

**UTEP School of Pharmacy – Office of Experiential Education (OEE) Student Compliance**  
Criminal Background Check/Drug Test/Immunizations/Titers/other documents  
**\*\*ALL ITEMS BELOW MUST BE COMPLETED PRIOR TO FIRST CLASS DAY\*\***

### **Criminal Background Check and 10-panel Drug Screening**

Students are required to complete a Criminal Background Check and Drug Screening prior to beginning pharmacy school. The Office of Experiential Education will provide a link (via email) to Castlebranch, an online system that provides these services. Student will pay \$70 directly to Castlebranch (10- panel urine drug screening [\$30] and the criminal background check [\$40]).

### **Required immunizations and titers**

Students will be required to receive proof of lab report and vaccine administration documents for each of the tests and titers below which include student name, date of birth, date, and health care professional information and signature.

**\*\*Students are ultimately responsible for completeness of information.\*\***

#### TB Skin Test (TST) (tuberculin)

- TST to be completed annually in the month of June. Must be completed one month (4 weeks) after given a live vaccine (i.e. Varicella and MMR). Failure to comply may result in a false negative TB skin test result.
- All students all required to receive a 2-step TST prior to matriculation:
  - Initial TST will be administered and student must return to clinic in 48-72 hours later to receive results. Results will be recorded.
    - If first TST returns negative, student must receive a second TST between 7-21 days after the initial test was administered. Second TST will be read 48-72 hours after administration. Results will be recorded.
    - If first TST returns positive, do not receive the second test. The student will need a Chest X-Ray (CXR) and annual clearance/TB assessment form completed by a health care provider (see below). A CXR report must be attached to form and signed by a healthcare provider. Students who receive a positive TST, will be required to complete an annual clearance/TB assessment form instead of the annual 1-Step TST.
- All students all required to receive an annual 1-StepTST for the remainder of the time enrolled in pharmacy school, except for those with a positive TST.

#### Tdap vaccine (tetanus, diphtheria, and pertussis)

Student must have documentation of receiving vaccine at age 11 or older and a Td or Tdap every 10 years thereafter. Required documentation to be provided must be for most recent Tdap/Td

#### Varicella immunity titer

Student must receive IgG titer (IgM titers will not be accepted).

- If results return positive, no additional testing or vaccine is required.
- If results return negative, two doses of Varicella vaccine are required at least, 28 days apart; once this series is completed, no additional tests or vaccines are required.

#### MMR (measles, mumps, rubella) immunity titer

Student must receive IgG titer (IgM titers will not be accepted).

- If results return positive, no additional testing or vaccine is required.

- If results return negative, two doses of MMR vaccine are required at least, 28 days apart; once this series is completed, no additional tests or vaccines are required.

#### Hepatitis B vaccine series and immunity titer

Student must receive IgG titer (IgM titers will not be accepted).

- If results return positive, no additional tests or vaccines are required.
- If results return negative, individual must complete a series (3 vaccines total) and receive a HepB titer 4-6 weeks after the third dose is administered.

#### Seasonal Influenza vaccine

Students are required to receive seasonal influenza vaccination (annually between October 1<sup>st</sup> through March 31<sup>st</sup>)

- Documentation must include vaccine LOT#.
- Due to the time frame provided, this is the one of the acceptable items that is allowed to be pending on first day of class.

### **Additional Requirements**

#### American Heart Association (AHA) CPR/BLS card

Student must receive training for Healthcare Professionals in the following formats: Instructor-led or Blended Learning available at [https://cpr.heart.org/AHA/ECC/CPRECC/FindACourse/UCM\\_473162\\_Find-A-Course.jsp](https://cpr.heart.org/AHA/ECC/CPRECC/FindACourse/UCM_473162_Find-A-Course.jsp)

#### City Wide Orientation certificate

Students must go to <http://www.epcc.edu/cwo/Pages/default.aspx> to access the on-line presentation. At the end of the presentation, the student must complete the online exam. A certificate of completion will be provided.

#### State Issued ID copy

#### Personal Health Insurance Proof

Document to show verification of active policy and must be uploaded on an annual basis.

#### Texas State Board of Pharmacy (TSBP) Pharmacy Intern-trainee letter

Please see attached document for instructions on how to complete this application.

