrative team – The dean and other college or school administrative leaders have credentials and experience that have prepared them for their respective roles and collectively have the needed backgrounds to effectively manage the educational program.

8.4. Dean's other substantial administrative responsibilities – If the dean is assigned other substantial administrative responsibilities, the university ensures adequate resources to support the effective administration of the affairs of the college or school.

8.5. Authority, collegiality, and resources – The college or school administration has defined lines of authority and responsibility, fosters organizational unit collegiality and effectiveness, and allocates resources appropriately.

8.6. College or school participation in university governance – College or school administrators and faculty are effectively represented in the governance of the university, in accordance with its policies and procedures.

8.7. Faculty participation in college or school governance – The college or school uses updated, published documents, such as bylaws, policies, and procedures, to ensure faculty participation in the governance of the college or school.

8.8. Systems failures – The college or school has comprehensive policies and procedures that address potential systems failures, including technical, administrative, and curricular failures.

8.9. Alternate pathway equitability* – The college or school ensures that any alternative pathways to the Doctor of Pharmacy degree are equitably resourced and integrated into the college or school's regular administrative structures, policies, and procedures, including planning, oversight, and evaluation.

Standard 9: Organizational Culture

The college or school provides an environment and culture that promotes self-directed lifelong learning, professional behavior, leadership, collegial relationships, and collaboration within and across academic units, disciplines, and professions.

Key Elements:

9.1. Leadership and professionalism – The college or school demonstrates a commitment to developing professionalism and to fostering leadership in administrators, faculty, preceptors, staff, and students. Faculty and preceptors serve as mentors and positive role models for students.

9.2. Behaviors – The college or school has policies that define expected behaviors for administrators, faculty, preceptors, staff, and students, along with consequences for deviation from those behaviors.

9.3. Culture of collaboration – The college or school develops and fosters a culture of collaboration within subunits of the college or school, as well as within and outside the university, to advance its vision, mission, and goals, and to support the profession.

Subsection IIB: Educational Program for the Doctor of Pharmacy Degree

Standard 10: Curriculum Design, Delivery, and Oversight

The curriculum is designed, delivered, and monitored by faculty to ensure breadth and depth of requisite knowledge and skills, the maturation of professional attitudes and behaviors, and the

opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

Key Elements:

10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.

10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (3) effectively communicate and coordinate efforts with body/bodies responsible for curricular assessment, and (4) are adequately resourced to ensure and continually advance curricular quality.

10.3. Knowledge application – Curricular expectations build on a pre-professional foundation of scientific and liberal studies. The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base that culminates in the demonstrated ability of learners to apply knowledge to practice.

10.4. Skill development – The curriculum is rigorous, contemporary, and intentionally sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the Educational Outcomes articulated in Section I.

10.5. Professional attitudes and behaviors development – The curriculum inculcates professional attitudes and behaviors leading to personal and professional maturity consistent with the Oath of the Pharmacist.

10.6. Faculty and preceptor credentials/expertise – All courses in the curriculum are taught by individuals with academic credentials and expertise that are explicitly linked to their teaching responsibilities.

10.7. Content breadth and depth – Programs document, through mapping or other comparable methods, the breadth and depth of exposure to curricular content areas deemed essential to pharmacy education at the doctoral level (Appendices 1 and 2).

10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.

10.9. Electives – Time is reserved within the core curriculum for elective didactic and experiential education courses that permit exploration of and/or advanced study in areas of professional interest.

10.10. Feedback – The curriculum allows for timely, formative performance feedback to students in both didactic and experiential education courses. Students are also provided the opportunity to give formative and/or summative feedback to faculty, including preceptors, on their perceptions of teaching/learning effectiveness.

10.11. Curriculum review and quality assurance – Curriculum design, delivery, and sequencing are regularly reviewed and, when appropriate, revised by program faculty to ensure optimal achievement of educational outcomes with reasonable student workload expectations.

10.12. Teaching and learning methods – The didactic curriculum is delivered via teaching/learning methods that: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, and (5) are appropriate for the student population (i.e., campus-based vs. distance-based).

10.13. Diverse learners – The didactic curriculum incorporates teaching techniques and strategies that address the diverse learning needs of students.

10.14. Course syllabi – Syllabi for didactic and experiential education courses, developed and updated through a faculty-approved process, contain information that supports curricular quality assurance assessment.

10.15. Experiential quality assurance – A quality assurance procedure for all pharmacy practice experiences is established and implemented to: (1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance.

10.16. Remuneration/employment – Students do not receive payment for participating in curricular pharmacy practice experiences, nor are they placed in the specific practice area within a pharmacy practice site where they are currently employed.³

10.17. Academic integrity* – To ensure the credibility of the degree awarded, the validity of individual student assessments, and the integrity of student work, the college or school ensures that assignments and examinations take place under circumstances that minimize opportunities for academic misconduct. The college or school ensures the correct identity of all students (including distance students) completing proctored assessments.

Standard 11: Interprofessional Education (IPE)

The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

Key Elements:

11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are

³ A professional degree program in an institution that meets the definition of and has an institution-wide commitment to “cooperative education” (Cooperative Education and Internship Association; <http://www.ceiainc.org>) may apply to ACPE for a waiver of this requirement.

introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.

11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.

11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness

Standard 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE) Curriculum

The Pre-APPE curriculum provides a rigorous foundation in the biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, incorporates Introductory Pharmacy Practice Experience (IPPE), and inculcates habits of self-directed lifelong learning to prepare students for Advanced Pharmacy Practice Experience (APPE).

Key Elements:

12.1. Didactic curriculum – The didactic portion of the Pre-APPE curriculum includes rigorous instruction in all sciences that define the profession (see Appendix 1). Appropriate breadth and depth of instruction in these sciences is documented regardless of curricular model employed (e.g., blocked, integrated, traditional ‘stand-alone’ course structure, etc.).

12.2. Development and maturation – The Pre-APPE curriculum allows for the development and maturation of the knowledge, skills, abilities, attitudes, and behaviors that underpin the Educational Outcomes articulated in Standards 1–4 and within Appendices 1 and 2.

12.3. Affective domain elements – Curricular and, if needed, co-curricular activities and experiences are purposely developed and implemented to ensure an array of opportunities for students to document competency in the affective domain-related expectations of Standards 3 and 4. Co-curricular activities complement and advance the learning that occurs within the formal didactic and experiential curriculum.

12.4. Care across the lifespan – The Pre-APPE curriculum provides foundational knowledge and skills that allow for care across the patient’s lifespan.

12.5. IPPE expectations – IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities. IPPEs are structured and sequenced to intentionally develop in students a

clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.

12.6. IPPE duration – IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.

12.7. Simulation for IPPE – Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300 clock hour IPPE requirement.

Standard 13: Advanced Pharmacy Practice Experience (APPE) Curriculum

A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

Key Elements:

13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient (community/ambulatory care) and inpatient (hospital/health system) settings.

13.2. Diverse populations – In the aggregate, APPEs expose students to diverse patient populations as related to age, gender, race/ethnicity, socioeconomic factors (e.g., rural/urban, poverty/affluence), and disease states)

13.3. Interprofessional experiences – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.

13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of 160 hours in each required APPE area. The majority of APPE is focused on direct patient care.

13.5. Timing – APPEs follow successful completion of all IPPE and required didactic curricular content. Required capstone courses or activities that provide opportunity for additional professional growth and insight are allowed during or after completion of APPEs. These activities do not compromise the quality of the APPEs, nor count toward the required 1440 hours of APPE.

13.6. Required APPE – Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.

13.7. Elective APPE – Elective APPEs are structured to give students the opportunity to: (1) mature professionally, (2) secure the breadth and depth of experiences needed to

achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.

13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.

Subsection IIC: Students

Standard 14: Student Services

The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

Key Elements:

14.1. FERPA – The college or school has an ordered, accurate, and secure system of student records in compliance with the Family Educational Rights and Privacy Act (FERPA). Student services personnel and faculty are knowledgeable regarding FERPA law and its practices.

14.2. Financial aid – The college or school provides students with financial aid information and guidance by appropriately trained personnel.

14.3. Healthcare – The college or school offers students access to adequate health and counseling services. Appropriate immunization standards are established, along with the means to ensure that such standards are satisfied.

14.4. Advising – The college or school provides academic advising, curricular and career-pathway counseling, and information on post-graduate education and training opportunities adequate to meet the needs of its students.

14.5. Nondiscrimination – The college or school establishes and implements student service policies that ensure nondiscrimination as defined by state and federal laws and regulations.

14.6. Disability accommodation – The college or school provides accommodations to students with documented disabilities that are determined by the university Disability Office (or equivalent) to be reasonable, and provides support to faculty in accommodating disabled students.

14.7. Student services access* – The college or school offering multiple professional degree programs (e.g., PharmD/MPH) or pathways (campus and distance pathways) ensures that all students have equitable access to a comparable system of individualized student services (e.g., tutorial support, faculty advising, counseling, etc.).

Standard 15: Academic Environment

The college or school develops, implements, and assesses its policies and procedures that promote student success and well-being.

Key elements:

15.1. Student information – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, handbooks, and catalogs.

15.2. Complaints policy – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file complaints within the college or school and also directly to ACPE regarding their college or school's adherence to ACPE standards. The college or school maintains a chronological record of such student complaints, including how each complaint was resolved.

15.3. Student misconduct – The college or school develops and implements policies regarding academic and non-academic misconduct of students that clearly outline the rights and responsibilities of, and ensures due process for, all parties involved.

15.4. Student representation – The college or school considers student perspectives and includes student representation, where appropriate, on committees, in policy-development bodies, and in assessment and evaluation activities.

15.5. Distance learning policies* – For colleges and schools offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance.

Standard 16: Admissions

The college or school develops, implements, and assesses its admission criteria, policies, and procedures to ensure the selection of a qualified and diverse student body into the professional degree program.

Key elements:

16.1. Enrollment management – Student enrollment is managed by college or school administration. Enrollments are in alignment with available physical, educational, financial, faculty, staff, practice site, preceptor, and administrative resources.

16.2. Admission procedures – A duly constituted committee of the college or school has the responsibility and authority for the selection of students to be offered admission. Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool.

16.3. Program description and quality indicators – The college or school produces and makes available to the public, including prospective students: (1) a complete and accurate description of the professional degree program; (2) the program's current accreditation status; and (3) ACPE-required program performance information including on-time graduation rates and most recent NAPLEX first-attempt pass rates.

16.4. Admission criteria – The college or school sets 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. Applicant

performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.

16.5. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.

16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.

16.7. Candidate interviews – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4).

16.8. Transfer and waiver policies – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another.

Standard 17: Progression

The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

Key elements:

17.1. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:

- Academic progression
- Remediation
- Missed course work or credit
- Academic probation
- Academic dismissal
- Dismissal for reasons of misconduct
- Readmission
- Leaves of absence
- Rights to due process
- Appeal mechanisms (including grade appeals)

17.2. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.

Subsection IID: Resources

Standard 18: Faculty and Staff—Quantitative Factors

The college or school has a cohort of faculty and staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

Key Elements:

18.1. Sufficient faculty – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs:

- Teaching (didactic, simulation, and experiential)
- Professional development
- Research and other scholarly activities
- Assessment activities
- College/school and/or university service
- Intraprofessional and interprofessional collaboration
- Student advising and career counseling
- Faculty mentoring
- Professional service
- Community service
- Pharmacy practice
- Responsibilities in other academic programs (if applicable)
- Support of distance students and campus(es) (if applicable)*

18.2. Sufficient staff – The college or school has a sufficient number of staff to effectively address the following programmatic needs:

- Student and academic affairs-related services, including recruitment and admission
- Experiential education
- Assessment activities
- Research administration
- Laboratory maintenance
- Information technology infrastructure
- Pedagogical and educational technology support
- Teaching assistance
- General faculty and administration clerical support
- Support of distance students and campus(es) (if applicable)*

Standard 19: Faculty and Staff—Qualitative Factors

Faculty and staff have academic and professional credentials and expertise commensurate with their responsibilities to the professional program and their academic rank.

Key Elements:

19.1. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.

19.2. Scholarly productivity – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.

19.3. Service commitment – In the aggregate, faculty engage in professional, institutional, and community service that advances the program and the profession of pharmacy.

19.4. Practice understanding – Faculty members, regardless of their discipline, have a conceptual understanding of and commitment to advancing current and proposed future pharmacy practice.

19.5. Faculty/staff development – The college or school provides opportunities for career and professional development of its faculty and staff, individually and collectively, to enhance their role-related skills, scholarly productivity, and leadership.

19.6. Policy application – The college or school ensures that policies and procedures for faculty and staff recruitment, performance review, promotion, tenure (if applicable), and retention are applied in a consistent manner.

Standards 20: Preceptors

The college or school has a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum. Preceptors have professional credentials and expertise commensurate with their responsibilities to the professional program.

Key Elements:

20.1. Preceptor criteria – The college or school makes available and applies quality criteria for preceptor recruitment, orientation, performance, and evaluation. The majority of preceptors for any given student are U.S. licensed pharmacists.

20.2. Student-to-preceptor ratio – Student to precepting pharmacist ratios allow for the individualized mentoring and targeted professional development of learners.

20.3. Preceptor education and development – Preceptors are oriented to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college or school fosters the professional development of its preceptors commensurate with their educational responsibilities to the program.

20.4. Preceptor engagement – The college or school solicits the active involvement of preceptors in the continuous quality improvement of the educational program, especially the experiential component.

20.5. Experiential education administration – The experiential education component of the curriculum is led by a pharmacy professional with knowledge and experience in experiential learning. The experiential education program is supported by an appropriate number of qualified faculty and staff.

Standard 21: Physical Facilities and Educational Resources

The college or school has adequate and appropriately equipped physical and educational facilities to achieve its mission and goals.

Key Elements:

21.1. Physical facilities – The college or school’s physical facilities (or the access to other facilities) meet legal and safety standards, utilize current educational technology, and are clean and well maintained.

21.2. Physical facilities’ attributes – The college or school’s physical facilities also include adequate:

- Faculty office space with sufficient privacy to permit accomplishment of responsibilities
- Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators
- Classrooms that comfortably accommodate the student body and that are equipped to allow for the use of required technology
- Laboratories suitable for skills practice, demonstration, and competency evaluation
- Access to educational simulation capabilities
- Faculty research laboratories with well-maintained equipment including research support services within the college or school and the university
- Animal facilities that meet care regulations (if applicable)
- Individual and group student study space and student meeting facilities

21.3. Educational resource access – The college or school makes available technological access to current scientific literature and other academic and educational resources by students, faculty, and preceptors.

21.4 Librarian expertise access – The college or school has access to librarian resources with the expertise needed to work with students, faculty, and preceptors on effective literature and database search and retrieval strategies.

Standard 22: Practice Facilities

The college or school has the appropriate number and mix of facilities in which required and elective practice experiences are conducted to accommodate all students. Practice sites are appropriately licensed and selected based on quality criteria to ensure the effective and timely delivery of the experiential component of the curriculum.

Key Elements:

22.1. Quality criteria – The college or school employs quality criteria for practice facility recruitment and selection, as well as setting forth expectations and evaluation based on student opportunity to achieve the required Educational Outcomes as articulated in Standards 1–4.

22.2. Affiliation agreements – The college or school secures and maintains signed affiliation agreements with the practice facilities it utilizes for the experiential component of the curriculum. At a minimum, each affiliation agreement ensures that all experiences are conducted in accordance with state and federal laws.

22.3. Evaluation – Practice sites are regularly evaluated. Quality enhancement initiatives and processes are established, as needed, to improve student learning outcomes.

Standard 23: Financial Resources

The college or school has current and anticipated financial resources to support the stability of the educational program and accomplish its mission, goals, and strategic plan.

Key Elements:

23.1. Enrollment support – The college or school ensures that student enrollment is commensurate with resources.

23.2. Budgetary input – The college or school provides input into the development and operation of a budget that is planned, executed, and managed in accordance with sound and accepted business practices.

