

Experience Conduct Statement

I, _____, (print name) as a participant in the University of Georgia College of Pharmacy Experience Programs, do hereby agree to abide by all rules of conduct listed below. I realize that failure to follow these conduct rules will result in disciplinary action which could include failure of the course or dismissal from the program.

Conduct Rules:

I will obey all ethical instructions of my preceptor.

I will recognize my preceptor as the authority for all rules, regulations, and expectations.

I will be courteous and professional at all times.

I will arrive on time to all experience sites.

I will wear professional attire, including a white lab coat and name tag, as directed told by my preceptor.

I will be attentive and alert to patient needs and care at all times.

I will perform all assigned duties in a timely manner.

I will not enter an unauthorized work area at any time.

I will not interfere with the work performance of another student or employee.

I will not steal, willfully damage equipment or property, or falsify official reports or information while directly participating in College of Pharmacy Experience Programs.

I will not use or possess intoxicating or illegal substances at any experience related setting.

I will not divulge any patient information gathered through conversations, medical charts, pharmacy records, medical rounds, and any other interprofessional involvement.

I will not divulge any company / institutional confidences revealed while completing experience training including pharmacy records, pricing systems, professional policies, and patient records.

In addition to the conduct rules above, I understand and agree that I may be immediately withdrawn from the Facility's educational training program based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the Institution or Facility, if I pose a direct threat to the health or safety of others or, for any other reason the Institution or the Facility reasonable believes that it is not in the best interest of the Institution, the Facility or the Facility's patients or clients for me to continue.

By signing this form, I acknowledge that I fully understand the policy listed above and agree to abide by these rules. Furthermore, I understand the potential penalties involved if I fail to follow one or more of these conduct rules.

Signature _____

Date _____