



PATSIM APPLICATION PACKET
Pharmacist-Assisted Technician Self Instructional Modules
Non-Credit Program



**Application to North Dakota State College of Science
Pharmacist Assisted Technician Self Instructional Modules**

Student Technician Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone # _____

Social Security # _____ **DOB** _____

Name & Date of High School Graduation _____

Pharmacist and Pharmacy Information:

Sponsoring Pharmacist Name: _____

Pharmacy Name _____

Pharmacy Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Student Signature

Pharmacist Signature

\$35 Processing Fee must be returned with the required forms to complete the Registration process.

This form MUST be returned to complete the registration process.

Proctor forms must be returned to complete the Registration Process



“PATSIM” SPONSORING PHARMACIST AND STUDENT TECHNICIAN AGREEMENT

This Agreement is among the North Dakota State College of Science (NDSCS), _____ (Pharmacist) and _____ (Student Technician). The purpose of the Agreement is to provide a Pharmacist-Assisted Technician Self-Instructional Module (“PATSIM”) to satisfy North Dakota Pharmacy Technician registration requirements.

1. The Student Technician shall arrange for on-the-job training with a participating Pharmacist. The Student Technician is not an employee of NDSCS and is not entitled to wages or to other compensation from NDSCS. NDSCS has no authority to control or direct the work of Student Technician and NDSCS assumes no liability for any claims or causes of action arising out of Student Technician’s work.
2. The Student Technician agrees to complete all of the program modules of the PATSIM program in the required progression during a term with a minimum of one module being satisfactorily completed every three months. A module may be repeated only once during the program. Satisfactory completion of a module is defined as completing all assignments within the module. The Student Technician agrees to complete the program of modules following all conditions set forth by the State Board of Pharmacy and NDSCS as outlined here and any that may be added at the discretion of the State Board of Pharmacy and NDSCS.
3. The Pharmacist agrees to provide necessary and appropriate supervision and monitoring. Pharmacist agrees to assume responsibility for grading all mechanical manipulations, including, but not limited to weighing materials using a torsion balance, and nonsterile materials.
4. The Student Technician and the Pharmacist agree not to copy or share the contents of the modules.
5. NDSCS is responsible for the curriculum of the module courses. The additional course material for the academic credit options the student technician is to obtain on their own from any Accredited College or University. Pharmacists shall make available to the Student Technician standard reference books and other materials commonly kept by pharmacists.
6. Upon satisfactory completion of the program NDSCS shall issue a letter of completion to Student Technician for the non-credit PATSIM.
7. This Agreement may be terminated with written notice to the other parties by either the Pharmacist or Student Technician or NDSCS. Student Technician is responsible for arranging placement with other pharmacist for continuation of the program if the Student Technician terminates their employment before completing the program.
8. Pharmacist represents that he/she is properly licensed and agrees to maintain during the term of the Agreement all licenses, permits and certificated required by law.
9. The Sponsoring Pharmacist and the Student technician are familiar with the ASHP Accreditation Standard enclosed in this packet.
10. The Student Technician will allow the program to share grades and progression with the State Board of Pharmacy and their experiential site coordinator.

Date: _____	_____
	Student Technician
Date: _____	_____
	Pharmacist
Date: _____	_____
	North Dakota State College of Science

Student Responsibility Agreement

I agree to the following requirements, policies and handbooks while I am a student in the Pharmacy Technician Program.

- NDSCS Pharmacy Technician Student Handbook
- NDSCS Course outlines
- NDSCS Pharmacy Technician Essential Functions
- HIPAA Regulations
- Program Policy on Drug/Alcohol violations

I have reviewed the above items and understand my responsibilities.

NDSCS and the program reserve the right to change policies or revise curricula as necessary due to unanticipated circumstances. All policy and curriculum revisions will be made known to the student.

I have read, understand and agree to comply with all requirements, policies and handbooks as stated above.

Student (PRINT name) _____

Signature of Student _____

Date _____

RETURN this form to NDSCS Pharmacy Technician Office
800 6th Street North
Wahpeton, ND 58076

FERPA Release Form PATSIM Students
(Family Educational Rights and Privacy Act)

I, _____
(PLEASE PRINT FULL NAME)

The undersigned hereby authorize North Dakota State College of Science (including faculty, administrative offices) to release the following educational records upon request. I understand the information, which can be released concerning me, upon request, can include but is not limited to attendance, attitude, dependability, coursework and grades.