#### Professionalism and Expectations Contract

Students must read, complete, and upload contract annually in August (document available in CORE ELMS).

#### Attend OEE Requirements 101

All students must attend at least one OEE Requirements 101 presentation. Presentations will be held every 1<sup>st</sup> Thursday of every month. Contact Office of Experiential Education Compliance Officer for sign up.

#### Reliable Transportation

Students will be expected to travel to off-campus sites for practice experiences.

**Note: Students are expected to upload items in the requirement section of CORE ELMS and must be completed prior to the first day of class (unless stated otherwise, above). Failure to comply with requirements will result in your inability to be admitted to pharmacy school. The Office of Experiential Education will provide all students with access to CORE ELMS after they attend the required Requirements 101 presentation.**

## ExamSoft Requirements

SofTest can be used on most modern Microsoft Windows based computers (i.e. purchased within the last 3-4 years). Please see specific system requirements as noted below.

SofTest cannot be used on virtual operating systems such as Microsoft's Virtual Machine, Parallels, VMware, VMware Fusion or any other virtual environments.

### SofTest Windows - PC Requirements:

- Operating System: 32-bit and 64-bit Versions of Windows Vista, Windows 7, Windows 8, and Windows 10. Only genuine, U.S.-English, French, Portuguese, Swedish, and British versions of Windows Operating Systems are supported.
- ExamSoft does not support Tablet devices other than Surface Pro as detailed below.
- CPU Processor: 1.86Ghz Intel Core 2 Duo or greater.
- RAM: highest recommended for the operating system or 2GB.
- Hard Drive: highest recommended for the operating system or 1GB of available space.
- For onsite support, a working USB port is required (Newer devices may require an adaptor).
- Internet connection for SofTest Download, Registration, Exam Download and Upload.
- Screen Resolution must be 1024x768 or higher.
- Adobe Reader (Version 9, 11, or DC) is required for exams containing PDF attachments. Administrator level account permissions.

### Surface Pro Requirements:

- Surface Pro 1, 2, & 4 (Non-Pro Surface devices are NOT supported).
- Surface 3 (Pro and Non-Pro devices ARE supported).
- External keyboard (USB or Bluetooth) required. Bluetooth keyboards must be paired prior to launching exam.
- Hard Drive: 1GB or higher available space.
- Adobe Reader XI is required for exams containing PDF attachments.
- For onsite support, a working USB port is required (Newer devices may require an adaptor).
- Internet connection for SofTest Download, Registration, Exam Download and Upload.
- Screen Resolution must be 1920x1080.
- Administrator level account permissions.

### SofTest Mac

- Operating System: OS X 10.9 (Mavericks), OS X 10.10 (Yosemite), OS X 10.11 (El Capitan), mac OS 10.12 (Sierra). Only genuine versions of Mac Operating Systems are supported. CPU: Intel processor.
- RAM: 2GB.
- Hard Drive: 1GB or higher available space.
- Server version of Mac OS X is not supported.
- For onsite support, and in order to backup the answer files to a USB, a working USB port is required (Newer devices may require an adaptor).
- Internet connection for SofTest Download, Registration, Exam Download and Upload. Administrator level account permissions.

**Drug Allergies**            N    Y  
**Food Allergies**            N    Y  
**Environmental Allergies**    N    Y  
**Pregnant**                    N    Y

**TUBERCULOSIS (TB) ASSESSMENT/CLEARANCE  
NEW and PREVIOUSLY TB SKIN TEST POSITIVE INDIVIDUALS**

**Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Birth Country** \_\_\_\_\_ **Current Country of Residence** \_\_\_\_\_ **Years in Current Country** \_\_\_\_\_

Previous TB skin test (TST) WITH documentation: No/Unknown OR Yes Date \_\_\_\_\_ Result: Neg Pos

Previous Positive TST WITHOUT documentation: No/Unknown OR Yes Date \_\_\_\_\_ Result: Neg Pos

Quantaferon Gold Test Date \_\_\_\_\_ Result \_\_\_\_\_

History of treatment of TB infection or disease: No/Unknown OR Yes Treatment Dates: \_\_\_\_\_