23.3. Revenue allocation – Tuition and fees for pharmacy students are not increased to support other educational programs if it compromises the quality of the professional program.

23.4. Equitable allocation – The college or school ensures that funds are sufficient to maintain equitable facilities (commensurate with services and activities) across all program pathways.

SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS

In the spirit of continuous quality improvement and transparency, colleges and schools evaluate and report to constituents the extent to which they meet their programmatic goals. Insights gained from the valid and reliable assessment of outcomes related to mission, strategic planning, educational programs, and other key institutional initiatives are channeled into constructive change to enhance programmatic quality.

Standard 24: Assessment Elements for Section I: Educational Outcomes

The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

Key Elements:

24.1. Formative and summative assessment – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.

24.2. Standardized and comparative assessments – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons.

24.3. Student achievement and readiness – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:

- Enter advanced pharmacy practice experiences
- Provide direct patient care in a variety of healthcare settings
- Contribute as a member of an interprofessional collaborative patient care team

24.4. Continuous improvement – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.

Standard 25: Assessment Elements for Section II: Structure and Process

The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

Specific Key Elements:

25.1. Assessment of organizational effectiveness – The college or school's assessment plan is designed to provide insight into the effectiveness of the organizational structure in engaging and uniting constituents and positioning the college or school for success through purposeful planning.

25.2. Program evaluation by stakeholders – The assessment plan includes the use of data from AACP standardized surveys of graduating students, faculty, preceptors, and alumni.

25.3. Curriculum assessment and improvement – The college or school systematically assesses its curricular structure, content, organization, and outcomes. The college or school documents the use of assessment data for continuous improvement of the curriculum and its delivery.

25.4. Faculty productivity assessment – The college or school systematically assesses the productivity of its faculty in scholarship, teaching effectiveness, and professional and community service.

25.5. Pathway comparability* – The assessment plan includes a variety of assessments that will allow comparison and establishment of educational parity of alternative program pathways to degree completion, including geographically dispersed campuses and online or distance learning-based programs.

25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.

25.7. Clinical reasoning skills – Evidence-based clinical reasoning skills, the ability to apply these skills across the patient's lifespan, and the retention of knowledge that underpins these skills, are regularly assessed throughout the curriculum.

25.8. APPE preparedness – The Pre-APPE curriculum leads to a defined level of competence in professional knowledge, knowledge application, patient and population-based care, medication therapy management skills, and the attitudes important to success in the advanced experiential program. Competence in these areas is assessed prior to the first APPE.

25.9. Admission criteria – The college or school regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified and diverse student body, members of which have the potential for academic success and the ability to practice in team-centered and culturally diverse environments.

Appendix 1 Required Elements of the Didactic Doctor of Pharmacy Curriculum⁴

The following didactic content areas and associated learning expectations are viewed as central to a contemporary, high-quality pharmacy education and are incorporated at an appropriate breadth and depth in the required didactic Doctor of Pharmacy curriculum. Where noted, content areas may be addressed in the pre-professional curriculum (i.e., as requirements for admission). Required content areas may be delivered within individual or integrated courses, and may involve multiple disciplines.

This appendix was purposely written at the level of broad learning outcomes. It was constructed to provide statements of concepts and understandings essential for pharmacists to master, rather than a list of required topics to cover in the didactic curriculum. The goal is to ensure that critical areas of learning are included in the curricula of all programs without dictating how the lessons are structured, organized, or delivered.

The clear expectation embedded within Appendix 1 is that students will develop the comprehensive knowledge base required to be ‘practice ready’ and that they will be able to retain, recall, build upon, and apply that knowledge to deliver quality patient care in a variety of entry-level practice settings.

NOTE: The topics under each Science category are organized in alphabetical order.

Biomedical Sciences (may be addressed in the pre-professional curriculum)

Biochemistry

- Structure, properties, biological functions, applicable kinetics, and metabolic fate of macromolecules essential to life (proteins, lipids, carbohydrates, and nucleic acids). Application of these concepts to identify endogenous targets for drug therapy and rational drug design strategies.

Biostatistics

- Appropriate use of commonly employed statistical tests, management of data sets, and the evaluation of the validity of conclusions generated based on the application of those tests to the data sets.

Human Anatomy

- Structure of major human body systems at the cellular, tissue, organ, and system level.

Human Physiology

- Homeostatic function and normal response reactions across the lifespan of non-diseased human cells, organs, and systems.

Immunology

- Human immune system components, innate and adaptive immune responses to infection, injury and disease, and augmentation of the human immune system to prevent disease.

⁴ Revised Appendix B from Standards 2007.

Medical Microbiology

- Structure, function, and properties of microorganisms (bacteria, viruses, parasites, and fungi) responsible for human disease, and rational approaches to their containment or eradication.

Pathology/Pathophysiology

- Basic principles, mechanisms, functional changes and metabolic sequelae of human disease impacting cells, organs, and systems.

Pharmaceutical Sciences

Clinical Chemistry

- Application of clinical laboratory data to disease state management, including screening, diagnosis, progression, and treatment evaluation.

Extemporaneous Compounding

- Preparation of sterile and non-sterile prescriptions which are pharmaceutically accurate regarding drug product and dose, free from contamination, and appropriately formulated for safe and effective patient use. Analysis of the scientific principles and quality standards upon which these compounding requirements are based.

Medicinal Chemistry

- Chemical basis of drug action and behavior in vivo and in vitro, with an emphasis on pharmacophore recognition and the application of physicochemical properties, structure-activity relationships, intermolecular drug-receptor interactions and metabolism to therapeutic decision-making.

Pharmaceutical Calculations

- Mastery of mathematical skills required to accurately prepare prescriptions (including extemporaneously compounded dosage forms) that are therapeutically sound and safe for patient use. Calculation of patient-specific nutritional and drug dosing/delivery requirements.

Pharmaceutics/Biopharmaceutics

- Physicochemical properties of drugs, excipients, and dosage forms important to the rational design and manufacture of sterile and non-sterile products. Application of physical chemistry and dosage form science to drug stability, delivery, release, disposition, pharmacokinetics, therapeutic effectiveness, and the development of quality standards for drug products.

Pharmacogenomics/genetics

- Genetic basis for disease and individual differences in metabolizing enzymes, transporters, and other biochemicals impacting drug disposition and action that underpin the practice of personalized medicine.

Pharmacokinetics

- Mathematical determination of the rate of drug movement from one therapeutic or physiologic compartment to another. Application of physicochemical and kinetic principles and parameters to therapeutically important issues, such as drug delivery, disposition, therapeutic effectiveness, and beneficial or adverse interactions in general and specific populations.

Pharmacology

- Pharmacodynamics, mechanisms of therapeutic and adverse drug actions and interactions, lifespan-dependent variations in physiology or biochemistry that impact drug action and effectiveness, and application of these principles to therapeutic decision-making.

Toxicology

- Pharmacodynamics, mechanisms, prevention, and treatment of the toxic effects of drugs and poisons, including poisons associated with bioterrorism.

Social/Administrative/Behavioral Sciences

Cultural Awareness

- Exploration of the potential impact of cultural values, beliefs, and practices on patient care outcomes.

Ethics

- Exploration of approaches for resolving ethical dilemmas in patient care, with an emphasis on moral responsibility and the ability to critically evaluate viable options against the needs of patients and other key stakeholders.

Healthcare Systems

- Examination of U.S. health systems and contemporary reimbursement models in which patient-centered and/or population-based care is provided and paid for, and how social, political, economic, organizational, and cultural factors influence providers' ability to ensure patient safety and deliver coordinated interprofessional care services.

History of Pharmacy

- Exploration of the evolution of pharmacy as a distinct profession, the transition from a focus on the drug to a focus on the patient and the drug (including pharmacist-provided patient care), and major milestones and contributors in the evolution of pharmacy.

Pharmacoeconomics

- Application of economic principles and theories to the provision of cost-effective pharmacy products and services that optimize patient-care outcomes, particularly in situations where healthcare resources are limited.

Pharmacoepidemiology

- Cause-and-effect patterns of health and disease in large populations that advance safe and effective drug use and positive care outcomes within those populations.

Pharmacy Law and Regulatory Affairs

- Federal and appropriate state-specific statutes, regulations, policies, executive orders, and court decisions that regulate the practice of pharmacy, including the mitigation of prescription drug abuse and diversion.

Practice Management

- Application of sound management principles (including operations, information, resource, fiscal, and personnel) and quality metrics to advance patient care and service delivery within and between various practice settings.

Professional Communication

- Analysis and practice of verbal, non-verbal, and written communication strategies that promote effective interpersonal dialog and understanding to advance specific patient care, education, advocacy, and/or interprofessional collaboration goals. Exploration of technology-based communication tools and their impact on healthcare delivery, healthcare information, and patient empowerment.

Professional Development/Social and Behavioral Aspects of Practice

- Development of professional self-awareness, capabilities, responsibilities, and leadership. Analysis of contemporary practice roles and innovative opportunities, and inculcation of professional attitudes, behaviors, and dispositions.

Research Design

- Evaluation of research methods and protocol design required to conduct valid and reliable studies to test hypotheses or answer research questions, and to appropriately evaluate the validity and reliability of the conclusions of published research studies.

Clinical Sciences

Clinical Pharmacokinetics

- Application of basic pharmacokinetic principles and mathematical models to calculate safe and effective doses of drugs for individual patients, and adjust therapy as appropriate through the monitoring of drug concentration in biological fluids.

Health Informatics

- Effective and secure design and use of electronic and other technology-based systems, including electronic health records, to capture, store, retrieve, and analyze data for use in patient care, and confidentially/legally share health information in accordance with federal policies.

Health Information Retrieval and Evaluation

- Critical analysis and application of relevant health sciences literature and other information resources to answer specific patient-care and/or drug-related questions and provide evidence-based therapeutic recommendations to healthcare providers or, when appropriate, the public.

Medication Dispensing, Distribution and Administration

- Preparation, dispensing and administration of prescriptions, identification and prevention of medication errors and interactions, maintaining and using patient profile systems and

prescription processing technology and/or equipment, and ensuring patient safety. Educating about appropriate medication use and administration.

Natural Products and Alternative and Complementary Therapies

- Evidence-based evaluation of the therapeutic value, safety, and regulation of pharmacologically active natural products and dietary supplements. Cultural practices commonly selected by practitioners and/or patients for use in the promotion of health and wellness, and their potential impact on pharmacotherapy.

Patient Assessment

- Evaluation of patient function and dysfunction through the performance of tests and assessments leading to objective (e.g., physical assessment, health screening, and lab data interpretation) and subjective (patient interview) data important to the provision of care.

Patient Safety

- Analysis of the systems- and human-associated causes of medication errors, exploration of strategies designed to reduce/eliminate them, and evaluation of available and evolving error-reporting mechanisms.

Pharmacotherapy

- Evidence-based clinical decision making, therapeutic treatment planning, and medication therapy management strategy development for patients with specific diseases and conditions that complicate care and/or put patients at high risk for adverse events. Emphasis on patient safety, clinical efficacy, pharmacogenomic and pharmacoeconomic considerations, and treatment of patients across the lifespan.

Public Health

- Exploration of population health management strategies, national and community-based public health programs, and implementation of activities that advance public health and wellness, as well as provide an avenue through which students earn certificates in immunization delivery and other public health-focused skills.

Self-Care Pharmacotherapy

- Therapeutic needs assessment, including the need for triage to other health professionals, drug product recommendation/selection, and counseling of patients on non-prescription drug products, non-pharmacologic treatments and health/wellness strategies.

Appendix 2 Expectations within the APPE Curriculum

Builds on IPPE. APPE follows IPPE, which is designed to progressively develop the professional insights and skills necessary to advance into responsibilities in APPE. Colleges and schools use a variety of IPPE delivery mechanisms to ensure students are ready to meet the expectations of APPE. IPPE involves interaction with practitioners and patients to advance patient welfare in authentic practice settings, and provides exposure to both medication distribution systems and high-quality, interprofessional, team-based patient care.

APPE curriculum. APPE ensures that students have multiple opportunities to perform patient-centered care and other activities in a variety of settings. Experiences are in-depth, structured, and comprehensive in the aggregate, and carefully coordinated with other components of the PharmD curriculum. Collectively, APPE hones the practice skills, professional judgment, behaviors, attitudes and values, confidence, and sense of personal and professional responsibility required for each student to practice independently and collaboratively in an interprofessional, team-based care environment.

Learning outcomes. General and experience-specific learning outcomes are established for all APPEs. Learning outcomes identify the competencies to be achieved, expected patient populations (if applicable), level of student responsibility, and the setting needed for the outcomes to be met. Learning outcomes for each experience are mapped to the professional practice competencies outlined in the Standards, as well as to any additional competencies developed by the school or college.

Assessment. Colleges and schools assess student achievement of APPE competencies within their assessment plans using reliable, validated assessments. Formative feedback related to specific performance criteria is provided to students throughout the experience. At a minimum, performance competence is documented midway through the experience and at its completion.

Learning activities. The APPE curriculum, in the aggregate, includes but is not limited to: (1) direct patient care, (2) interprofessional interaction and practice, (3) medication dispensing, distribution, administration, and systems management, and (4) professional development. Examples of possible activities within these broad areas are listed in the Guidance document.

Interprofessional interaction. The need for interprofessional interaction is paramount to successful treatment of patients. Colleges and schools provide pharmacy students the opportunity to gain interprofessional skills using a variety of mechanisms including face-to-face interactions in clinical settings or in real-time telephonic or video-linked interactions. Regardless of the methods used, students demonstrate those interprofessional skills articulated in Standard 11.

Direct patient care focus. The majority of student time in APPE is focused on the provision of direct patient care to both inpatients and outpatients. APPE is of sufficient length to permit continuity of care of individual patients and documentation of achievement of competencies associated with the APPE curriculum.

Practice settings. Students demonstrate competence within four main practice types: community, ambulatory care, general medicine, and health system pharmacy. Colleges and

schools draft competency statements for each type of setting along with appropriate assessment plans.

Ambulatory care. Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community.⁵ The ambulatory care setting involves interprofessional communication and collaboration to provide acute and chronic patient care that can be accomplished outside the inpatient setting.

Blended environments. The literature documents that the demarcations between various types of pharmacy practice are blurring. A specific APPE may involve skill-development activities in more than one of the four required practice settings (i.e., the 'blending' of two or more of the four required practice types within one APPE). In addition, 'longitudinal' experiences may exist where students participate in more than one of the four required APPEs within the same institution (i.e., taking a general medicine APPE, an ambulatory care APPE, and a health system pharmacy APPE in the same hospital). The key is that a college or school documents how its APPE program is balanced between the four required practice areas and how all program outcomes, student performance competencies, and ACPE standards are met.

Elective APPE. Elective rotations allow students to explore areas of professional interest and/or expand their understanding of professional opportunities. Elective APPE may include a maximum of two experiences without a patient care focus.

⁵ www.bpsweb.org/specialties/AmbulatoryCarePharmacy.cfm

Appendix 3 Required Documentation for Standards and Key Elements 2016

To provide evidence of achievement of the standards and key elements, colleges and schools provide, at a minimum, the following outcomes data and documentation. Many of these documents are embedded within the *Assessment and Accreditation Management System* (AAMS) system (co-developed and managed by the American Association of Colleges of Pharmacy and ACPE), while others are created by individual colleges and schools to be shared with ACPE at appropriate times during the quality improvement process (e.g., within self-study submissions or during site visits). As noted below, an individual document may be used for multiple standards. Colleges and schools are encouraged to develop additional documentation processes to meet their mission-specific quality assurance needs.