Information on academic records including grades and other pertinent information will be released (upon request) to

- Licensing Agencies and Boards (ND State Board of Pharmacy)
- Certification Agencies (PTCB)
- Sponsoring Pharmacist

Names of individual(s) I wish to release information to:

1. _____
Name Relationship

2. _____
Name Relationship

I understand although I am not required to release my records to these individuals, I am giving my consent to release information. I understand further that: 1. I have the right not to consent to the release of my educational records; 2. I have the right to receive a copy of any written reference upon request; 3 and that this consent shall remain in effect until revoked by me, in writing and delivered to the Pharmacy Technician Office at NDSCS, but that any revocation shall not affect disclosures previously made by said employee prior to the employee's receipt of any such revocation.

Signature of Student Date

SECTION I – Student Information

What is a Proctored Exam?

A proctored exam is one that is overseen by an impartial individual (called a proctor) who monitors or supervises a student while he or she is taking an exam. The proctor ensures the security and integrity of the exam process.

How do I know if I need a proctored exam?

All exams contained in the PATSIM program require that you have a proctor.

Will there be a fee for a proctor's services?

There are many proctors that do not require a fee, however if a fee is assessed, fees vary for the use of a testing facility and for the proctor's time to receive, monitor, and return your exam. Please be sure to determine if there is a fee, what it is, and when it must be paid. Testing centers often require prepayment, and your receipt for payment may serve as your ticket to the proctored exam session. These practices vary among libraries, schools, colleges, universities, and private testing centers. The student will pay for all expenses for proctoring services.

How do I find an approved proctor?

Proctors for Wahpeton area students:

If you are in the Wahpeton, ND area you are advised to take your proctored exams through the NDSCS Testing Center, located on the NDSCS campus in the Mildred Johnson Library. You should call 701-671-2441 or 701-671-2256 to make arrangements for your test. There are no proctoring fees assessed.

Proctors for Fargo area students:

If you are in the Fargo, ND area, you are advised to take your proctored exams through the NDSCS Skills & Technology Training Center at 1305 19th Avenue North in Fargo. There are no proctoring fees assessed.

Proctors for all other students:

You should consult “Who may be approved to serve as a proctor?”

What are the requirements for proctor approval?

NDSCS has specific guidelines regarding proctor selection. You must submit a completed proctor form by the date your instructor establishes for each course. The department may contact the proctor to determine their eligibility as a proctor.

Proctors only need to be designated once per the course of the program.

Exam access will not be available until the proctor accepts the role and is approved by the Director of the Pharmacy Technician Program.

Who may be approved to serve as a proctor?

An acceptable proctor is a professional with no conflict of interest. Approved proctors if you are not in the Wahpeton, ND or Fargo, ND area can be:

- NDSCS Testing Center in Wahpeton, ND
- Skills and Technology Training Center in Fargo, ND
- Testing Centers of other colleges or universities
- Learning Centers
- Librarians in colleges or universities if they do not have a testing center
- Librarians in high schools or public libraries
- Officer of higher rank, if in the military
- Job Services
- Military Education Officers
- Human Resources Office Personnel
- Teachers/Professors/Educational Administrators
- Other as approved by the Pharmacy Technician Assistant Director _____

Proctors may NOT be:

- Spouse or Significant other
- Relatives
- Friends/Classmates or Other Students
- Employee of Student
- Co-worker
- Supervisor

Exams must NOT be taken in a home setting.

How do I schedule my exam?

- Contact your approved proctor when you are nearing completion of the material required for an exam... Note: Be sure that fees are paid in advance of the actual exam date if required by the proctoring service.
- Schedule a day and time within the testing window to take the exam with the proctor.

Note: Failure on the part of the student to assume these responsibilities will be a matter to resolve with the Assistant Program Director and could result in a failing grade on the exam in question.

How do I take a proctored exam?

- a. Find an appropriate proctor by the date the instructor establishes for each course. (See for information on selecting an approved proctor or getting approval for a proctor candidate.)
- b. Complete and submit the Proctor Application form.
- c. Provide your exam schedule to your approved proctor.
- d. Comply with any payment schedule that may be required by your approved proctor or testing center. NDSCS has no control over fees which proctors may assess.
- e. Schedule your exam date and time with the proctor well in advance of the testing window.
- f. Take your exam within the timeframe outlined in your course schedule.

Note: Failure on the part of the student to assume these responsibilities will be a matter to resolve with the instructor and could result in a failing grade on the exam in question.

SECTION II – Proctor Information

What technology must I have as a proctor?

At a minimum, the proctor must have a valid, working professional / company e-mail address and telephone number so that the instructor may communicate with them at their place of work. Depending on whether the exam is offered via the Internet or paper-based, the proctor should also have:

- A computer with the ability to load Respondus software - student may use his or her own laptop with Respondus
- Internet access
- Printer
- And if necessary, a FAX machine or scanner

What are the proctor's responsibilities?

