New PharmD Student Information
CONTENTS

CONTENTS ..................................................................................................................................................... 2
IMPORTANT DEADLINES AND DATES TO REMEMBER .................................................................................. 3
HOW TO REGISTER ........................................................................................................................................ 4
FIRST SEMESTER COURSE SCHEDULE ............................................................................................................ 5
PHARMACY CALENDAR ................................................................................................................................... 5
TEXTBOOKS AND OTHER SUPPLIES ............................................................................................................... 5
FINANCIAL AID .............................................................................................................................................. 7
UPDATED TRANSCRIPTS ................................................................................................................................ 7
REQUIREMENTS FOR DOCTOR OF PHARMACY STUDENTS IN PATIENT CARE SETTINGS ...................... 7
TRAVEL RELEASE ......................................................................................................................................... 12
HEALTH CLEARANCE FORM .......................................................................................................................... 13
HEALTH AND IMMUNIZATION RECORD ...................................................................................................... 14
WAIVER OF RESPONSIBILITY ....................................................................................................................... 15
P1 CHECKLIST .............................................................................................................................................. 16
IMPORTANT DEADLINES AND DATES TO REMEMBER

- Attend PharmPhest .................................................................May 15
- Attend College Orientation .........................................................August 20
- Attend Pharmacy Orientation/White Coat Ceremony ......................August 21
- Submit all required forms at Pharmacy Orientation ...........................August 21
- Complete online HIPAA training through E-Value ...........................August 21
- Complete CPR/First Aid training ...............................................August 29
- Classes begin ........................................................................August 29
HOW TO REGISTER

1. Login to academica.wayne.edu
2. Register for classes in Academica
   1. Click on the Student Tab
   2. Under Registration click the "Register Add/Drop"

3. Choose "Register -- Add/Drop Classes"
   **Select Term**
   All registration functions require a valid term selection. After selecting a term, you will be returned to this page.

4. Select the Term
   **Select a Term:** Winter 2009

5. Enter the CRN's for your classes

6. Click Submit Changes Button

Click the Logout button at the top right of the page
FIRST SEMESTER COURSE SCHEDULE

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Credits</th>
<th>CRN</th>
<th>Date &amp; Time</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHA 4105</td>
<td>Pathophysiology I</td>
<td>3</td>
<td>15015</td>
<td>MW 10-11:20am</td>
<td>Pokorski</td>
</tr>
<tr>
<td>PSC 4115</td>
<td>Pharmaceutics I</td>
<td>3</td>
<td>15016</td>
<td>WF 12:30-1:50pm</td>
<td>Iyer</td>
</tr>
<tr>
<td>PSC 4125</td>
<td>Intro to Pharmaceutical Sciences</td>
<td>3</td>
<td>15017</td>
<td>MW 8:30-9:50am</td>
<td>Firestine</td>
</tr>
<tr>
<td>PHA 4125</td>
<td>Drug Literature Evaluation and Foundations of Research</td>
<td>3</td>
<td>15018</td>
<td>T 8:30-11:20am</td>
<td>Davie</td>
</tr>
<tr>
<td>PPR 4115</td>
<td>Introduction to the Pharmacy Profession</td>
<td>2</td>
<td>15019</td>
<td>Th 9:30-11:20</td>
<td>Miller</td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHARMACY CALENDAR

The 2018/2019 Pharmacy Academic Calendar can be found online at http://cphs.wayne.edu/pharmd/class-schedule.php.
Note that classes for P1 students start on August 29.