**TB Signs/Symptoms Review:**

Fever	N	Y	Chills	N	Y	Night Sweats	N	Y	
Do you have any of these symptoms?	Cough	N	Y	Productive Cough	N	Y	Coughing up blood	N	Y
	Weight Loss (≥10%)	N	Y						
	Enlarged cervical lymph nodes	N	Y						

Other: \_\_\_\_\_

History of prior exposure to someone with TB disease: No/Unknown OR Yes Date \_\_\_\_\_

Exposure during medical procedure: No/Unknown OR Yes Date \_\_\_\_\_

Exposure in congregate (group) setting: No/Unknown OR Yes Date \_\_\_\_\_

Exposure in household of person with TB disease: No/Unknown OR Yes Date \_\_\_\_\_

History that may increase chance of prior exposure to someone with TB disease:

- N Y Residence or travel in country where TB is common (Mexico, Latin America, Caribbean, Africa, Eastern Europe, or Asia) Place/Dates: \_\_\_\_\_
- N Y Resident or employee of correctional facility Place/Dates: \_\_\_\_\_
- N Y Resident or employee of homeless shelter Place/Dates: \_\_\_\_\_
- N Y Resident or volunteer in disaster shelter Place/Dates: \_\_\_\_\_
- N Y Resident of long term care facility Place/Dates: \_\_\_\_\_
- N Y Health care worker Place/Dates: \_\_\_\_\_
- N Y Injection drug use Place/Dates: \_\_\_\_\_

**REFERRAL**

**Chest x-ray/Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_ **CXR Report Must be Attached to this form**

**Patient Cleared for TB, May Participate in Health Care Agency Clinicals:**            NO YES

**Comments:** \_\_\_\_\_

**Health-Care Provider Signature/Title:** \_\_\_\_\_

**Health-Care Provider Printed Name/Title:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **Office Phone #:** \_\_\_\_\_

Revised September 2014 P.Shansburg RN, FNP-C/M.Kaough RN, MSN, CCRN

## Pharmacy Intern-Trainee Application Instructions

Students are required to register as a Pharmacy Intern-trainee and will need to complete the following:

- 1) Click on <https://www.pharmacy.texas.gov/infocist/student.asp>
- 2) Select Online Application
- 3) Select Continue (at the bottom of the page)
- 4) You will be directed to the State of Texas Licensing website. If you have not already, create a login and password.
- 5) Once registered, select "Start New Application" by choosing Texas State Board of Pharmacy in the first dropdown menu
- 6) In the second dropdown menu, select "Intern" for the application type.
- 7) You will be prompted again to "Start New Application"
- 8) Click Next
- 9) Select Y "Are you enrolled in an ACPE approved College of Pharmacy?"
- 10) Select N "Do you currently hold or have you ever held a Texas Intern Registration?"
- 11) If you have not already, type in or answer the necessary information on the next pages
- 12) Type 08/26/2019 for Enrollment Date
- 13) Type 05/20/2023 for Expected Graduation Date
- 14) Select Y to Certify
- 15) Select "Add"
- 16) In the Intern-related Party-Add 145.
- 17) Select "Next"
- 18) Proof read your application and click on "submit"
- 19) Select Yes or No for "I hereby attest to the fact that the information on this form is true and correct. I understand that providing false or incorrect information constitutes a violation of the Texas Pharmacy Act and subjects me to the penalties set forth, up to and including denial of my registration application."
- 20) Select "Next"
- 21) Please SAVE a copy of the Summary Report for your records
- 22) After you have submitted your application online, **mail** a copy of the page 1 of the confirmation page and a **copy of your Social Security Card** to Melinda Uballe, Texas State Board of Pharmacy, 333 Guadalupe Suite 3-500, Austin, TX 78701.
- 23) Applicants must complete a fingerprint session, unless fingerprinted with a different application type for TSBP within the past 36 months. The fee for fingerprinting is less than \$50. Fingerprint session instructions will be sent to the applicant via email after the application has been received by the board. If you have submitted an application and did not receive the email, contact the Board at (512) 305-8000. Applicants (using an address) not located in Texas, will receive a packet in the mail with a fingerprint form and instructions sheet because the approved state vendor does not always allow a digital scan. The fingerprint packet is automatically mailed to the address provided on the application. Allow 2 to 3 weeks the packet to arrive via U.S. Postal Service.