Standard 1 – Foundational Knowledge

- Student academic performance throughout the program (e.g., progression rates, academic probation rates, attrition rates)
- Annual performance of students nearing completion of the didactic curriculum on the Pharmacy Curriculum Outcomes Assessment (PCOA) - an assessment of knowledge of the essential content areas identified in Appendix 1
- Performance of graduates (passing rate) on NAPLEX
- Performance of graduates in the various NAPLEX competency areas
- Performance of graduates on Multistate Pharmacy Jurisprudence Examination (MPJE) and/or other state required law examination

Standard 2 – Essentials for Practice and Care

- Outcome data from assessments summarizing overall student achievement of relevant didactic, IPPE, and APPE learning objectives

Standard 3 – Approach to Practice and Care

- Examples of student participation in Interprofessional Education activities (didactic, simulation, experiential)
- Outcome data from assessments summarizing overall student achievement of relevant didactic, IPPE, and APPE learning objectives
- Outcome data from assessments summarizing overall student participation in Interprofessional Education activities
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standard 3
- Outcome data from assessments of student achievement of problem-solving and critical thinking capabilities
- Outcome data from assessments of students' ability to communicate professionally, advocate for patients, and educate others
- Outcome data from assessments of students' demonstration of cultural awareness and sensitivity.

Standard 4 – Personal and Professional Development

- Outcome data from assessments summarizing students' overall achievement of relevant didactic, IPPE, and APPE learning objectives
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standard 4

- Outcome data from assessments summarizing students' overall achievement of professionalism, leadership, self-awareness, and creative thinking expectations
- Description of tools utilized to capture students' reflections on personal/professional growth and development
- Description of processes by which students are guided to develop a commitment to continuous professional development and to self-directed lifelong learning

Standard 5 – Eligibility and Reporting Requirements

- Legal authority to offer/award the Doctor of Pharmacy degree
- Documents verifying institutional accreditation
- Accreditation reports identifying deficiencies (if applicable)
- University organizational chart
- Description of level of autonomy of the college or school

Standard 6 – College or School Vision, Mission, and Goals

- Vision, mission, and goal statements (college, school, parent institution, department/division)
- Outcome data from assessments summarizing the extent to which the college or school is achieving its vision, mission, and goals

Standard 7 – Strategic Plan

- Strategic planning documents, including a description of the process through which the strategic plan was developed.
- Outcome data from assessments summarizing the implementation of the strategic plan

Standard 8 - Organization and Governance

- Curriculum vitae of the dean and others on the administrative leadership team
- Organization chart of the college or school
- Responsibilities of dean and other administrative leadership team members
- Faculty governance documents (by-laws, policies, procedures, etc.)
- List of committees and designated charges
- Evidence of faculty participation in university governance
- Policies and procedures related to system failures, data security and backup, and contingency planning
- Outcome data from assessments (e.g., AACP faculty, preceptor, graduating student and alumni surveys) summarizing the effectiveness of the organizational structure and governance

Standard 9 – Organizational Culture

- Policies describing expectations of faculty, administrators, students, and staff behaviors
- Examples of intra/interprofessional and intra/interdisciplinary collaboration
- Affiliation agreements for purposes of research, teaching, or service (if applicable)
- Outcome data from AACP faculty and graduating student surveys related to collaboration, morale, professionalism, etc.

Standard 10 - Curriculum Design, Delivery, and Oversight

- Description of curricular and degree requirements, including elective didactic and experiential expectations
- All required and elective didactic and experiential course syllabi
- Mapping of required curricular content and experiential education expectations to individual courses
- Curriculum vitae of faculty teaching within the curriculum
- A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments

- List of Curriculum Committee (or equivalent) members with position/affiliation within college/school
- List of charges, assignments, and accomplishments of Curriculum Committee over the last 1–3 years
- Examples of tools (e.g., portfolios) used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development
- Sample documents used by faculty, preceptors, and students to evaluate learning experiences and provide formative and/or summative feedback
- Policies related to academic integrity
- Policies related to experiential learning that ensures compliance with Key Element 10.15
- Examples of instructional methods used by faculty and the extent of their employment to:
 - Actively engage learners
 - Integrate and reinforce content across the curriculum
 - Provide opportunity for mastery of skills
 - Instruct within the experiential learning program
 - Stimulate higher-order thinking, problem-solving, and clinical-reasoning skills
 - Foster self-directed lifelong learning skills and attitudes
 - Address/accommodate diverse learning styles
 - Incorporate meaningful interprofessional learning opportunities

Standard 11 - Interprofessional Education (IPE)

- Vision, mission, and goal statements related to IPE
- Statements addressing IPE and practice contained within student handbooks and/or catalogs
- Relevant syllabi for required and elective didactic and experiential education courses that incorporate elements of IPE to document that concepts are reinforced throughout the curriculum and that IPE-related skills are practiced at appropriate times during pre-APPE
- Student IPPE and APPE evaluation data documenting extent of exposure to interprofessional, team-based patient care
- Outcome data from assessments summarizing students' overall achievement of expected interprofessional educational outcomes in the pre-APPE and APPE curriculum

Standard 12 - Pre-APPE Curriculum

- Description of curricular and degree requirements, including elective didactic and experiential expectations
- A tabular display of courses, faculty members assigned to each course and their role, and credentials supporting the teaching assignments
- Curriculum maps documenting breadth and depth of coverage of Appendix 1 content and learning expectations in the professional (and, if appropriate, preprofessional) curriculum
- Examples of curricular and co-curricular experiences made available to students to document developing competence in affective domain-related expectations of Standards 3 and 4
- Outcome data from assessments of student preparedness to progress to APPE (e.g., comprehensive assessments of knowledge, skills, and competencies)
- Description of the IPPE learning program and its goals, objectives, and time requirements
- List of simulation activities and hours counted within the IPPE 300 hour requirement
- IPPE course syllabi including general and rotation-specific learning objectives and extent of IPE exposure

- IPPE student and preceptor manuals
- IPPE student and preceptor assessment tools
- IPPE preceptor recruitment and training manuals and/or programs
- List of active preceptors with credentials and practice site
- Outcome data from assessments summarizing overall student achievement of Pre-APPE educational outcomes

Standard 13 – APPE Curriculum

- Overview of APPE curriculum (duration, types of required and elective rotations, etc.)
- APPE course syllabi including general and experience-specific learning objectives
- APPE student and preceptor manuals
- APPE student and preceptor assessment tools
- Preceptor recruitment and training manuals and/or programs
- List of active preceptors with credentials and practice site
- Student APPE evaluation data documenting extent of exposure to diverse patient populations and interprofessional, team-based patient care
- Outcome data from assessments summarizing students' overall achievement of APPE educational outcomes

Standard 14 - Student Services

- Organizational chart depicting Student Services unit and responsible administrators
- Synopsis of curriculum vitae of Students Services administrative officer(s) and staff
- Student Handbook and/or Catalog (college, school or university), and copies of additional information distributed to students regarding student service elements (financial aid, health insurance, etc.)
- Copies of policies that ensure nondiscrimination and access to allowed disability accommodations
- Results from AACCP graduating student survey
- Student feedback on the college/school's self-study

Standard 15 - Academic Environment

- Student Handbook and/or Catalog (college, school, or university), and copies of additional information distributed to students regarding the academic environment
- URL or link to program information on college or school's website
- Copy of student complaint policy related to college or school adherence to ACPE standards
- Number and nature of student complaints related to college or school adherence to ACPE standards (inspection of the file by evaluation teams during site visits)
- List of committees involving students with names and professional years of current student members
- College or school's code of conduct (or equivalent) addressing professional behavior

Standard 16 – Admissions

- Organizational chart depicting Admissions unit and responsible administrator(s)
- Enrollment data for the past five years by year; and by branch campus or pathway (if applicable)
- Enrollment projections for the next five years
- Pharmacy College Aptitude Test (PCAT) scores (mean, maximum, and minimum), if required, for the past three admitted classes
- GPA scores (mean, maximum, and minimum) for preprofessional coursework for the past three admitted classes
- GPA scores (mean, maximum, and minimum) for preprofessional science courses for the past three admitted classes

- Comparisons of PCAT scores and preprofessional GPAs with peer schools for last admitted three admitted classes
- List of admission committee members with name and affiliation
- Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies
- Professional and technical standards for school, college, and/or university (if applicable)
- List of preprofessional requirements for admission into the professional program
- Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication
- Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions
- Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

Standard 17 – Progression

- Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals
- Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression
- Student progression and academic dismissal data for the last three admitted classes
- Correlation analysis of admission variables and academic performance

Standard 18 – Faculty and Staff – Quantitative Factors

- Organizational chart depicting all full-time faculty by department/division
- List of full-time staff in each department/division and areas of responsibility
- ACPE documents (e.g., resource report) related to number of full-time and part-time faculty
- List of faculty turnover for the past five years by department/division with reasons for departure
- Description of coursework mapped to full-time and part-time faculty teaching in each course
- Results from AACF faculty survey regarding adequacy of quantitative strength of faculty and staff

Standard 19 – Faculty and Staff – Qualitative Factors

- Curriculum vitae of faculty and professional staff
- List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.
- Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty
- Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention
- Faculty Handbook
- Data from AACF faculty survey regarding qualitative faculty factors

Standard 20 - Preceptors

- List of active preceptors with credentials and practice site
- Number, percentage of required APPE precepted by non-pharmacists categorized by type of experience.
- Description of practice sites (location, type of practice, student/preceptor ratios)
- Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention

- Examples of instruments used by preceptors to assess student performance
- Curriculum vitae of administrator(s) responsible for overseeing the experiential education component of the curriculum
- Description of the structure, organization and administrative support of the Experiential Education office (or equivalent)
- Results from AACP preceptor surveys

Standard 21 – Physical Facilities and Educational Resources

- Floor plans for college or school's facilities and descriptions of the use(s) of available space
- Description of shared space and how such space promotes interprofessional interaction
- Analysis of the quantity and quality of space available to the program and plans to address identified inadequacies.
- Documentation of Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) or other nationally recognized accreditation of animal care facilities, if applicable
- Results from AACP faculty, alumni, and graduating student surveys related to facilities
- Description of educational resources available to faculty, preceptors, and students (library, internet access, etc.)

Standard 22 – Practice Facilities

- Description of practice sites (location, type of practice, student:preceptor ratios) and involvement in IPPE, APPE, or both
- Policies and procedures related to site selection, recruitment, and assessment
- Examples of quality improvements made to improve student learning outcomes as a result of site/facility assessment
- Examples of affiliation agreements between college/school and practice sites (all agreements will be reviewed during site visits)
- ACPE IPPE and APPE Capacity Charts

Standard 23 – Financial Resources

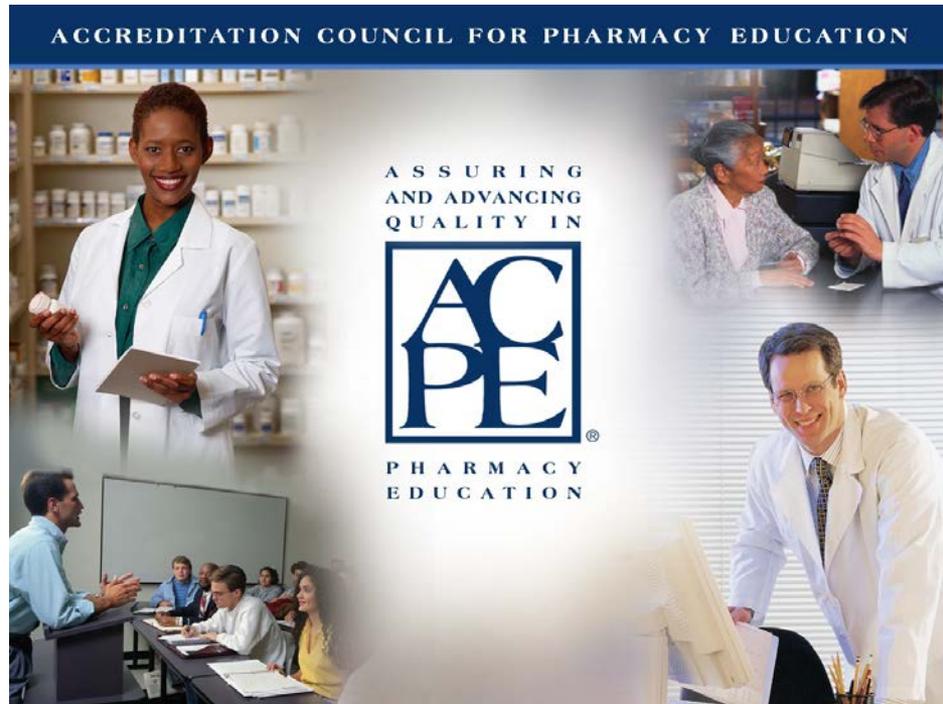
- Detailed budget plan as defined by AACP (previous, current, and subsequent years)
- Description of college or school's budgetary processes
- In-state and out-of-state tuition compared to peer schools
- Results from AACP faculty survey regarding adequacy of financial resources

Standard 24 – Assessment Elements for Section I

- College or school's curriculum assessment plan(s)
- Description of formative and summative assessments of student learning and professional development used by college or school
- Description of standardized and comparative assessments of student learning and professional development used by college or school
- Description of how the college or school uses information generated within the curriculum assessment plan(s) to advance quality within its Doctor of Pharmacy program

Standard 25 – Assessment Elements for Section II

- College or school's program assessment plan(s)
- Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality



Update on ACPE PharmD *Standards 2016*

**Peter H. Vlasses, PharmD, DSc (Hon), BCPS, FCCP
Executive Director, ACPE**

**California State Board of Pharmacy
Sacramento, CA, September 10, 2015**



Pharmacy Practice in the Future?



Medical Homes?

**Team-based
Care?**



**Electronic health
records?**

**Accountable Care
Organizations ?**



Pay for Performance?

**Pharmacy Quality
Measures?**





Advancing Quality in Pharmacy Education:
Charting Accreditation's Future

September 12-14, 2012 • Atlanta, GA

Invited Stakeholder Organizations

- Academy of Managed Care Pharmacy
- American College of Apothecaries
- American College of Clinical Pharmacy
- American Society of Consultant Pharmacists
- American Pharmacists Association Academy of Student Pharmacists
- American Society of Health-System Pharmacists
- Association of Black Health-System Pharmacists
- Board of Pharmacy Specialties
- Commission on Credentialing (ASHP)
- Community Pharmacy Foundation
- National Alliance of State Pharmacy Associations
- National Association of Chain Drug Stores
- National Community Pharmacists Association
- National Pharmaceutical Association
- Pharmacy Quality Alliance
- Pharmacy Technician Certification Board
- University HealthSystem Consortium



Standards Revision Subcommittee

- **Robert S. Beardsley, PhD**
Co-chair, Standards Revision Subcommittee
Professor, Pharmaceutical Health Services Research, University of Maryland School of Pharmacy
Past President, ACPE Board of Directors
- **Jeffrey W. Wadelin, PhD**
Co-chair, Standards Revision Subcommittee
Associate Executive Director, ACPE
- **J. Gregory Boyer, PhD**
Assistant Executive Director
Director, Professional Degree Program Accreditation, ACPE
- **Bruce R. Canaday, PharmD**
Dean, St. Louis College of Pharmacy
ACPE President
- **Anthony Provenzano, PharmD**
Vice President, Pharmacy Compliance and Government Affairs, New Albertson's, Inc.
- **Victoria F. Roche, PhD**
Professor and Senior Associate Dean, Creighton University School of Pharmacy and Health Professions
- **Peter H. Vlases, PharmD**
Executive Director, ACPE



***Standards 2016* ensure that accredited programs prepare graduates to:**

- Enter advanced pharmacy practice experiences (APPE-ready)
- Provide direct patient care in a variety of healthcare settings (Practice-ready)
- Contribute as a member of an interprofessional collaborative patient care team (Team-ready)

Messages heard at the 2012 Invitational Conference



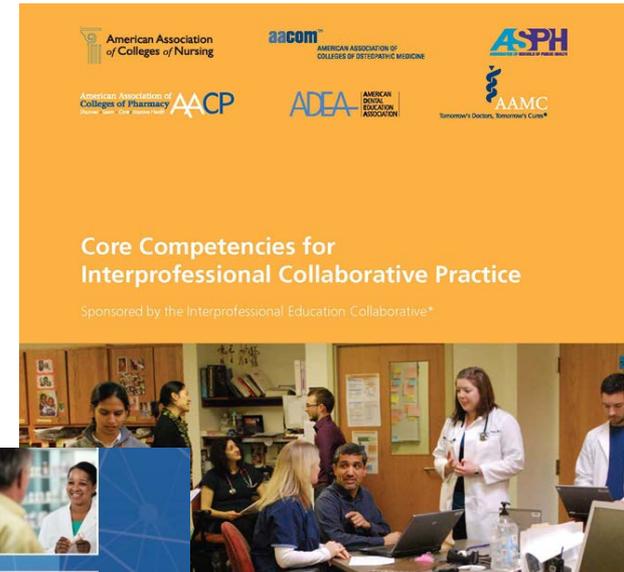
Standards 2016 Reflect

cape Center for the Advancement of
Pharmacy Education

JCPP Vision for Pharmacists' Practice 2020

Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.