TEXTBOOKS AND OTHER SUPPLIES

Each student will need to purchase a stethoscope (Littmann Classic II SE or equivalent) and a professional model aneroid (dial display) manual inflation sphygmomanometer. Short, white lab coats are required for lab. It is recommended (but not required) that students purchase a combination otoscope/ophthalmoscope (Welch Allyn 2.5V pocketscope or equivalent) for practice outside of class (this equipment is available for use in class but cannot leave the lab).
For the fall semester, the following textbooks are required or recommended:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Text(s) and/or Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Publisher: ELSEVIER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By Allen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publisher: Lippincott/Williams &amp; Wilkins</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By Sinko</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publisher: Lippincott/Williams and Wilkins</td>
</tr>
<tr>
<td>PSC 4125</td>
<td>Intro to Pharmaceutical Sciences</td>
<td>Required: Introduction to the Pharmaceutical Sciences, 2nd edition. By Pandit and Soltis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publisher: Lippincott/Williams and Wilkins</td>
</tr>
<tr>
<td>PHA 4125</td>
<td>Drug Literature and Foundations of Research</td>
<td>None</td>
</tr>
<tr>
<td>PPR 4115</td>
<td>Introduction to the Pharmacy Profession</td>
<td>None</td>
</tr>
</tbody>
</table>

Most of the courses you will be taking are "web-enhanced" and you will be able to access information such as assignments, lecture notes and grades from the WSU Canvas website (https://canvas.wayne.edu/). The Eugene Applebaum College of Pharmacy and Health Sciences requires that each student has access to a personal computer as a program requirement. For the start of the Doctor of Pharmacy program, students should be equipped with computer laptops that meet specifications of recommended hardware and software at: https://tech.wayne.edu/help/system-requirements. Student devices should be either Windows OS or iOS since these OS are supported by the electronic testing tool used by the program. In addition to the above hardware and software suggestions, we recommend that purchased PC and Mac laptops have an Ethernet port or purchase an Ethernet adapter if an Ethernet port does not exist. We do not recommend iPads or ultraportable tablets, as they are not compatible with current or planned electronic testing systems. Students are also required to have their own privacy screen protector that can be utilized for ALL online examination starting in the P1 fall semester for examination security.
FINANCIAL AID

Federal financial aid awards are available to pharmacy and health science students who demonstrate financial need as defined by the federal government. If you haven’t already done so, complete the Free Application for Federal Student Aid on-line at www.fafsa.ed.gov. Further information can be obtained online at www.financialaid.wayne.edu

The college’s liaison in the WSU Office of Student Financial Aid is Adam Zangerle, financial aid officer. He can be reached by email at aj7945@wayne.edu. He is also available for walk in advising appointments in the EACPHS Office of Student Affairs (Suite 1600) on Wednesdays from 1:00pm-3:00pm.

UPDATED TRANSCRIPTS

If you have completed additional courses or a degree at an institution other than WSU since completing your PharmCAS application (or doing the PharmCAS academic update), official transcripts need to be sent to:

Wayne State University
Transfer Credit Evaluation
P.O. Box 02759
Detroit, MI 48202-0759

Official electronic transcripts should be emailed to admissions@wayne.edu

REQUIREMENTS FOR DOCTOR OF PHARMACY STUDENTS IN PATIENT CARE SETTINGS

Doctor of Pharmacy student pharmacists are required to participate in experiential education involving patient care in various healthcare settings. This practical training may take place in community, ambulatory or health-system pharmacy sites. Patient care educational activities may be required for didactic courses, patient care laboratories, directed studies, and introductory and advanced pharmacy practice experiences. Specific requirements must be met and maintained for a student to be placed at a practice site.

All new (first year or transfer) student pharmacists are to provide written documentation of a negative tuberculin skin test, immunity to measles, rubella, mumps, varicella and Hepatitis B, seasonal flu vaccination, proof of liability insurance, proof of a Pharmacist Educational Limited (Intern) License (to be obtained after beginning the first semester), Basic Cardiac Life Support certification (BCLS), health insurance, proof of HIPAA training, completion of Bloodborne Pathogen Training, and a signed travel
waiver. **All of these requirements must be met and appropriate paperwork submitted to WSU before the fall semester begins.**

Annually, student pharmacists are to provide written documentation of a negative tuberculin skin test, seasonal flu vaccination, proof of liability insurance, Pharmacist Educational Limited (Intern) License, Bloodborne Pathogen Training, HIPAA training, and current BCLS certification.

