

Permission to Release Selected Student Information

The University and the School of Pharmacy act in accordance with the Family Education Rights and Privacy Act or FERPA (also known as the Buckley Amendment). This is a federal law that protects the privacy of student educational records and prohibits release of a student's information to anyone outside the University without the permission of the student. However there are instances when release of a student's name, address and perhaps his/her picture is entirely appropriate and beneficial. For example, schools may publish the pictures and hometown addresses of graduating seniors in school newsletters; these may be used by alumni who employ pharmacists, other potential employers and professional societies. Pictures may be used to create a class composite or announce a student award or honor in a professional publication.

We can not release any information without your permission, even though we may feel that the request is legitimate and in your best interest. Through the form provided below, we are requesting your permission to release or publish your name, address, telephone number and pictures for legitimate purposes in school publications or to persons inside or outside the University at the discretion of the Dean.

Your information

Name:

Campus Address:

Campus telephone number:

Home Address:

Home telephone number:

Please check the appropriate box:

- Yes, I am willing to permit my picture and information listed above to be published
- No, I do not wish my picture and information listed above to be published.

I, _____ hereby agree to permit the above information to be duplicated and distributed to prospective employers, professional societies, my fellow students and/or to be published in school publications at the discretion of the Dean. Completion of this form and permission to release the information are completely voluntary and will not, in any way affect my relationship with the School or its faculty.

School of Pharmacy

Students Right to Complain

(ACPE Complaints Policy)

Introduction

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. The School of Pharmacy, University of Pittsburgh and other schools and colleges of pharmacy are accredited by the ACPE based on their demonstrated adherence to a set of standards, guidelines and policies and procedures published by the ACPE. The current version of the ACPE's *Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* may be found at the following URL: <http://www.acpe-accredit.org>.

ACPE is required by the Department of Education to demonstrate a link between ACPE's review of complaints and its evaluation of a program in the accreditation process. Therefore in order to demonstrate compliance with the Department of Education Criteria for Recognition, and with the prior review and advice of Department of Education personnel, ACPE requires pharmacy schools to provide adherence to ACPE's Standards. Students have a right to complain (Standard 15) if the School is not meeting the standards.

The Complaint Process

The student who wishes to file a complaint that the School has failed to meet one or more of the standards for accreditation may visit the ACPE Standards web site (<http://www.acpe-accredit.org/complaints/default.asp>) for guidance. Colleges and schools of pharmacy accredited by ACPE, including the University of Pittsburgh School of Pharmacy, have an obligation to respond to any written complaints by students lodged against the college or school of pharmacy, or the pharmacy program, that are related to the standards established, implemented and maintained at the School of Pharmacy.

The file of student complaints held in the office of the Assistant Dean of Students, will be made available to ACPE at on-site evaluations, or otherwise at ACPE's written request. The findings of this inspection, and the resulting implication(s) to the accreditation of the professional program, shall be noted in the Evaluation Team Report.

My signature below certifies that I have been informed of the School of Pharmacy's complaint policy. I understand that I have a right to submit a written complaint to the Executive Director of the Accrediting Council on Pharmacy Education (<http://www.acpe-accredit.org>) should I find that the School of Pharmacy had failed to meet one or more of the standards for accreditation.

Name (print)

Signature

____/____/____
Date

August 7, 2016

School of Pharmacy

Professional Code of Conduct

As a learner (herein defined as inclusive of all professional program students, graduate students, pharmacy residents and fellows) in the School of Pharmacy, I pledge to:

- Act with honesty and integrity in academic and professional activities; obey all University of Pittsburgh policies and guidelines, local, state, and federal laws, as well as policies and regulatory standards that may be in place at locations internal and external to the School;
- Help to foster a positive environment for learning. I will not interfere with or undermine other learners' efforts to learn;
- Respect the knowledge, skills and values of pharmacists, instructors, mentors and other health care professionals;
- Respect the autonomy and dignity of fellow learners, instructors, staff, other health care professionals and patients;
- Seek treatment for any personal impairment, including substance abuse, which could adversely impact patients, instructors, mentors, health care providers or other learners. I will work with health care providers, university personnel or other professionals to eliminate or minimize the risk to patient safety posed by any members of the health care team who fail to adequately manage their impairment;
- Promote the good of every patient in a caring, compassionate and confidential manner;
- Protect the confidentiality of all medical, personal, academic, financial or business information obtained during the course of educational activities in any academic or professional setting. This includes full compliance with all tenets of the Health Insurance Portability and Accountability Act (HIPAA), including the prohibition of viewing written or electronic protected health information of any individual (including family members), unless it is within the context of meeting educational activities and goals, providing patient care or when working on research projects, quality assurance projects or administrative activities approved by faculty or preceptors.
- Strive for professional competence.

My signature below certifies that I have read, understand and agree to abide by the School of Pharmacy's Professional Code of Conduct for Students. I understand that any violation of this Code of Conduct will result in actions that may include course failure, suspension or dismissal from the professional pharmacy program.

Name (Print)

Signature

_____/_____/_____
Date