-- Adopted January 2014



Pharmacists' Patient Care Process

May 29, 2014

THE LANCET

EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY: A GLOBAL INDEPENDENT COMMISSION

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk*, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afq Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurofyk

Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence due to acceleration of flows of knowledge, technologies, and financing across borders.

Executive summary
Problem statement
100 years ago, a series of studies about the education of health professionals, led by the 1910 Flexner report, sparked groundbreaking reforms. Through integration

© 2014

LANCET 2016; 376: 1929-58
Published Online
November 29, 2010
DOI:10.1016/S0140-6736(10)61854-5



Implementation Timeline

January 2014

Draft Standards 2016 Released

Throughout 2014

Solicit comments on the proposed draft; Address feedback and refine Draft Standards

January 2015

ACPE Board approved *Standards 2016*

July 1, 2016

Standards 2016 become effective for all pharmacy degree programs

Fall 2016

Programs assessed using *Standards 2016*



Profession-wide Input Into Final *Standards 2016*

- Received comments from numerous individuals and pharmacy organizations (e.g., survey, open hearings)
- All comments were considered by ACPE
 - The vast majority of comments have been adopted
 - In some cases, resolution of conflicting feedback required a Board decision
- Stakeholder feedback on *Draft Standards 2016* was valuable and served to improve and refine the final Standards



What are the major differences in *Standards 2016*?

- *Standards 2016* represent evolutionary change rather than revolutionary change. Key differences include:
 - Format
 - Philosophy and Emphasis
 - Importance of Assessment
 - Organization of Standards
 - Organization of Guidance



Standards vs. Guidance

- S2016 include 25 standards, required (key) elements, assessment elements and required documentation
- Guidance was developed to support Colleges and Schools to enhance the quality of the PharmD program and includes suggested strategies, additional examples and other information to facilitate meeting the standards.
- Most suggested feedback was included in the Standards or Guidance documents



Standards 2016

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION



ACCREDITATION STANDARDS AND KEY ELEMENTS FOR THE
PROFESSIONAL PROGRAM IN PHARMACY LEADING TO
THE DOCTOR OF PHARMACY DEGREE

("STANDARDS 2016")

APPROVED January 25, 2015

RELEASED February 2, 2015

Accreditation Council for Pharmacy Education
Chicago, Illinois
© 2015

Guidance for S2016

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION



GUIDANCE FOR THE ACCREDITATION STANDARDS
AND KEY ELEMENTS FOR THE PROFESSIONAL PROGRAM IN
PHARMACY LEADING TO THE DOCTOR OF PHARMACY DEGREE

("GUIDANCE FOR STANDARDS 2016")

APPROVED January 25, 2015

RELEASED February 2, 2015

Accreditation Council for Pharmacy Education
Chicago, Illinois
© 2015



Key Differences Between *Standards 2007 and Standards 2016*

- Based upon new CAPE* outcomes
 - Foundational Knowledge
 - Essentials for Practice and Care
 - Approach to Practice and Care
 - Personal and Professional Development
- Educational outcomes deemed essential to contemporary practice, interprofessional collaboration, professional accountability

* **cape** Center for the Advancement of
Pharmacy Education





The PharmD Degree

KNOW

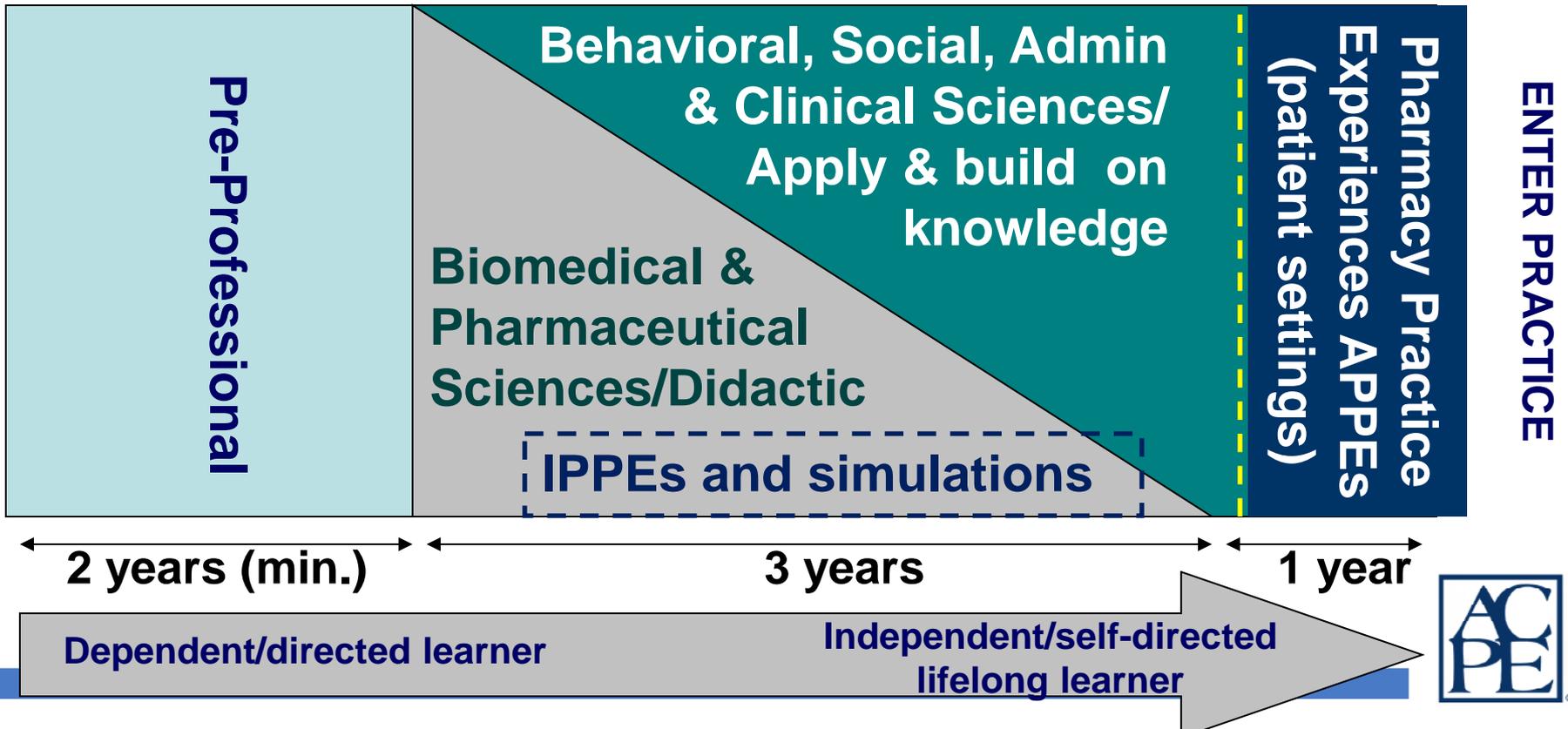


DO



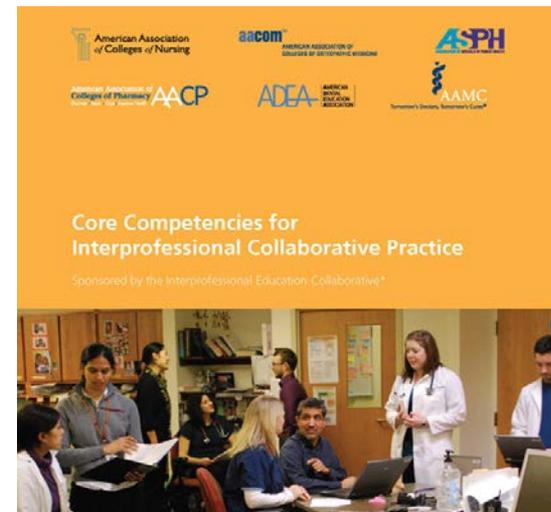
BE

Knowledge +++++ Skills +++++ Attitudes/Behavior



Key Differences Between *Standards 2007 and Standards 2016*

- IPE elevated to a new standard (Standard 11)
“The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.”
- Focuses on IPEC competencies
 - Values/Ethics of IPCP
 - Roles/Responsibilities
 - Interprofessional communication
 - Team and teamwork

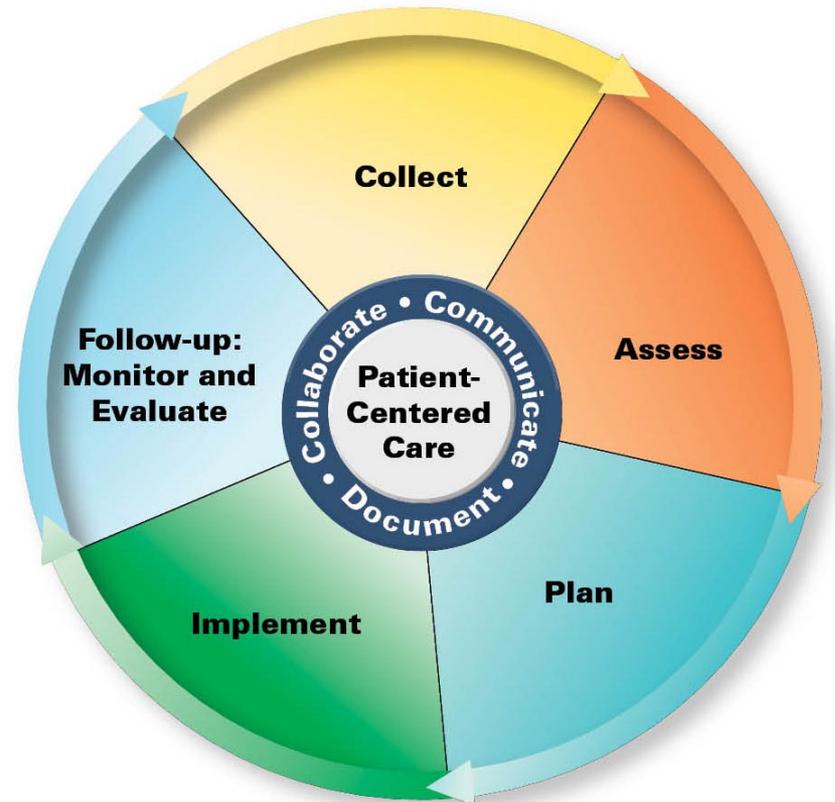


Pharmacists' Patient Care Process

- Approved by JCPP organizations in May 2014
- Supported by 13 national pharmacy organizations



Pharmacists' Patient Care Process
May 29, 2014



Pharmacists' Patient Care Process

- Comments on Draft S2016 provided by several organizations (APhA, ACCCP, ASHP) encouraged greater emphasis on the *Pharmacists' Patient Care Process*
 - Final Standards:
 - Additional discussion has been added to the Standards and the Guidance documents
 - Example: **Key Element 10.8** addresses the need to prepare students "...to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process model* endorse by the Joint Commission of Pharmacy Practitioners".



Key Differences Between *Standards 2007 and Standards 2016*

- Experiential learning expectations
 - Four main APPE areas remain the same
 - Ambulatory care expanding
 - Blended environments allowed
 - Longitudinal experiences allowed
- Reliance on competency development and assessment of student achievement
- Separate standard for preceptors



Community/Ambulatory Care Draft S2016 Feedback

- Provide greater clarity around the term “community/ambulatory care” (APhA, ASHP)
 - Final Standards: Key areas for required APPE maintained in four practice settings:
 - community pharmacy
 - ambulatory patient care
 - hospital/health system pharmacy
 - inpatient general medicine patient care



Community/Ambulatory Care Draft S2016 Feedback (cont.)

Final Standards:

- Enhanced description of ambulatory care experience in Appendix 2: “Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. The ambulatory care setting involves interprofessional communication and collaboration to provide acute and chronic patient care that can be accomplished outside the inpatient setting.”



Key Differences Between *Standards 2007 and Standards 2016*

- Pharmacy Curriculum Outcomes Assessment (PCOA) requirement
 - Evaluate science foundation of curriculum; based on Appendix 1 of S2016
 - Provide basis for evaluating comparability of different curriculum models and structures
 - Required of all students at end of didactic portion of curriculum
 - NABP will provide without charge
 - Requirement begins spring 2016



S2016 Appendix 1 – Required Elements in Didactic Curriculum

- **Biomedical Sciences** – biochemistry, biostatistics, human anatomy, human physiology, immunology, medical microbiology, pathology/pathophysiology
- **Pharmaceutical Sciences** - clinical chemistry, extemporaneous compounding, medical chemistry, pharmaceutical calculations, pharmaceuticals/biopharmaceuticals, pharmacogenomics/genetics, pharmacokinetics, pharmacology, toxicology



S2016 Appendix 1 (cont.)

- **Social/Administrative/Behavioral Sciences** - cultural awareness, ethics, healthcare systems, history of pharmacy, pharmacoeconomics, pharmacoepidemiology, pharmacy law and regulatory affairs, practice management, professional communication, professional development/ social and behavioral aspects of practice, research design
- **Clinical Sciences** - clinical pharmacokinetics, health informatics, health information retrieval and evaluation, medication dispensing, distribution and administration, natural products and alternative and complementary therapies, patient assessment, patient safety, pharmacotherapy, public health, self-care pharmacotherapy



Other Key Differences Between *Standards 2007* and *Standards 2016*

- Emphasis on self-directed learning
- Research and scholarship by all faculty
- Enhanced admission expectations
- Updated appendices

ACPE Assistance and Tools to Prepare for Transition to *S2016*

- Offer educational sessions, webinars, workshops, and individual consultations
- Update AAMS – Version 2.0
- Revise required surveys
- Conduct training of ACPE Board, staff, and site team visitors on *Standards 2016*