Before a student pharmacist may begin a pharmacy practice experience, a student must have a completed Health Clearance Form signed by a physician or other health care provider. The Health Clearance form is to be completed before the fall semester of the first professional year and updated as required. The College will keep the completed original forms. Student pharmacists may request a copy.

The following information must be documented:

A. Written documentation of a negative tuberculin skin test with Purified Protein Derivative (PPD) **must be provided for each year** in which the student pharmacist will be participating in pharmacy practice experiences.

   In the case of a positive PPD test or a known contraindication to the PPD test, documentation of a negative chest X-ray for tuberculosis must be provided initially. Annually, the student pharmacist must provide documentation that he or she is clinically-free of tuberculosis. Follow-up chest X-rays will be done at the discretion of the individual's physician.

B. Immunity to measles (rubeola), rubella, mumps and varicella. - If a student has never been immunized or does not demonstrate immunity, the student must be immunized with measles, mumps, and rubella vaccine (MMR) and/or varicella virus vaccine.

   **Measles Immunity**
   - Documented administrations of two doses of live measles virus vaccine, or
   - Serologic laboratory evidence of immunity.

   **Rubella Immunity**
   - Documented administration of one dose of live rubella virus vaccine, or
   - Serologic laboratory evidence of immunity

   **Varicella Immunity**
   - Documented administration of two doses of live varicella vaccine, or
   - Serologic laboratory evidence of immunity

   **Mumps Immunity**
   - Documented administration of one dose of live mumps virus vaccine (MMR) or serologic laboratory evidence of immunity.

C. It is recommended, but not required that student pharmacists obtain the Hepatitis B Vaccine. All student pharmacists refusing this vaccine must sign a waiver form.
D. It is required that student pharmacists be vaccinated annually for seasonal flu every fall. You are to carry visible proof of vaccination. Without visible proof, you will be required to wear an appropriate mask while providing direct patient care.

E. Proof of the Pharmacists Educational Limited (Intern) Licensure. Michigan law requires that every student be licensed as a pharmacy intern (even if the student does not live in Michigan). This license must be renewed annually. All applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Follow the instructions in the packet. According to the licensure instructions, your "fingerprint are submitted to the Michigan State Police for analysis. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the records directly to the Bureau of Health Professions for review." Please note that the University is NOT involved in the fingerprinting process.

Directions on completing the Pharmacists Educational Limited (Intern) License:

1. You can access the license online at http://www.michigan.gov/documents/lara/Application_for_a_Photarmacist_License_598203_7.pdf
2. Complete the information at the top of page 1. Check that you are applying for a “Pharmacist Educational Limited” license.
3. Complete the information on page 2, read through the rest of the pages, and sign page 6.
4. You must send to the Michigan Board of Pharmacy with the required fee by the Pharmacy Orientation date, August 21.
5. You DO need to complete the fingerprinting and criminal background check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. If no criminal history is found, the Health Professions Licensing Division will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
6. NOTE: If a student does not hold a US Social Security Number, the student would provide, to the Michigan Board of Pharmacy, a copy of their driver license or ID with a note that says the student is not a U.S. resident nor employed in the U.S.
7. You do NOT need to complete the College of Pharmacy Affidavit. The Office of Student Affairs will be completing these forms and mailing them to the state after you attend the first week of pharmacy classes. The Affidavit will be matched up with your application at the Michigan Board of Pharmacy.
8. The Assistant Dean in the Office of Student Affairs will complete the College of Pharmacy Affidavit for all P1 students who attend the first week of classes. The Affidavit will be sent to the Board of Pharmacy by September 15. The Affidavit will be matched up with your application at the Board. Once the Board processes it, you will receive your Intern License. Please note that students may not be registered as an intern until they start attending classes in the Fall Semester. Therefore, the Assistant Dean will not complete the College of Pharmacy Affidavit portion of the application until the beginning of the fall semester. There are no exceptions.
F. Proof of Individual Pharmacists Professional Liability Insurance. Coverage must be for $1,000,000 per occurrence and $3,000,000 aggregate. To be purchased online each fall from the Pharmacist Mutual Professional Liability Insurance webpage at https://www.phmic.com/pharmacy-professional-liability/. Proof of insurance must be provided at Orientation. Renew annually. Expires annually. Please see the following notes on how to complete the application:

- State Licensed: MI
- Classification: Pharmacy Student/Intern
- School: Wayne State University and Expected Graduation date: May 2022
- Where is your primary practice setting? “Other” then enter “student”
- Do you perform sterile compounding? Yes
- If Yes, please explain: "Under pharmacist supervision and pursuant to a patient prescription or medication order involvement with preparation of sterile products would occur."
- Do you have an individual professional liability policy with another carrier? Answer Yes or No
- Do you compound in batch, manufacture or wholesale any drugs or: No drug products? No
- Have you ever had professional liability insurance declined, canceled, or non-renewed for any reason other than for non-payment of premium?: Answer Yes or No
- Has any claim or lawsuit for Pharmacy Professional Liability ever been brought against you or are you aware of any incidents that may result in a claim or lawsuit? Answer Yes or No
- Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action for any reason, by a court, regulatory agency or Board of Pharmacy? Answer Yes or No
- Optional coverage- Sexual or Physical Abuse Liability: Up to the discretion of the student, but most students decline.
- Enter your name
- Mailing address: Your home address if you reside in the US. If you live in Canada, please use the College’s address: 259 Mack Avenue, Detroit, MI  48201 Note: This insurance does cover students while completing rotations in Canada.
- Is this address located within city limits? Yes
- Enter your email, phone number(s) and birthdate
- Effective date of the policy: August 29, 2018
- License Number: 999
- Graduation Date: May 2022
- Answer all other questions appropriately and then submit

G. Proof of completion of a Basic Cardiac Life Support course for each year in which the student pharmacist will be participating in pharmacy practice experiences. The course must include adult and pediatric CPR (including 2-rescuer scenarios and use of the bag mask), foreign-body airway obstruction, and use of automated external defibrillation with CPR. Upon completion of this course, the student will receive a certification card specifying which course was completed. The course is available through the American Red Cross, American Heart Association, local hospitals, and other organizations. Recertification is required every two years. Online certification is not acceptable.

The Kappa Psi Pharmaceutical Fraternity will offer an approved one-day course at the College of Pharmacy and Health Sciences in mid-August at the Eugene Applebaum College of Pharmacy and Health Sciences. Information on specific dates and times and how to register will be sent to you in July.
This original card and a photocopy must be presented to appropriate individuals in the College at the beginning of the appropriate semester. The original will be returned after verification and the copy retained by the College.

H. Proof of health insurance covering “injury and sickness” (i.e., BC/BS, HAP, etc.). Documentation for health insurance must be annually provided. Bring proof of insurance coverage to orientation. This can be in the form of a letter from the insurance company or your insurance card. (If you are not the primary insurance holder, your card may have the name of your spouse or parent. This is acceptable.)

If you do not have health insurance, you must purchase a private plan with coverage that is effective by the start of the fall semester.

Original insurance cards and a photocopy must be presented to appropriate individuals in the College annually at the beginning of the appropriate semester as proof of insurance. The original will be returned after verification and the copy retained by the College.

I. Proof of HIPAA Training. All students must annually complete HIPAA training. You will receive an email in early August with information regarding completing the HIPAA training. To demonstrate their knowledge of HIPAA material, the student pharmacist must successfully pass an examination before placement in experiential education.

J. Bloodborne Pathogen Training. All students must annually complete the Biosafety/Bloodborne Pathogen Training. This training is completed online and should take about an hour to complete. Go to http://research.wayne.edu/oehs/training/index.php and then click on “CITI Training” from the menu on the left hand side. From there, you can set up your account and locate the specific training to take. You should include “affiliated with Wayne State”. Once you have completed the course including the required reading and the test, you will receive a certificate of completion that needs to be submitted to Eric Upshaw. This training must be completed each year by all PharmD students.