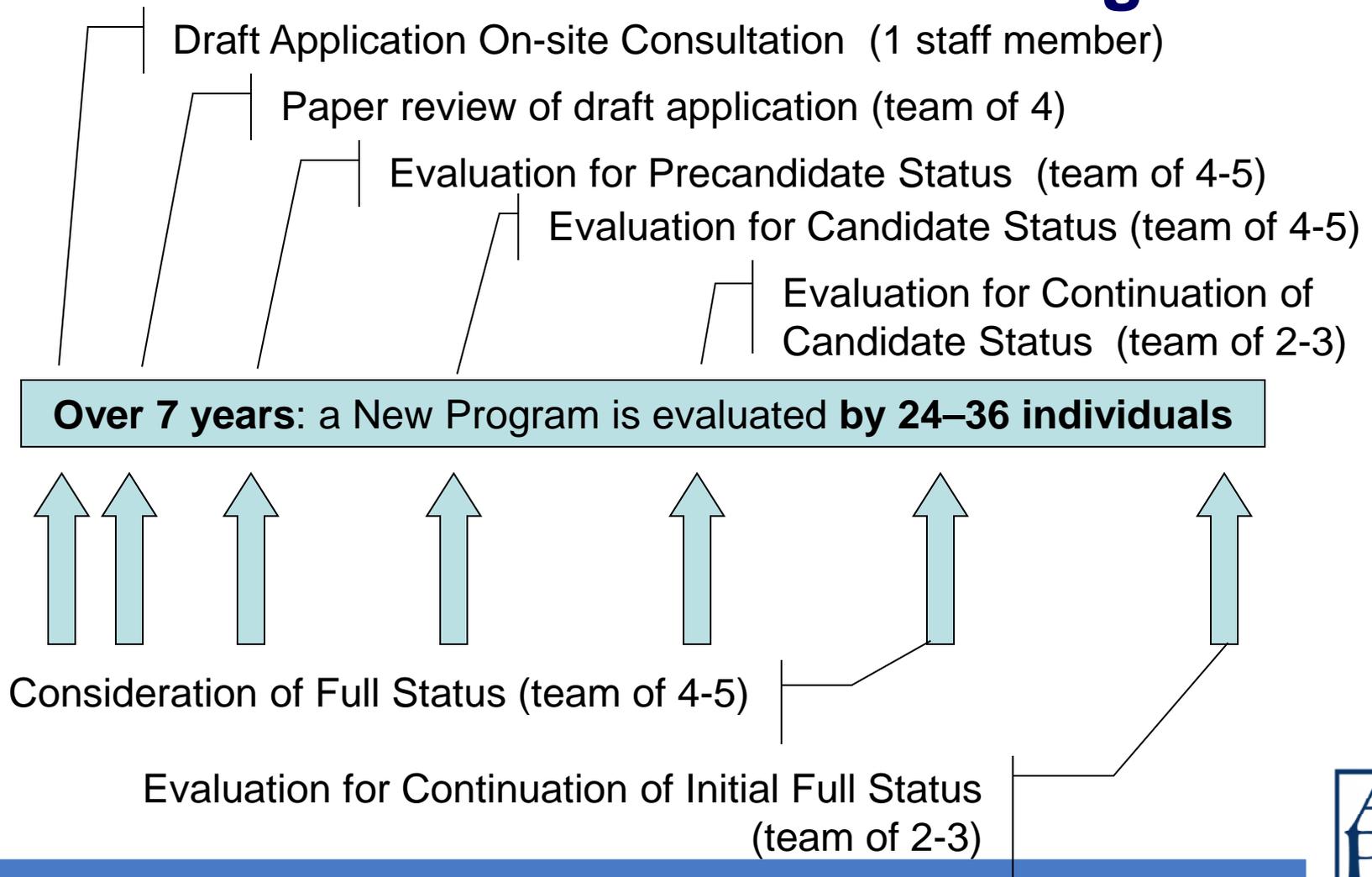


Professional Degree Program Accreditation: Possible Stages

- Pre-Accreditation
 - Pre-candidate (before students enrolled)
 - Candidate (students enrolled, but no graduates yet)
- Accreditation (only possible after program has graduates)



Required Evaluations & On-site Visits for ACPE Accreditation of New Programs



Continuing Pharmacy Education

- ACPE will conduct an Invitational Stakeholder Conference “*CPE 40 Years Later – Current and Future Opportunities and Challenges in Continuing Pharmacy Education*” October 29-30, 2015, Chicago, IL
- Pre-meeting survey
- Panelists
- Workshops
- Recommendations



ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ASSURING
AND ADVANCING
QUALITY IN



PHARMACY
EDUCATION



Attachment 6



nabp
National Association of Boards of Pharmacy
1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

TO: DEANS – SCHOOLS AND COLLEGES OF PHARMACY
FROM: Carmen A. Catizone, Executive Director/Secretary
DATE: June 23, 2015
RE: Forthcoming Information Regarding 2016 PCOA Registration and Administration

As part of the National Association of Boards of Pharmacy[®]'s (NABP[®]) continued commitment to partner with the schools and colleges of pharmacy to ensure the effective implementation of the Pharmacy Curriculum Outcomes Assessment[®] (PCOA[®]), the Association will soon be providing several sources of information regarding the registration and administration process. There will be changes in the 2016 registration and administration process to accommodate the increase in participating schools due to the new Accreditation Council for Pharmacy Education (ACPE) requirement, and to ensure that the PCOA administrations remain streamlined. This memo outlines the materials that will be provided to the schools and colleges in the next few months in preparation for the 2016 PCOA testing windows.

As detailed in NABP's February 3, 2015 memo regarding the PCOA requirement included in the *ACPE Standards 2016*, NABP will provide the PCOA at no cost for all students nearing the completion of their didactic curriculum. Please note that students in this group qualify to take the assessment one time at no cost. If the school/college chooses to schedule a second administration for students that already completed the PCOA at no cost, the current fee of \$75 per student will apply. If schools and colleges administer the PCOA to students other than those nearing the completion of their didactic curriculum, the current fee of \$75 per student will apply. The school/college is responsible for providing the testing facility, meeting the technical requirements for computer-based testing, and ensuring that all students have the appropriate hardware for the assessment. Please refer to the NABP website for current facility and technical guidelines.

The 2016 PCOA registration deadlines and administration windows will be available under PCOA in the Programs section of the NABP website by August 2015.

Comprehensive Information Packet

In late August, NABP will send the schools and colleges of pharmacy a comprehensive information packet. This resource is intended to lead administrators through the PCOA process from start to finish, as well as provide background information on the assessment. Key information will include:

- *PCOA Registration Form for Schools and Colleges of Pharmacy*
- *PCOA Registration Guide for Schools and Colleges of Pharmacy*: The guide will include instructions for registering the school/college for the PCOA; verifying the eligibility of students to take the PCOA; and obtaining, analyzing, and using score reports; among other topics.
- *PCOA Informational Flyer* (for students): The flyer will provide an overview of the PCOA and basic information that can be provided to students about registration. This flyer will also be provided electronically to schools/colleges for distribution to students. Please note that students will be required to establish an e-Profile in the NABP online system in order to be included on the school/college administration roster.

The aforementioned documents will also be available in the PCOA section of the NABP website.

If you have any questions regarding the information in this memo, please contact Lori Schumacher, PCOA manager, or Maria Incrocci, competency assessment senior manager, at PCOA@nabp.net or 847/391-4400.

cc: NABP Executive Committee

Executive Officers – State Boards of Pharmacy

Peter H. Vlasses, Accreditation Council for Pharmacy Education

Lucinda L. Maine, American Association of Colleges of Pharmacy

Attachment 7

California State Board of Pharmacy CPJE Statistics 4/1/15-9/30/15

The charts below display data for all candidates who took the CPJE examination between 4/1/15 – 9/30/15, inclusive.

The board also displays NAPLEX scores associated with any candidate who took the CPJE during this six-month period and was reported to the board, regardless of when the NAPLEX may have been taken (it could have occurred outside the six-month reporting period noted above). Typically, the board reports CPJE performance data at six-month intervals.

Overall Pass Rates

CPJE

		Frequency	Percent
	F	263	15.3
	P	1453	84.7
	Total	1716	100.0

NAPLEX

		Frequency	Percent
	F	59	3.6
	P	1601	96.4
	Total	1660	100.0

Location of School

CPJE

			JPE		JPE Total	NAPLEX		NAPLEX Total
			Fail	Pass		Fail	Pass	
School	California	Count	67	839	906	23	872	895
		%	7.4	92.6	100.0	2.6	97.4	100.0
	Other US	Count	171	550	721	24	654	678
		%	23.7	76.3	100.0	3.5	96.5	100.0
	Foreign	Count	25	62	87	12	73	85
		%	28.7	71.3	100.0	14.1	85.9	100.0
	Unclassified	Count	0	2	2	0	2	2
		%	0.0	100.0	100.0	0.0	100.0	100.0
Total		Count	263	1453	1716	59	1601	1660
			15.3	84.7	100.0	3.6	96.4	100.0

Gender

			JPE pass fail status		JPE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
gender	F	Count	175	972	1147	41	1070	1111
		%	15.3	84.7	100.0	3.7	96.3	100.0
	M	Count	88	481	569	18	531	549
		%	15.5	84.5	100.0	3.3	96.7	100.0
Total		Count	263	1453	1716	59	1601	1660
		within PF	15.3	84.7	100.0	3.6	96.4	100.0

Degree

			JPE pass fail status		JPE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
degree awarded	BS Pharmacy	Count	28	63	91	13	73	86
		%	30.8	69.2	100.0	15.1	84.9	100.0
	Pharm D.	Count	235	1390	1625	46	1528	1574
		%	14.5	85.5	100.0	2.9	97.1	100.0
Total		Count	263	1453	1716	59	1601	1660
		%	15.3	84.7	100.0	3.6	96.4	100.0

California Schools

			JPE pass fail status		JPE Total	NAPLEX pass fail status		NAPLEX Total
			Fail	Pass		Fail	Pass	
school	UCSF	Count	11	94	105	1	102	103
		%	10.5	89.5	100.0	1.0	99.0	100.0
	UOP	Count	15	184	199	8	190	198
		%	7.5	92.5	100.0	4.0	96.0	100.0
	USC	Count	6	167	173	2	168	170
		%	3.5	96.5	100.0	1.2	98.8	100.0
	Western	Count	12	117	129	5	121	126
		%	9.3	90.7	100.0	4.0	96.0	100.0
	Loma Linda	Count	4	64	68	2	65	67
		%	5.9	94.1	100.0	3.0	97.0	100.0
	UCSD	Count	1	46	47	1	46	47
		%	2.1	97.9	100.0	2.1	97.9	100.0
	Touro	Count	9	89	98	1	97	98
		%	9.2	90.8	100.0	1.0	99.0	100.0
	Cal Northstate	Count	9	78	87	3	83	86
		%	10.3	89.7	100.0	3.5	96.5	100.0
Total		Count	67	839	906	23	872	895
		%	7.4	92.6	100.0	2.6	97.4	100.0

US Schools of Pharmacy

	Pass/Fail		Total
	F	P	
Auburn	0	3	3
Samford	0	2	2
U of AZ	1	5	6
U of AR	0	3	3
UCSF	11	94	105
U of Pacific	15	184	199
USC	6	167	173
U of CO	2	11	13
U of Conn	0	1	1
Howard DC	5	3	8
U of FL	3	8	11
Mercer	0	3	3
Idaho SU	1	3	4
U of IL Chi	4	9	13
Butler U	1	5	6
Purdue	3	5	8
U of IA	0	1	1
U of KS	0	3	3
NE LA U	0	1	1
Xavier	0	2	2
U of MD	2	22	24
MA Col Pharm	11	20	31
NE-MA	3	8	11
Ferris	1	2	3
U of MI	2	7	9
U of MN	3	12	15
U of MS	1	0	1
St. Louis Col of PH	2	10	12
UMKC	2	1	3
Creighton	3	10	13
Rutgers	4	3	7
U of NM	3	5	8
Western	12	117	129
Midwestern U Chicago	5	25	30

	Pass/Fail		Total
	F	P	
A&M			
Schwartz	2	6	8
St. Johns	2	8	10
SUNY-Buff	0	4	4
Union U	4	12	16
UNC	0	8	8
OH Nrthrn U	0	4	4
OH State U	2	8	10
U of Cinn	0	2	2
U of Toledo	0	1	1
SW OK State	0	2	2
U of OK	1	2	3
OR State U	2	6	8
Duquesne	0	4	4
PhI C of Pharm	3	11	14
Temple	1	6	7
U of Pitt	1	0	1
U of RI	1	0	1
Med U of SC	1	3	4
U of SC	1	1	2
SD SU	0	2	2
U of TN	1	3	4
TX SO U	2	0	2
U of Hous	1	2	3
U of TX	0	1	1
U of UT	2	3	5
Med C of VA	1	0	1
U of WA	1	7	8
WA State U	3	4	7
WV U	1	0	1
U of WI-Mad	2	4	6
U of WY	1	4	5
Campbell U	0	1	1
Nova			
Southeastern	4	2	6

	Pass/Fail		Total
	F	P	
Wilkes University	0	2	2
Bernard J Dunn	1	2	3
Midwestern AZ	6	29	35
Nevada College of Pharm	9	58	67
Loma Linda U	4	64	68
UCSD	1	46	47
MA School of Pharm - Worcester	9	26	35
Palm Beach Atlantic University	1	1	2
Lake Erie Col	0	13	13
Touro U	9	89	98
South U School of Pharm	1	1	2
Pac U of Or	3	12	15
Wingate U	2	2	4
U of Findlay	0	1	1
U of Incarnate Word	2	0	2
Sullivan U	3	5	8
Cal Northstate	9	78	87
Unclassified	0	2	2
Other/FG	25	62	87
U of HI - Hilo	7	14	21
NE Ohio Universities	1	3	4
U of GA	0	3	3

	Pass/Fail		Total
	F	P	
Thomas Jefferson U	0	6	6
Belmont U	0	2	2
Harding U	0	3	3
Lipscomb U	0	4	4
Chicago St U	4	4	8
U of New England	2	12	14
Regis University	1	2	3
Notre Dame of MD	1	0	1
Rosalind Franklin U	2	2	4
U of Saint Joseph	1	0	1
Touro New York	2	10	12
Husson U	0	1	1
Hampton U (VA)	2	0	2
Texas Tech	2	1	3
U of PR	0	1	1
Drake	1	0	1
ND SU	0	2	2
U of NE	0	2	2
Western NE U	0	3	3
St. John Fisher	0	1	1
Presbyterian	1	2	3
South College	0	1	1
U of the Sciences	1	0	1
Roosevelt U	0	2	2
U of Charleston	2	3	5
Total	263	1453	1716

Country

		Pass/Fail		Total
		F	P	
country	Canada	0	4	4
	China	0	2	2
	Columbia	1	0	1
	Egypt	9	20	29
	Fiji	0	1	1
	India	7	4	11
	Iraq	2	1	3
	Iran	0	3	3
	Jordan	0	4	4
	Kenya	0	1	1
	N. Korea	0	1	1
	S. Korea	0	4	4
	Lebanon	0	2	2
	Morocco	0	1	1
	Philippines	3	8	11
	Romania	1	0	1
	Russia	1	0	1
	Saudi Arabia	0	1	1
	Sweden	0	2	2
	Serbia	1	1	2
	Syria	0	1	1
	Ukranian	0	2	2
	United Kingdom	0	1	1
	United States	238	1389	1627
Total		263	1453	1716

Attachment 8



Review of Pharmacy Licensure

Carolyn Klein
September 2015

Relevant Statutes

Business and Professions Code Sections:

- 4001.1 – Public Protection shall be the highest priority for the board
- 4110 – License from the board is required to operate pharmacy
- 4111 – Prescriber ownership prohibition
- 4201 – Application requirements
- 4207 – Board required to make a thorough investigation of an applicant

What We Need To Know

Who will own the permit?

We want ownership information all the way to the top.

Who will operate the business?

Pharmacist-in-Charge

Where is the money coming from?

Identify the source of the funding for the pharmacy and provide documentation.

Hint – Less is *Not* More

Provide the board with documentation that supports the information contained in the application.

Board's Website

www.pharmacy.ca.gov

The screenshot shows the website for the California State Board of Pharmacy. The browser address bar displays <http://www.pharmacy.ca.gov/applicants/index>. The page header includes the logo for the Department of Consumer Affairs and the California State Board of Pharmacy. A navigation menu contains the following items: Home, Licenses, Applicants, Consumers, Publications, Online Services, Laws and Regulations, and About the Board. The 'Applicants' item is circled in red. Below the navigation menu, there are links for Personal Licenses, Site Licenses, Appeal the Denial of a License, Applications and Forms, and Exam Information. The main content area is titled 'Apply for a License' and contains instructions for selecting a license type, links for contact information, and a fee schedule. A 'QUICK HITS' sidebar on the left lists various services like 'Verify a License' and 'Change of Address/Name'. A 'CONTACT US' section at the bottom left provides the board's address and contact information.

DEPARTMENT OF CONSUMER AFFAIRS
CALIFORNIA STATE BOARD OF PHARMACY

Skip to: [Content](#) | [Footer](#) | [Accessibility](#)

Search GO
 This Site California

Home Licenses Applicants Consumers Publications Online Services Laws and Regulations About the Board

Personal Licenses | Site Licenses | Appeal the Denial of a License | Applications and Forms | Exam Information

CALIFORNIA STATE BOARD OF PHARMACY

Apply for a License

Please select the license type you wish to apply for to download the application and instructions.
For questions regarding a specific application, please [contact us](#).