K. Each student pharmacist will be asked to sign a travel release the first semester that the student is enrolled in the College. This waiver frees the university and its employees, agents, and affiliates of liability that may arise or occur due directly or indirectly as the result of transportation to, from, or during any pharmacy practice experience. The College will keep the signed original release. Your signature must be witnessed by one other person (and can be a friend or family member). The signature and witness signature must be done at the same time!

L. Please note that drug testing may be required for site placements. If drug testing is required, you will be given information by your placement site during that time. There is nothing that you need to do now.

**Bring documentation to Eric Upshaw in 1600 APHS for verification and recording (af8230@wayne.edu)**

If you have any questions regarding requirements for pharmacy practice experiences contact:
Francine Salinitri, Pharm.D. at fsalinitri@wayne.edu.
TRAVEL RELEASE

I, _________________________________________ of _______________________________________

(Name)                                           (City, State/Province)

In consideration for the right to participate in the pharmacy practice experience courses that are part of my
requirements for the doctor of pharmacy degree awarded by this College, I do hereby agree to hold the
Board of Governors of Wayne State University and its employees, agents and affiliates harmless and free
from any and all liability which arises from or is incurred because of any transaction or occurrence
associated directly or indirectly with my transportation to, from, and during any pharmacy practice
experience course.

Signed: ______________________________________ Dated: ______________________

Witness: ______________________________________ Dated: ______________________

*Note that the student and witness must sign at the same time.*
HEALTH CLEARANCE FORM

General Information Section (to be completed by student; please print)

Name: ________________________________ WSU Student ID No: ________________________________
(9-digit One Card Number)

Address: ________________________________________________________________

City: ___________________ State: ______ Zip: __________________

Daytime Phone No: __________________ Evening Phone No: __________________

Email Address: ____________________________________________________________

In case of emergency contact: _________________________________________________
Relationship: ____________________________________________________________ at Phone No: ____________

Student Statement of Understanding:

I understand that, before I participate in a pharmacy practice experience, I must provide the Eugene Applebaum College of Pharmacy and Health Sciences with a completed Health Clearance Form, indicating:

1. Proof of immunity to rubeola, rubella, mumps, and varicella by documentation of immunization or by appropriate serologic laboratory results.

2. Proof of a negative tuberculin skin test as determined by intradermal injection of Purified Protein Derivative (PPD). In case of a positive PPD skin test or a known contraindication to the PPD skin test, a negative chest X-ray for tuberculosis or clinical documentation that no active disease is present must be documented.

I understand that Hepatitis B vaccine is strongly recommended, but not required for persons having contact with blood and body secretions, such as health care workers and designated clinical students. Receipt of the Hepatitis B vaccine is voluntary, not a condition for being placed at any particular site. I understand that if I decline this vaccination, I must sign the Waiver of Responsibility Form indicating such.

Student Signature: ________________________________ Date: __________________

PharmD Info 2018 pg. 13
Students in the pharmacy curriculum at Wayne State University Eugene Applebaum College of Pharmacy & Health Sciences participate in pharmacy practice experiences in both institutional and community pharmacy settings. Before a student participates in practice experience courses, written documentation indicating immunity to measles (rubeola), rubella, and varicella is required at the beginning of the first semester in the program and negative intradermal tuberculin skin test (PPD) each year in which the student takes an experiential course.

Immunity to measles (rubeola) and mumps are to be documented by proof of administration of two doses of live measles virus vaccine or serologic laboratory evidence, rubella by administration of one dose of live virus vaccine or serologic laboratory evidence, and varicella by administration of two doses of varicella virus vaccine or serologic laboratory evidence. **Chickenpox by history is not acceptable (CDC regulations for health care employees).** Appropriate laboratory levels indicating immunity to rubella, rubeola, mumps, and varicella are to be reported quantitatively on this form or by attaching a copy of the laboratory results. If a student has never been immunized or does not demonstrate immunity, the student must be immunized with measles, mumps, and rubella vaccine (MMR) and/or varicella virus vaccine.