To inquire about the status of an application, please [contact us](#).
[Fee Schedule](#)

PERSONAL LICENSES

Attention Applicants:
[Information for Military Personnel and Their Spouses/Domestic Partners](#)
[National Practitioner Data Bank \(NPDB\) Practitioner Self-Query Service](#)

Effective October 1, 2007, the Department of Justice and FBI changed the fees for fingerprint background checks. The fees are detailed below.
DOJ \$32
FBI \$17

If you are an out of state applicant who is unable to submit fingerprints via LiveScan, please submit two professionally rolled fingerprint cards along with a check for \$49.00 made payable to the California State Board of Pharmacy.

- [Designated Representative \(Exemptee\) - Wholesaler/Non-Resident Wholesaler \(PDF\) \(definition\)](#)
- [Designated Representative \(Exemptee\) - Vet Food-Animal Drug Retailer \(PDF\) \(definition\)](#)

QUICK HITS

- [Verify a License](#)
- [Change of Address/Name](#)
- [License Renewal](#)
- [File a Complaint](#)
- [Board Meetings](#)
- [Enforcement Actions](#)
- [Contact Us](#)
- [Newsletter - The Script](#)
- [Medicare Part D Info](#)
- [What's New](#)

CONTACT US

1625 N Market Blvd, N219
Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618

Application Instructions



California State Board of Pharmacy

1625 N. Market Blvd., N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8617
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

REQUIREMENTS FOR FILING A COMMUNITY PHARMACY APPLICATION

IMPORTANT: Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. If the number of forms provided is not sufficient, please make photocopies. You will be notified of any major deficiencies in your application. Please allow approximately 60 days from the time your application packet is complete before calling the Board of Pharmacy.

Any forms that have been previously submitted with another application will not be pulled from the file. You must complete and submit all of the requested information.

If you would like notification that the board has received your application, please submit a stamped postcard addressed to yourself.

SUMMARY OF CHECKLIST

Section A	Requirements for all applicants except government owned, Indian tribe owned, or change of location. Note: All pharmacy change of ownership applications will be considered for temporary permits. Whenever a change of ownership occurs, either a temporary permit will be pursued or operation must stop. In addition to the regular items required for this application, a \$325 temporary permit fee must also be submitted.
Section B	Forms required for an applicant who is filing as an individual owner
Section C	Forms required for an applicant whose ownership is a partnership
Section D	Forms required for an applicant who is filing as a corporation
Section E	Forms required for an applicant who is filing as a limited liability company
Section F own	Requirements for state, city or county owned pharmacy and city or county ed jail pharmacies
Section G	Requirements for Native American tribe owned pharmacy
Section H	Requirements for non-Native American owned but operating on tribal lands
Section I	Requirements for change of location only (no ownership change)

Application Instructions

CHECKLIST FOR FILING A COMMUNITY PHARMACY APPLICATION

Section A All Applicants

- 1. Application (17A-4) and the non-refundable processing fee of \$520.
- 2. Ownership form
 - a. Corporation OR Limited Liability Company (17A-33)
OR
 - b. Partnership or Individual (17A-34)
- 3. Financial Affidavit in Support of Application (17A-2)
(NOTE - *Not needed for a change of location or non-profit organization*)
AND
- 4. Approved wholesale credit application or wholesale agreement
(NOTE - *Not needed for a non-profit organization*)
- 5. Copy of the lease agreement
- 6. Seller's Certification for a Pharmacy (17A-8) (If applicable)
This is only required for an application for a change of ownership and it must be submitted by the prospective owner(s).

Section B Individual Owner who is not incorporated

In addition to items listed in Section A, the following must be submitted:

- 1. Certification of Personnel (17A-11)
- 2. Individual Personal Affidavit (17A-27)
- 3. Individual Financial Affidavit (17A-26)
- 4. Copy of *Request for Live Scan Service Form* verifying that your fingerprints have been scanned and all applicable fees have been paid. Please refer to fingerprint instructions on page 7.
- 5. Certification of Personnel (17A-11) for the pharmacist-in-charge

Application Requirements

What to Submit:

- Application Form I7A-4
- Processing Fee (\$520)
- Ownership Form(s) I7A-33, I7A-33a
 - Based on ownership type – report all the way to the top
- Financial Affidavit in Support of Application
- Approved Wholesale Credit Application
- Copy of Lease or Deed

- Sellers Certification (for changes in ownership applications)
 - Temporary Fee (\$325) - optional

Application Requirements

Personal Information for Owners/Officers:

- Certification of Personnel
- Individual Personal Affidavit
- Individual Financial Affidavit
- Completed Live Scan form

Application Requirements

Ownership Information:

Partnership

- Partnership Agreement if individuals
- Corporation or LLC information for business partners

Corporations

- Articles of Incorporation
- Bylaws
- Statement of Information or Equivalent Filing
- Copy of 10K / List of Top 5 Shareholders

LLC

- Articles of Organization
- Statement of Information
- LLC Operating Agreement

Application Requirements

Other Information Required:

- Bank Statements
- Stock Certificate(s) + Copy of Stock Ledger
- Purchase Agreement (Changes of Ownership)

Any time a notary is required – the form specifies the requirement.

Application Document



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

COMMUNITY PHARMACY PERMIT APPLICATION

Please print or type ALL BLANKS MUST BE COMPLETED; IF NOT APPLICABLE, ENTER N/A

Name of Pharmacy:		Pharmacy Telephone Number ()	
Address of Pharmacy:	Street and Number	City	State Zip Code
Indicate type of pharmacy practice: (check all that apply)			
<input type="checkbox"/> Retail		<input type="checkbox"/> Home Health Care	
<input type="checkbox"/> Mail Order		<input type="checkbox"/> Skilled Nursing Facility	
<input type="checkbox"/> Nuclear		<input type="checkbox"/> Board & Care	
Indicate whether this application is for:			
<input type="checkbox"/> New pharmacy		<input type="checkbox"/> Change of Location of an existing pharmacy	
		<input type="checkbox"/> Change of Ownership of an existing pharmacy	
If this is a change of ownership or change of location , indicate previous name, address and license number of pharmacy.			
Date of proposed change of ownership or location _____			
Please indicate type of ownership:			
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Not-for-profit		<input type="checkbox"/> Government owned	
Will this pharmacy dispense replacement contact lenses to patients?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
By your affirmative answer above, your pharmacy name will be provided to the California Medical Board and you will be in compliance with section 4124 of the California Business and Professions Code.			

CONTINUE ON REVERSE

FOR OFFICE USE ONLY		
STAFF REVIEW		CASHIER LOG
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Financial Aff	Cashier # _____
<input type="checkbox"/> Partnership agreement	<input type="checkbox"/> Stock certificate	Date _____
<input type="checkbox"/> Seller's certificate	<input type="checkbox"/> By-laws	Amount of fee _____
<input type="checkbox"/> Whse agreement	<input type="checkbox"/> Lease	
Approved _____	Denied _____	
Date _____		

Application Document

Premises leased/rented <input type="checkbox"/>		Premises owned <input type="checkbox"/>	
If the premises are leased/rented, are they leased/rented from a person who is licensed in California to prescribe?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Name of lessor/rentor or owner	Address	City/State/Zip	Telephone number ()
Name of lessee or renter	Address	City/State/Zip	Telephone number ()
Monthly Rental \$	Expiration date of lease:		
A copy of the lease agreement <u>must</u> accompany this application.			

Anticipated first day of business:	
Name and address of pharmacist-in-charge	Pharmacist license number
Name and telephone number of contact person to clarify information provided on this application ()	e-mail address

PLEASE READ CAREFULLY

This application must be approved by the California State Board of Pharmacy before a pharmacy permit will be issued. If changes are made during the application process, you may need to submit a new application with the appropriate fees. **Any application not completed within 60 days of receipt may be deemed withdrawn by the Board of Pharmacy. Fees applied to this application are not transferable and are not refundable.**

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of a license, and is a violation of the Penal Code of California. All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

The information will be used to determine qualifications for licensure under California Pharmacy Law. The officer responsible for information maintenance is the executive officer, (916) 574-7900, 1625 N. Market Blvd., Suite N219, Sacramento, CA 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.3 of the Civil Code.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

CONTINUE ON NEXT PAGE

Application Document

Certification of Applicant

ALL OWNERS AND OFFICERS MUST SIGN BELOW

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says that: (1) he/she is the owner or an officer of the applicant corporation named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) no person other than the applicant or applicants has any direct or indirect interest in the applicant(s) business to be conducted under the license(s) for which this application is made; (4) all supplemental statements are true and accurate; and (5) the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Board of Pharmacy.

_____ Signature of corporate officer, partner or owner	_____ Name (please print)	_____ Title	_____ Date
_____ Signature of corporate officer, partner or owner	_____ Name (please print)	_____ Title	_____ Date
_____ Signature of corporate officer, partner or owner	_____ Name (please print)	_____ Title	_____ Date
_____ Signature of corporate officer, partner or owner	_____ Name (please print)	_____ Title	_____ Date
_____ Signature of corporate officer, partner or owner	_____ Name (please print)	_____ Title	_____ Date

17A-4 (Rev. 1/12)

Corporate Ownership Forms

Depending on the type of ownership, submit the appropriate form.

- Partnership or Individual Ownership Information (17A-34)
- Corporation Ownership Information (17A-33)
- Parent Corporation or LLC Ownership Information (17A-33a)

Subsidiaries?



California State Board of Pharmacy
 1625 N. Market Blvd., Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

Corporation Ownership Information

Please print or type

All blanks must be completed; if not applicable, enter N/A

Name of parent corporation:				Telephone number	
Address of parent corporation:				City	State
				Number and Street	Zip Code
Name of applicant premises:					
Address of applicant premises:					
		Number and Street	City	State	Zip Code
Is the applicant corporation a subsidiary? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, name of parent corporation _____ . This parent corporation must complete a Parent Corporation or Limited Liability Company Ownership information form. Attach a diagram of the corporate structure showing the subsidiaries.					

A. Corporate Officers/Directors (Top 5 of each.)

Under the heading "Licensed as" list any state professional or vocational licenses held; e.g., pharmacist, physician, podiatrist, dentist or veterinarian, etc., and the license number (if applicable). Non-profit organizations must list the names and titles of persons holding corporate positions.

Title	Name	Residence address & telephone number	Licensed as, license no. and state(s)



Financial Information

Financial Affidavit in Support of Application

- Financial information about the business
- Wholesaler Information

Individual Financial Affidavit

- Details an individual's financial investment in the business

Financial Affidavit / Business



California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Financial Affidavit in Support of Application

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, (916) 574-7900, 1625 N. Market Blvd, Suite N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by section 1798.3 of the Civil Code.

Please print or type All blanks must be completed; if not applicable, enter N/A

Name of Corporation, Partnership or Individual Owner:				
Address of Corporation, Partnership or Individual Owner:				
Name of Pharmacy, Hospital, Wholesaler, etc:				
Premises Address:	Number and Street	City	Zip Code	Telephone Number:

Indicate what part of the total investment will be in cash, and from what source(s) it will be or has been derived. **Please attach documentation.** \$ _____

Source: _____

List all other sources of funding for the pharmacy and how it will be paid. Provide the name, address, telephone number and amount. Use additional sheets if necessary. \$ _____

Source: _____

If the pharmacy is franchised, list the name of franchisor:

Source of Funding

Financial Affidavit / Business (cont)

Who will be the **primary** wholesaler for dangerous drugs and/or dangerous devices? Please attach a photocopy of the **approved** application filed with the wholesaler.

Name of primary Wholesaler		Telephone number	
Address of Wholesaler	Number & Street	City	State Zip Code

Who will be the **secondary** wholesaler for dangerous drugs and/or dangerous devices? Please attach a photocopy of the **approved** application filed with the wholesaler.

Name of secondary Wholesaler		Telephone number	
Address of Wholesaler	Number & Street	City	State Zip Code

Wholesale Information

Business Bank Name & Address (list all accounts for the pharmacy)	Telephone Number	Account Number	Balance of Account

Please submit a copy of most recent bank statement for each bank account listed above.

Bank Accounts

List all individuals authorized to sign on business bank account.

Signature	Name (please print)	Title

Name of bookkeeper/accountant for applicant premises:	Telephone Number ()
Address of bookkeeper/accountant:	Number and Street City State Zip Code

Estimated annual gross sales \$ _____	Estimated annual purchases \$ _____
---------------------------------------	-------------------------------------



Financial Affidavit / Business (cont)

All items of information requested on this form are mandatory. Failure to provide any of the requested information will result in the application being deemed withdrawn as incomplete. This information will be used to determine qualifications for licensure under California pharmacy law. The officer responsible for information maintenance is the executive officer, telephone (916) 574-7900, 1625 N. Market Blvd., Suite N219, Sacramento, CA 95834. This information may be transferred to another governmental agency, such as a law enforcement agency, if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by Civil Code section 1798.3.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing certification of personnel form, including all supplementary statements, and I personally completed this certification of personnel form.

I also certify that I have read and understand the rules of professional conduct and have retained a copy on file.

Signature

Date

Individual Financial Affidavit



California State Board of Pharmacy
 1625 N. Market Blvd., Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

Individual Financial Affidavit

Please print or type **All blanks must be completed; if not applicable, enter N/A**

Full Name: Last	First	Middle	Telephone number
			()
Residence Address	Number and Street	City	State Zip Code
Premises Address	Number and Street	City	State Zip Code Telephone number
You must indicate <u>one or more</u> of the following:			
<input type="checkbox"/> I am making a contribution: total amount \$ _____ cash amount \$ _____ <input type="checkbox"/> I am contributing labor/expertise only valued at: \$ _____ <input type="checkbox"/> I am receiving a loan: total amount \$ _____ (please attach copy of loan agreement) <input type="checkbox"/> I am making a loan: total amount \$ _____ (please attach copy of loan agreement) <input type="checkbox"/> I am not making a contribution in any form.			

SOURCE OF FUNDS USED TO FINANCE BUSINESS

INSTRUCTIONS: Fully explain the source of your financial contributions (e.g. stock/bonds, real estate). If cash funds are from savings, indicate where the money was or is kept. If the source is from the sale of property, indicate what was sold, the address (if real estate), the name and address of the buyer, and the net proceeds from the sale. If a loan is involved, show the date, amount, terms, security, name and address of the lender. Describe any other sources of funds such as inheritances or gifts. Documentation may be requested.

SAVINGS (Please use additional sheets if necessary)

	ITEM 1	ITEM 2
Financial Institution(s)		
Address		
Amount		
Account Number		
Source of savings		

CHECKING (Please use additional sheets if necessary)

	ITEM 1	ITEM 2
Financial Institution(s)		
Address		
Amount		
Account Number		
Source of checking		

Individual Financial Affidavit (cont)

Please read and sign below in the presence of a Notary Public.

For a period of nine months from this date and pursuant to section 4207 of the Business and Professions Code, I hereby authorize the Board of Pharmacy, or any of its authorized personnel, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, note and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may occur at any time. I also authorize the Board of Pharmacy, or any of its authorized personnel, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with my bookkeeper.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing Individual Financial Affidavit, including all supplementary statements and I personally completed this financial affidavit.

Applicant's signature

Title

Date

Place

Attest (Notary Public)

Common Deficiencies

Incomplete Application Information

Ensure all requested information is provided.

If an item is “not applicable” – so indicate.

Missing signatures.

Details on the Lease Agreement.

Inconsistent Information

Review the materials for accuracy, for example:

- If three officers are indicated on the ownership form, ensure all three officers signed the application form.
- Is the name of the pharmacy consistent throughout?

Inaccurate Information

Failure to disclose previous association with another license issued by the board.