In case of a positive PPD test or a known contraindication to the PPD test, a negative chest X-ray for tuberculosis or clinical documentation that no active disease is present must be documented.

Student Name: ____________________________________________ (Please Print)

Please complete the following section indicating immunization record or serologic laboratory results.

<table>
<thead>
<tr>
<th>IMMUNIZATION RECORD</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>Date(s) Received</td>
<td></td>
</tr>
<tr>
<td>Measles (rubeola)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox by history cannot be accepted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory/Diagnostic Tests</th>
<th>Dates Performed</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Skin Test (PPD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray (if PPD positive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (rubeola)-quantitative results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella-quantitative results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps -quantitative results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella-quantitative results</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By my signature below, I hereby certify that the above named individual has received the immunizations and laboratory tests listed above.

Signature: ________________________________________________________________

Name Printed or Typed: _______________________________________________________

Address: __________________________________________________________________

City/State/Zip: _____________________________ Phone: _________________________
PharmD Info 2016 pg. 15

Wayne State University
Eugene Applebaum College of Pharmacy and Health Sciences
Department of Pharmacy Practice
2190 APHS
259 Mack Avenue
Detroit, Michigan 48201
313/577-5392; FAX 313/577-5369

WAIVER OF RESPONSIBILITY

Hepatitis B Immunization

I understand that it is recommended by the Eugene Applebaum College of Pharmacy and Health Sciences that I receive the Hepatitis B vaccine series (3 injections) prior to the start of any pharmacy practice experience course. I acknowledge and understand that receiving the Hepatitis B vaccine is highly recommended, but not required for persons having contact with blood and body secretions, such as healthcare workers and designated clinical students and that the receipt of the Hepatitis B vaccine is voluntary and not a condition for being placed at any particular site.

_____ I do not wish to receive Hepatitis B vaccine at this time. I understand that by refusing this vaccine I continue to be at risk for acquiring Hepatitis B.

I understand that if I change my mind and receive the Hepatitis B vaccination later, either before or during any pharmacy practice experience course, I will provide this immunization information to the Office of Professional Experiences Programs.

By signing this form, I am indicating my refusal to obtain the Hepatitis B vaccine series and voluntarily assume the risks of acquiring Hepatitis B during required pharmacy practice experience courses as part of my educational requirements for the Doctor of Pharmacy degree awarded by this College. In addition, I hereby voluntarily waive all legal liability against Wayne State University, its Board of Governors, its faculty, agents, and affiliates, in case I should acquire Hepatitis B as a result of a required pharmacy practice course.

Student Name: ______________________________________________________

(Please Print)

Student Signature: ________________________ Date: __________________
**P1 CHECKLIST**

**College Orientation- August 20**

There is a mandatory College Orientation held in the Eugene Applebaum College of Pharmacy and Health Sciences at 259 Mack Ave Detroit, MI 48201 on **August 20** from 8:30am-1:00pm. It will be a very full half a day of activities, so please arrive to begin promptly at 8:30am. Orientation will be held in the auditorium on the lower level. Space in the auditorium will be limited so we ask that you do not bring any guests. Parking is available in structure 7 which is the structure across from the Applebaum building (on John R) for a fee. Lunch will be provided. Please note that the dress code for this event is business casual: Khaki or dark pants, neatly pressed, and a pressed long-sleeved, buttoned solid shirt are safe for both men and women. Women can wear sweaters, skirts or dresses; Polo/golf shirts, unwrinkled, are also appropriate.

**Pharmacy Orientation and White Coat Ceremony- August 21**

The Pharmacy orientation starts at 8:00 am on **Tuesday, August 21** in the Eugene Applebaum College of Pharmacy and Health Sciences. The dress code is professional attire (Shirt and Tie; Dress Slacks, Skirt or Dress). We will be in the EACPHS building through lunch and will then move to the Community Arts Center on main campus. Lunch will be provided. Your friends and family are invited to join us on main campus to watch as you are welcomed to the profession and participate in the White Coat Ceremony. The events that family and friends can participate in run from 2:00pm-4:30pm in the Community Arts Center. Each student can invite up to four guests, since seating is limited at the Community Arts auditorium. Please visit our campus map for information on the Community Arts Center and parking: [http://maps.wayne.edu/all/?q=community+arts#community-arts](http://maps.wayne.edu/all/?q=community+arts#community-arts). Please advise family and friends to park in structure 1. If they do not have a WSU One Card then must pay a fee with Visa, Discover or Mastercard.

**TO BE COMPLETED BEFORE PHARMACY ORIENTATION:**

- Register for first semester of courses.
- Complete finger printing process for intern license before orientation: [http://www.michigan.gov/documents/lara/Application_for_a_Pharmacist_License_598203_7.pdf](http://www.michigan.gov/documents/lara/Application_for_a_Pharmacist_License_598203_7.pdf). According to the licensure instructions, your "fingerprints are submitted to the Michigan State Police for analysis. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the records directly to the Bureau of Health Professions for review." The University is NOT involved in the fingerprinting process. Note that you do not need to complete the Internship Training Affidavit that is with the intern license application
- Complete HIPAA training. In early August, you will be receiving an email with instructions on how to complete the HIPAA training.
- Complete the Biosafety/Bloodborne Pathogen Training. (Bring certificate of completion on day of Pharmacy orientation to be submitted to Eric Upshaw.)
- Order patient care lab items and set up CPR training through Kappa Psi.
- Order your lab coat through the Class of 2020.
- Read through the student handbook: [http://www.cphs.wayne.edu/pharmd/resources.php](http://www.cphs.wayne.edu/pharmd/resources.php)
- Send updated official transcripts (if needed) to:
  - Wayne State University
  - Transfer Credit Evaluation
  - P.O. Box 02759
Attend the college wide orientation on Monday, August 20 from 8:30am-1:00pm in EACPHS.

TO BE TURNED IN THE DAY OF PHARMACY ORIENTATION (AUGUST 21):

**Note that the information turned in will NOT be returned to you. Please provide copies of materials that the College can keep.**

- Completed health clearance forms.
- Certificate of Biosafety/Bloodborne Pathogen Training.
- Proof of purchased liability insurance.
- Secure health insurance covering “injury and sickness.” Bring proof of insurance coverage to orientation. This can be in the form of a letter from the insurance company or a copy of your insurance card. (If you are not the primary insurance holder, your card may have the name of your spouse or parent. This is acceptable.)
- Completed travel waiver. *Note that the student and witness must sign at the same time.*
- Completed CPR course with proof of completion if done. Students must complete and provide proof before the start of the fall semester. For classes provided by Kappa Psi, students will receive their BLS provider card via e-mail after completing the course. Upon receiving their e-card students MUST print out a copy and give it to Eric Upshaw in the Office of Student Affairs. If they do not receive their e-card within 4-6 weeks of attending their class, they should contact Nick Peters at eq0084@wayne.edu.

TO BE COMPLETED BEFORE FIRST DAY OF CLASSES:

- Stop by the OneCard Office in the Welcome Center to get your student ID - your OneCard. This card allows you to gain access to the fitness center, check out library books, purchase food at on-campus eateries and park in one of our parking structures. Stop by the Parking Office right next door to purchase a semester parking pass. You will need a picture ID.

  OneCard Service Center
  The Welcome Center
  42 West Warren
  Room 257 (Second Floor)
  (313) 577-CARD
  [http://onecard.wayne.edu/](http://onecard.wayne.edu/)
  Hours: M-F 8:30am-5:00pm

- Purchase textbooks.
- Complete CPR course and bring proof to Eric Upshaw, if not already done.