Missing Documents

- Approved Credit Application
- Fictitious Name Statement (Submit any time there is a DBA)
- Supporting Documents

How to Check the Status

E-mail Phystatus@dca.ca.gov

For easy identification, please include:

File Number (usually a six-digit number on the deficiency letter)

Name of the pharmacy (as listed on the application)

Attachment 9

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

APPLICATIONS

Received

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	35	70	45										150
Designated Representatives Vet (EXV)	0	1	0										1
Designated Representatives-3PL (DRL)	14	19	6										39
Intern Pharmacist (INT)	55	510	596										1161
Pharmacist (exam applications)	194	124	117										435
Pharmacist (initial licensing applications)	138	603	165										906
Pharmacy Technician (TCH)	578	440	640										1658
Centralized Hospital Packaging (CHP)	0	0	0										0
Clinics (CLN)	6	7	18										31
Clinics Exempt (CLE)	3	3	4										10
Drug Room (DRM)	0	0	0										0
Drug Room Exempt (DRE)	0	0	0										0
Hospitals (HSP)	7	0	0										7
Hospitals - Temp	5	0	0										5
Hospitals Exempt (HPE)	0	0	0										0
Hypodermic Needle and Syringes (HYP)	0	0	1										1
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0										0
Licensed Correctional Facility (LCF)	0	0	0										0
Pharmacy (PHY)	33	48	48										129
Pharmacy - Temp	5	17	21										43
Pharmacy Exempt (PHE)	0	0	0										0
Pharmacy Nonresident (NRP)	12	17	18										47
Pharmacy Nonresident Temp	1	0	2										3
Sterile Compounding (LSC)	10	11	12										33
Sterile Compounding - Temp	6	5	6										17
Sterile Compounding Exempt (LSE)	0	0	0										0
Sterile Compounding Nonresident (NSC)	2	3	3										8
Sterile Compounding Nonresident Temp	0	0	0										0
Third-Party Logistics Providers (TPL)	2	2	1										5
Third-Party Logistics Providers - Temp	0	0	0										0
Third-Party Logistics Providers Nonresident (NPL)	4	3	3										10
Third-Party Logistics Providers Nonresident Temp	0	0	0										0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0										0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0										0
Wholesalers (WLS)	11	9	10										30
Wholesalers - Temp	4	0	1										5
Wholesalers Exempt (WLE)	0	0	0										0
Wholesalers Nonresident (OSD)	8	13	14										35
Wholesalers Nonresident - Temp	2	0	2										4
Total	1135	1905	1733	0	4773								

All change of location applications are reported under the license type as a new license is issued effective 11/1/2014

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

APPLICATIONS (continued)													
Issued	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	34	39	36										109
Designated Representatives Vet (EXV)	0	0	0										0
Designated Representatives-3PL (DRL)	34	19	19										72
Intern Pharmacist (INT)	103	222	639										964
Pharmacist (initial licensing applications)	146	451	342										939
Pharmacy Technician (TCH)	717	592	488										1797
Centralized Hospital Packaging (CHP)	1	0	0										1
Clinics (CLN)	12	7	10										29
Clinics Exempt (CLE)	1	0	0										1
Drug Room (DRM)	1	0	0										1
Drug Room Exempt (DRE)	0	0	0										0
Hospitals (HSP)	0	5	1										6
Hospitals - Temp	1	0	0										1
Hospitals Exempt (HPE)	0	1	0										1
Hypodermic Needle and Syringes (HYP)	0	6	1										7
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0										0
Licensed Correctional Facility (LCF)	0	0	0										0
Pharmacy (PHY)	30	36	38										104
Pharmacy - Temp	7	2	4										13
Pharmacy Exempt (PHE)	1	0	1										2
Pharmacy Nonresident (NRP)	3	9	5										17
Pharmacy Nonresident Temp	5	5	0										10
Sterile Compounding (LSC)	3	1	3										7
Sterile Compounding - Temp	2	6	0										8
Sterile Compounding Exempt (LSE)	0	0	1										1
Sterile Compounding Nonresident (NSC)	2	1	3										6
Sterile Compounding Nonresident Temp	0	0	0										0
Third-Party Logistics Providers (TPL)	3	1	2										6
Third-Party Logistics Providers-Temp	0	0	0										0
Third-Party Logistics Providers Nonresident (NPL)	10	2	6										18
Third-Party Logistics Providers Nonresident Temp	0	0	0										0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0										0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0										0
Wholesalers (WLS)	7	3	7										17
Wholesalers - Temp	0	0	0										0
Wholesalers Exempt (WLE)	0	0	0										0
Wholesalers Nonresident (OSD)	11	4	9										24
Wholesalers Nonresident - Temp	0	0	0										0
Total	1134	1412	1615	0	4161								

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

APPLICATIONS (continued)

Pending

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Designated Representatives (EXC)	228	257	263									
Designated Representatives Vet (EXV)	3	4	2									
Designated Representatives-3PL (DRL)	120	109	95									
Intern Pharmacist (INT)	102	384	313									
Pharmacist (exam applications)	905	805	750									
Pharmacist (eligible exam)	1981	1709	1501									
Pharmacy Technician (TCH)	1228	992	1130									
Centralized Hospital Packaging (CHP)	16	16	16									
Clinics (CLN)	66	72	74									
Clinics Exempt (CLE)	10	11	15									
Drug Room (DRM)	1	1	1									
Drug Room Exempt (DRE)	0	0	0									
Hospitals (HSP)	22	14	14									
Hospitals Exempt (HPE)	4	4	4									
Hypodermic Needle and Syringes (HYP)	14	8	8									
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0									
Licensed Correctional Facility (LCF)	0	0	0									
Pharmacy (PHY)	210	208	207									
Pharmacy Exempt (PHE)	4	5	4									
Pharmacy Nonresident (NRP)	203	204	212									
Sterile Compounding (LSC)	44	44	49									
Sterile Compounding - Exempt (LSE)	6	7	6									
Sterile Compounding Nonresident (NSC)	38	40	41									
Third-Party Logistics Providers (TPL)	12	13	11									
Third-Party Logistics Providers Nonresident (NPL)	52	54	49									
Veterinary Food-Animal Drug Retailer (VET)	1	1	1									
Wholesalers (WLS)	57	61	65									
Wholesalers Exempt (WLE)	0	0	0									
Wholesalers Nonresident (OSD)	73	83	86									
Total	5400	5106	4917	0								

The number of temporary applications are included in the primary license type.

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

APPLICATIONS (continued)													
Withdrawn	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	1	5	2										8
Designated Representatives Vet (EXV)	0	0	2										2
Designated Representatives-3PL (DRL)	0	0	1										1
Intern Pharmacist (INT)	0	0	0										0
Pharmacist (exam applications)	0	1	0										1
Pharmacist (initial licensing applications)	0	0	0										0
Pharmacy Technician (TCH)	132	53	11										196
Centralized Hospital Packaging (CHP)	0	0	0										0
Clinics (CLN)	0	1	0										1
Clinics Exempt (CLE)	0	0	0										0
Drug Room (DRM)	0	0	0										0
Drug Room Exempt (DRE)	0	0	0										0
Hospitals (HSP)	0	4	0										4
Hospitals Exempt (HPE)	0	0	0										0
Hypodermic Needle and Syringes (HYP)	4	0	0										4
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0										0
Licensed Correctional Facility (LCF)	0	0	0										0
Pharmacy (PHY)	0	1	3										4
Pharmacy Exempt (PHE)	0	0	0										0
Pharmacy Nonresident (NRP)	20	1	2										23
Sterile Compounding (LSC)	1	4	1										6
Sterile Compounding Exempt (LSE)	0	0	0										0
Sterile Compounding Nonresident (NSC)	0	0	1										1
Third-Party Logistics Providers (TPL)	0	0	1										1
Third-Party Logistics Providers Nonresident (NPL)	0	0	1										1
Veterinary Food-Animal Drug Retailer (VET)	0	0	0										0
Wholesalers (WLS)	1	0	0										1
Wholesalers Exempt (WLE)	0	0	0										0
Wholesalers Nonresident (OSD)	0	2	1										3
Total	159	72	26	0	257								

The number of temporary applications withdrawn is reflected in the primary license type.

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

APPLICATIONS (continued)													
Denied	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	1	0	0										1
Designated Representatives Vet (EXV)	0	0	0										0
Designated Representatives-3PL (DRL)	0	0	0										0
Intern Pharmacist (INT)	0	0	0										0
Pharmacist (exam applications)	2	0	0										2
Pharmacist (initial licensing applications)	0	0	0										0
Pharmacy Technician (TCH)	3	8	10										21
Centralized Hospital Packaging (CHP)	0	0	0										0
Clinics (CLN)	0	0	0										0
Clinics Exempt (CLE)	0	0	0										0
Drug Room (DRM)	0	0	0										0
Drug Room Exempt (DRE)	0	0	0										0
Hospitals (HSP)	0	0	0										0
Hospitals Exempt (HPE)	0	0	0										0
Hypodermic Needle and Syringes (HYP)	0	0	0										0
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0										0
Licensed Correctional Facility (LCF)	0	0	0										0
Pharmacy (PHY)	1	6	0										7
Pharmacy Exempt (PHE)	0	0	0										0
Pharmacy Nonresident (NRP)	0	1	0										1
Sterile Compounding (LSC)	0	0	0										0
Sterile Compounding Exempt (LSE)	0	0	0										0
Sterile Compounding Nonresident (NSC)	0	0	0										0
Third-Party Logistics Providers (TPL)	0	0	0										0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0										0
Veterinary Food-Animal Drug Retailer (VET)	0	0	0										0
Wholesalers (WLS)	0	0	0										0
Wholesalers Exempt (WLE)	0	0	0										0
Wholesalers Nonresident (OSD)	0	0	0										0
Total	7	15	10	0	32								

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

Revenue Received													
A. Revenue Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Applications	203,149	282,959	383,966										\$870,073
Renewals	843,082	1,573,955	1,016,429										\$3,433,466
Cite and Fine	93,883	97,483	193,670										\$385,036
Probation/Cost Recovery	61,591	84,166	200,259										\$346,016
Request for Information/Lic. Verification	1,640	1,740	2,705										\$6,085
Fingerprint Fee	7,595	6,811	7,203										\$21,609
B. Renewals Received													
	JUL	AUG*	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	173	245	208										626
Designated Representatives Vet (EXV)	12	5	5										22
Designated Representatives-3PL (DRL)	0	0	0										0
Pharmacist (RPH)	1648	1629	1895										5172
Pharmacy Technician (TCH)	2569	2531	2708										7808
Centralized Hospital Packaging (CHP)	0	0	0										0
Clinics (CLN)	83	78	68										229
Clinics Exempt (CLE)	2	4	85										91
Drug Room (DRM)	2	0	2										4
Drug Room Exempt (DRE)	0	2	2										4
Hospitals (HSP)	19	16	26										61
Hospitals Exempt (HPE)	0	8	42										50
Hypodermic Needle and Syringes (HYP)	18	18	21										57
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0										0
Licensed Correctional Facility (LCF)	0	2	30										32
Pharmacy (PHY)	213	338	171										722
Pharmacy Exempt (PHE)	0	7	76										83
Pharmacy Nonresident (NRP)	29	30	25										84
Sterile Compounding (LSC)	57	35	50										142
Sterile Compounding Exempt (LSE)	0	1	11										12
Sterile Compounding Nonresident (NSC)	7	6	5										18
Third-Party Logistics Providers (TPL)	0	0	0										0
Third-Party Logistics Providers Nonresident (NPL)	0	0	0										0
Veterinary Food-Animal Drug Retailer (VET)	3	4	4										11
Wholesalers (WLS)	44	51	41										136
Wholesalers Exempt (WLE)	0	2	0										2
Wholesalers Nonresident (OSD)	59	50	58										167
Total	4938	5062	5533	0	15533								

Board of Pharmacy Licensing Statistics - Fiscal Year 2015/16

Current Licensees													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Designated Representatives (EXC)	3080	3121	3159										3159
Designated Representatives Vet (EXV)	69	69	69										63
Designated Representatives-3PL (DRL)	45	66	85										85
Intern Pharmacist (INT)	6305	6166	6459										6459
Pharmacist (RPH)	42638	43100	43294										43294
Pharmacy Technician (TCH)	74728	74875	74664										74664
Centralized Hospital Packaging (CHP)	5	5	5										5
Clinics (CLN)	1168	1168	1170										1170
Clinics Exempt (CLE)	244	243	247										247
Drug Room (DRM)	25	25	25										25
Drug Room Exempt (DRE)	14	14	13										13
Hospitals (HSP)	400	400	399										399
Hospitals Exempt (HPE)	85	86	86										86
Hypodermic Needle and Syringes (HYP)	278	281	281										281
Hypodermic Needle and Syringes Exempt (HYE)	0	0	0										0
Licensed Correctional Facility (LCF)	53	53	53										53
Pharmacy (PHY)	6451	6439	6453										6453
Pharmacy Exempt (PHE)	124	124	124										124
Pharmacy Nonresident (NRP)	456	455	458										458
Sterile Compounding (LSC)	816	816	810										810
Sterile Compounding Exempt (LSE)	121	121	121										121
Sterile Compounding Nonresident (NSC)	91	91	94										94
Third-Party Logistics Providers (TPL)	3	4	6										6
Third-Party Logistics Providers Nonresident (NPL)	10	14	18										18
Veterinary Food-Animal Drug Retailer (VET)	24	24	24										24
Wholesalers (WLS)	626	623	622										615
Wholesalers Exempt (WLE)	16	16	16										16
Wholesalers Nonresident (OSD)	833	826	819										812
Total	138708	139225	139574	0	0	0	0	0	0	0	0	0	139554

Attachment 10

California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE
MEETING MINUTES**

DATE: September 10, 2015

LOCATION: DCA Headquarters, First Floor Hearing Room
1625 North Market Blvd.
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT: Stan Weisser, Chair, Professional Member
Albert Wong, Professional Member
Allan Schaad, Professional Member
Ricardo Sanchez, Public Member
Victor Law, Professional Member

COMMITTEE MEMBERS NOT PRESENT: Greg Murphy, Vice-Chair, Public Member

STAFF PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Laura Hendricks, Associate Analyst
Laura Freedman, DCA Staff Counsel

Call to Order

Mr. Weisser, chair of the committee, called the meeting to order at 10:04 a.m.

Mr. Weisser welcomed those in attendance. Roll call of the board members present was taken and a quorum of the committee was established.

1. Public Comment for Items Not on the Agenda

No public comments were offered.

2. Pharmacy Technician Requirements Assessment

a. Pharmacy Technician Accreditation Commission (PTAC) Information

Relevant Law

Business and Professions Code Section 4202 establishes the general requirements for an applicant seeking licensure as a pharmacy technician and further requires the board to adopt regulations for the specification of training courses.

Title 16 CCR Section 1793.5 specifies application requirements for a pharmacy technician license.

Title 16 CCR Section 1793.6 provides the requirements for acceptable training courses as one of the pathways to licensure as a pharmacy technician licensure.

Background

Current law creates several pathways to licensure as a pharmacy technician, including the completion of a training program that meets one of the following criteria:

- Training program is accredited by the American Society of Health-System Pharmacists (ASHP)
- Training program is provided by a branch of the federal armed services
- Course provides a training period of at least 240 hours of instruction covering specified areas of pharmacy practice.

Committee Meeting Discussion

The committee heard a presentation by Dr. Peter Vlasses, Executive Director, ACPE, on the Pharmacy Technician Accreditation Commission. As part of the presentation, Dr. Vlasses advised the committee that in 2013 the New Pharmacy Technician Accreditation Commission (PTAC) launched. The committee was advised that the commission is collaboration between (ASHP) and the Accreditation Council for Pharmacy Education (ACPE) and is tasked with assuring and advancing the quality of pharmacy technician education and training programs. A copy of the presentation is provided as an attachment to these minutes.

The committee asked about background checks for applicants and was advised that background checks are completed in advance of the experiential component of the training program. The committee expressed concern with the timing of the background check as it occurs after program costs have been incurred by the student.

In response to queries from the committee members, Dr. Vlasses explained that the ACPE has established continuing education courses for pharmacy technicians and that training programs encompass language proficiency.

The committee commented that pharmacy technicians obtain their license too easily and discussed the need to increase the requirements for licensure.

Dr. Vlasses emphasized that there is not a common vision among various states on how to regulate pharmacy technicians.

Public Comment:

Steve Gray, representing Kaiser, asked about the ACPE's involvement with other national organizations and was advised that ACPE has given presentations to various stakeholders. Dr. Vlasses commented that ACPE has heard some concerns from community pharmacy representatives expressing concerns about the proposed changes.

A representative of California Society of Hospital Pharmacists spoke in support of two separate classifications of pharmacy technicians.

The committee also heard members of the public expressing concerns about over education and that education requirements need to remain within the scope of the pharmacy technician.

The committee did not take action on this item.

b. National Changes to the Pharmacy Technician Certification Board (PTCB)

Relevant Law

Business and Professions Code Section 4202 establishes the general requirements for an applicant seeking licensure as a pharmacy technician.

Committee Meeting Discussion

The committee discussed the several pathways to licensure as a pharmacy technician including certification by the Pharmacy Technician Certification Board (PTCB).

The committee briefly discussed changes to the Pharmacy Technician Certification Board (PTCB) certification program that are and will occur between 2014 and 2020. It was noted that the changes are designed to advance pharmacy technician qualifications by elevating PTCB's standards for certification and recertification.

The committee did not take action on this item.

3. Discussion of Pharmacy Technician Licensure Requirements and Practice

Relevant Law

Business and Professions Code Section 4038 defines a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified.

Business and Professions Code Section 4202 establishes the general requirements for an applicant seeking licensure as a pharmacy technician.

Title 16 CCR Section 1793 provides additional context to the definition of a pharmacy technician including the duties that a licensed pharmacy technician are authorized to perform (packaging, manipulative, repetitive or other nondiscretionary tasks related to the processing of a prescription in a pharmacy) under the direct supervision and control of a pharmacist.

Title 16 CCR Section 1793.2 further details nondiscretionary tasks including:

- Removing the drug or drugs from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container
- Affixing the label or labels to the container
- Packaging and repackaging

Title 16 CCR Section 1793.5 provides the application requirements for a pharmacy technician license including:

- Identifying information
- Description of qualifications and supporting documentation
- Criminal background check
- Self-Query from the National Practitioner Data Bank

Title 16 CCR Section 1793.6 provides the requirements for acceptable training courses as one of the pathways to licensure as a pharmacy technician licensure.

- Training program accredited by the American Society of Health-System Pharmacists (ASHP)
- Training program provided by a branch of the federal armed services
- Course that provides training period of at least 240 hours of instruction covering specified areas of pharmacy practice.

Title 16 CCR Section 1793.7 establishes the requirements for pharmacies employing pharmacy technicians. The section includes provisions that the supervising pharmacist is fully aware of all activities of a pharmacy technician under his or her direct supervision. Further, this section provides that a pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk to patients. This section also establishes the pharmacist-to-pharmacy technician ratio.

Title 16 CCR Section 1793.8 establishes the “technician check technician” program in acute care inpatient hospital pharmacy settings.

Committee Meeting Discussion

As is the case with prior Licensing Committee meetings, the committee discussed different facets of the pharmacy technician program. Most recently, during the April 2015 Board Meeting, the board expressed their desire to raise the bar to qualify for licensure as a pharmacy technician. The board also expressed concern with the training programs that are accepting students with criminal backgrounds, who will likely not become licensed. The board also requested that the committee consider the possibility of creating different types of pharmacy technician licensure (i.e., hospital, compounding, community, etc.).

Committee member Law commented that the profession is changing and the educational requirements for pharmacists have changed, yet the technician requirements have not changed.

An initial motion was offered by committee member Law to raise the education requirements to a two-year associate degree or a minimum of 60 hours of post-high school college credit and completion of a PTCB accredited training program. The motion was seconded by Albert Wong.

Committee member Schaad spoke in opposition to the motion noting that the cost of education versus the dollar reward would not exist. Member Schaad agreed that the board needs to increase the value of the license.

The committee briefly discussed if there should be two types of pharmacy technician classifications.

Mr. Law clarified his earlier motion to include, in addition to the current high school graduation, a requirement to also complete an associate (AA) degree or 60 units (post-high school) of college, as well as completion of a pharmacy technician program that is accredited by PTAC. In addition the applicant would be required to take and pass the PTCB exam. A phased-in approach would be used to facilitate the changes in the licensure requirements.

Public Comment

Steve Gray sought clarification from the committee on the problem it was trying to solve and how the proposal would solve the problem. Dr. Gray suggested that the board should consider a law and ethics course to address the concerns of the committee. Dr. Gray also spoke in support of a multilevel pharmacy technician program.

Jeannie Li agreed that pharmacy technicians need to have more knowledge, but indicated that not all pharmacy technician applicants cannot afford to go to college.

Mr. Pat Waylen of the National HealthCare Association (NHA) expressed concern about PTCB certification. He indicated that the wages of pharmacy technicians will not offset the licensing requirements.

The committee also heard a request that the committee consider allowing military training in lieu of the proposed licensure requirements.

Committee Action

MOTION: Recommend that the board approve changes to Pharmacy Technician as follows:

Recommend that the board approve changes to Business and Professions Code Section 4202 to require that for all new applicants seeking licensure as a pharmacy technician to meet one of the following educational requirements:

1. Be required to have two years (60 college credits) or an associate degree, and successful completion of a pharmacy technician training program accredited by the PCAB, and be PTCB certified at the time of application
2. Military training
3. Graduation from a school of pharmacy recognized by the board.

M/S: Law/Wong

Support: 3 Oppose: 1 Abstain: 0

Mr. Sanchez was not present during the vote.

4. North American Pharmacist Licensure Examination (NAPLEX) Changes

Relevant Law

Business and Professions Code Section 4200 establishes the requirements for pharmacist licensure, including a passing score on the NAPLEX examination.

Committee Meeting Discussion

The committee briefly discussed changes to the NAPLEX examination. Specifically, in November 2015 a new NAPLEX competency statement and a revised passing standard will be implemented. Further, the NAPLEX will make a progressive transition to a new administration model in 2016 after which the NAPLEX will increase in length from 185 items to 250 items. Additional changes to the NAPLEX scoring are being evaluated as well; however, there is no proposal yet for state boards of pharmacy to consider.

There was no public comment on this item and the committee did not take action on this item.

5. Accreditation Council for Pharmacy Education (ACPE) Updates of Curriculum Requirements

Background

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy. During its January 2015 meeting the ACPE Board of Directions announced its approval of new *Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor in Pharmacy Degree ("Standards 2016")*. In its press release the ACPE noted the following:

"Standards 2016 are employed for quality assurance so graduates of pharmacy education programs are practice-ready and team-ready and therefore, prepared to directly provide patient care in collaboration with other healthcare providers. Standards 2016 articulate the expectations of ACPE, the academy, the practice communication, and the U.S. Department of Education and are solidly based on evidence and experience."

The new standards and guidance will become effective July 1, 2016 and will be used in accreditation reviews beginning September 2016.

Committee Meeting Discussion

The committee heard a presentation from Dr. Peter Vlasser, Executive Director, ACPE, on the new standards. Mr. Weisser encouraged committee members to participate in an ACPE accreditation survey. A copy of Dr. Vlasses' presentation is attached to these minutes.

The committee did not take action on this item, but was advised that members will receive information on the accreditation status of schools.

6. Implementation of Pharmacy Curriculum Outcomes Assessment (PCOA) to be used by Schools of Pharmacy

Background

On June 23, 2015, the NABP released updated information about the status of implementation of the Pharmacy Curriculum Outcomes Assessment (PCOA) to all schools and colleges of pharmacy. As part of its release, the NABP provided information about the administration of the PCOA and noted that the assessment tool provide a valid and reliable assessment of student competency in four areas.

Committee Meeting Discussion

The committee briefly discussed the assessment tool and was advised that PCOA assessments for all students will start in the spring of 2016. Schools will be provided scores for their students as well as the national average for scores.

The committee did not take action on this item.

7. Competency Committee Report

Committee Meeting Discussion

Members were advised that the competency committee held its annual meeting in August to discuss examination development as well as to begin the transition to the new content outline of the examination. The committee was reminded that it is anticipated that the new content outline will go into effect in early 2016.

There was no additional committee or public comment. The committee did not take action on this item.

8. Advanced Practice Pharmacist (APP) Licensure (As Established in SB 493) - - Discussion on Qualifying Methods

Committee Meeting Discussion

The committee heard a presentation from John Roth and Brian Warren representing the California Pharmacists Association regarding a possible alternative qualification route for advance practice certification, including the framework that would establish requirements for certification programs, that would then not require the board to independently approve all programs. The presentation included draft regulation language that included suggested revisions to Title 16 California Code of Regulations Section 1730. As part of the proposal, it was suggested that a definition of "certification" could be included in the regulation to clear up any confusion about what would satisfy the statutory requirements. The presenters indicated that definitions are necessary because there is no legal definition of "certificate program" versus "certification program." The presenters included that as the sponsors of SB 493, the intent of the legislation was to create multiple pathways to licensure as an APP for meeting two of the three qualification methods.

Ms. Herold requested that the presenters from CPhA request a presentation on the Canadian practice environment demonstration as it may be helpful for members. This would allow the board to see the component being offered and was advised that the Canadian model may be helpful, but that the intent of CPhA was to offer an alternative model.

Member Law asked for guidance on what “recognized by the board” means and was advised that the entire statute must be considered to ensure the context is not missed. As part of this, the board would need to consider what ACPE provides. Counsel advised the members that the statute requires one of the pathways to licensure to include a certification program.

Dr. Vlasses indicated that the ACPE standards do not reference certification programs or certificate programs, rather practice based continuing education activity. Dr. Vlasses reminded the committee that ACPE accredits a provider, they do not attest to the individual completing a program, rather the provider is responsible for doing that. Dr. Vlasses noted that a provider that wants to design a higher model program is free to do so, but not every provider would be required to do so. Dr. Vlasses expressed some of the current challenges with integrating in the CPhA recommendation as it relates to ACPE programs. Dr. Vlasses indicated that ACPE does not currently have the capacity to assess programs being described by CPhA.

Counsel noted that is a concern because of the requirements in the statute. Counsel noted that there is a sharp distinction between a certification standard versus a certificate program. Counsel noted that the components of the different programs vary.

Public Comment

The committee heard public comment expressing concern about the need to maintain the integrity of certification programs and concerns with the content of some of the proposed changes offered during the presentation.

The committee did not take action on this item, but indicated that a workgroup may be appropriate to further discuss the issue. A copy of the presentation is provided as an addendum to these minutes.

9. Pending Regulations Related to Implementation of SB 493

Committee Meeting Discussion

The committee was provided with an update on a number of regulations that are in various stages of promulgation to implement the provisions of Senate Bill 493.

Waiting to be noticed for the initial 45-day comment period:

- Travel medications

Undergoing the initial 45-day comment period:

- APP licensure requirements (comment period concludes September 14)
- Vaccinations (comment period concludes September 7)

Undergoing 15-day comment period:

- Permanent adoption of Naloxone protocol

Board adopted and undergoing Administration review:

- Nicotine replacement products

Needing return to Medical Board for approval:

- Hormonal contraception protocol

Currently in effect:

- Emergency adoption of naloxone protocol

The committee did not take action on this item.

10. Pharmacy Application Requirements

Committee Meeting Discussion

Senior Manager Carolyn Klein provided a presentation on the requirements for licensure as a pharmacy. Ms. Klein discussed the application process as well as common deficiencies. A copy of the presentation is provided as an addendum to these minutes.

11. Status of Implementation of Legislation (AB 2605) Regarding Third-Party Logistics Providers

Background

Effective January 1, 2015, the board implemented licensing Third-Party Logistics Providers in state and out of state as well as Designated Representatives-3PL based on the recent change in federal legislation that expressly states 3PLs cannot be licensed as wholesalers but as a unique licensure class.

Current Status

In December 2014, the board received its first nonresident Third-Party Logistics Provider application. Staff initially processed the applications received for Third-Party Logistics Providers and Designated Representative – 3PL manually during the programming of the licensing category in the Applicant Tracking System (ATS) and the Consumer Affairs System (CAS). The board issued its first nonresident Third-Party Logistics Provider and Designated Representative – 3PL licenses in February 2015. The board issued temporary license numbers to these licensees until the department completed its programming of establishing these license types in ATS and CAS, which was fully migrated in May 2015.

As of July 31, 2015, the board issued the following licenses:

45	Designated Representative-3PL
3	Third-Party Logistics Providers
10	Nonresident Third-Party Logistics Providers

The licensing statistics provided in the meeting materials contain additional statistical information.

The board is continuing to educate applicants and other states about the requirements for these three new license categories. On April 17, 2015, the board issued a subscriber alert on “Guidance for Third-Party Logistics Providers Currently Licensed as Drug Wholesalers” in order inform consumers and licensees of the new law and to provide guidance on the licensure requirements.

12. Licensing Statistics

Licensing Statistics for July 1, 2015 – July 31, 2015

The committee reviewed and discussed various licensing statistics and also discussed the current processing times for applicants. Chairman Weisser provided an overview of the board's license population.

At the board's direction staff has started tracking and reporting on the numbers of calls and emails responded to from the licensing programs. It was noted that staff has experienced challenges retrieving information from its existing computer system, but has been working with the department to develop a more robust reporting tool. Staff has been advised that the development of new reports may be available in December.

The committee was provided with general processing times by license type, which reflect the time an application is received by the board through the time either a deficiency letter is issued or a license is issued. If an incomplete application is received, there will be additional processing time involved.

Individual Application Type	Number of Days
Pharmacist Exam	40
Pharmacist Initial License	7
Pharmacy Technician	35
Intern Pharmacist	20
Designated Representative	22
Designated Representative – 3PL	12

Site Application Type	Number of Days
Pharmacy	29
Nonresident Pharmacy	40
Sterile Compounding	17
Nonresident Sterile Compounding	15
Hospital	15
Clinic	40
Wholesaler	22
Nonresident Wholesaler	29
Third-Party Logistics Provider	15
Nonresident Third-Party Logistics Provider	15

Staff also advised the committee that the processing time for evaluating deficiency mail is averaging between 35 days to 13 days, depending on the license type.

13. Request for a Waiver Under California Business and Professions Code Section 4118 Pertaining to Licensure as a Centralized Hospital Packaging Pharmacy, Sections 4128 et seq. Requests Are from Three Hospitals

The committee did not discuss this item.

14. Discussion on Waivers Previously Granted by the Board Pursuant to Business and Professions Code Section 4118 Relating to Centralized Hospital Packaging Licensing

Committee Discussion

The committee discussed the initial legislation for Centralized Hospital Packaging Licensing including requirements that could not be satisfied because of technology implementation. In recognition of the benefits to patient care such a license would offer to patients admitted to hospitals, the board has considered and granted several waiver requests to exempt certain elements of the technology requirements if the elements could otherwise be achieved. These waivers have been granted for a five-year period.

The committee was advised that because of enactment of Assembly Bill 486 (Bonilla) waivers are no longer required. The committee was advised that AB 486 amended the language in section 4028.4 to require that any unit dose medication produced by a centralized hospital packaging pharmacy shall be barcoded to be “machine readable” at the inpatient’s bedside with software that shall permit the health care practitioner to ensure that, before a medication is administered to the inpatient, it is the right medication, for the right inpatient, in the right dose, and being administered via the right route.

Committee Recommendation

Recommend to the board to direct staff to prepare correspondence advising appropriate parties that because of changes in the law, the waiver is no longer necessary. The committee and board may choose to also include as part of this correspondence that we encourage development in technology to address the current limitations and to ultimately achieve all of the bar coding requirements originally envisioned in AB 377 (Solorio, Chapter 687, Statutes of 2012).

M/S: Law/Wong

Support: 4

Oppose: 0

Abstain: 0

15. Future Committee Meeting Dates for 2016

The following dates have been established for future meetings:

January 6, 2016

March 30, 2016

May 26, 2016

September 21, 2016

The meeting adjourned the meeting at 3:28 p.m.