1. The proctor must ensure that all necessary technologies are available and working. (Computer, Internet access, printer, fax, scanner, etc.)
2. Respondus is be required, to install student should log into Blackboard for the link
3. If paper based, only the proctor may handle the actual exam prior to and following its completion.
4. If paper based, no copies of the exam other than the copy used for test taking are to be made at any time.
5. No person other than the proctor and student may view the exam. (The student may have access to the exam only during the time period allowed by the instructor.)
6. The proctor must follow the instructor's requirements for administering the exam. These may include a time limit, specific allowable equipment, such as a calculator in addition, inclusion or exclusion of books, notes, etc.
7. If paper-based, the proctor must prepare the exam (and any relevant materials, e.g., scratch paper) and return the exam as directed by the instructor.
8. Proctors must administer the exam at their place of business; never at the proctor or student's home.
9. Proctors must verify the identity of the student with a photo ID such as a driver's license or college ID.
10. For online exams, proctors may receive a password for the exam. The proctor should be the one to enter the password into the exam on the computer. Please do not give the student the password for online exams. Students are not allowed to open any browsers or computer files during an online exam. Do not print the exams.
11. For paper-based exams, the exam must remain sealed until the student is ready to take it, and the exam should never be in the student's possession except when they are taking it.
12. Proctors must closely monitor the student until he or she is finished with the exam

- in addition, make sure the student does not leave the room, except for an emergency.
13. Students cannot take the exam with books, notes, or reference aids of any kind unless specified in the exam instructions. Students cannot take notes on the exam or attempt by any other means (e.g., by using a cell-phone camera or other electronic device) to copy any part of the exam. The student or the proctor cannot print or duplicate the exam in any way.
 14. If paper based, proctors shall collect all papers and questions at the conclusion of the exam. All materials, including exam questions, signed cover sheet, and any scratch paper must be sealed and mailed back by the proctor in the envelope provided. If the instructor requires the exam to be returned electronically, the originals should be kept for two weeks and then destroyed by shredding.
 15. If the student does not sit for the exam during the designated time the proctor should notify the instructor.
 16. If the requested proctor is unable to proctor the exam, please contact the instructor.
 17. If there is a suspected error on the exam the proctor should document the suspected error and contact the instructor.
 18. If the student is suspected of cheating, please contact the instructor.

Completed by Student

A. Student Contact Information:

_____	_____
Name	Area Code- Daytime Phone Number
_____	_____
Your Email Address (college email preferred)	Area Code- Nighttime Phone Number

B. Course Information I am requesting approval for :

<i>Course Number</i>	<i>Instructor</i>	<i>Semester</i>	<i>Year</i>
_____	_____	_____	_____
PATSIM	Melissa Krava	NA	

C. The Proctor I am requesting approval for :

_____	NDSCS Testing Center in Wahpeton	_____	Learning Centers
_____	Skills and Technology Training Center in Fargo	_____	
_____	Librarians in high schools or public libraries	_____	Human Resources Office Personnel
_____	Testing Centers of other colleges or universities	_____	Teachers/Professors/Educational Administrators

D. Complete the Proctor name and organization. (e.g. NDSCS Testing Center, Sylvan Learning Center)

_____	_____
Proctor Name	Position
_____	_____
Organization Name	

E. I, the student named above, agree to the following:

1. To locate a proctor or testing center and set up an appointment for my course exam(s), according to the published dates.
2. To provide the prospective proctor with the Proctor Application Form-Section II.
3. To pay for all expenses for proctoring services; if any.
4. To return Proctor Application Form to my instructor by the dates required.

F. The information in Section I is correct to the best of my knowledge.

_____	_____
Student Signature	Date

SECTION II

To be completed by Proctor

Student Name _____

A. Proctor Contact Information:

Proctor Name _____ Position _____
Organization _____ City _____
Street Address _____ State _____ Zip Code _____
E-Mail Address _____ Fax Number _____
(Required) _____
Daytime phone number _____ Phone number _____

B. Proctor Qualification and Statements (please read and initial each line)

- _____ I certify that I will verify student’s name and picture on a college or government (e.g. driver’s license) issued picture ID.
- _____ I certify that I am a disinterested third party who has no interest in the outcome of this exam.
- _____ I certify that I am at least 21 years of age.
- _____ I certify that I will personally observe the student throughout the entire exam.
- _____ I certify that the student will not receive any assistance during the exam.
- _____ I certify that I will follow instructor’s guidelines as pertaining to allowable items during the exam.
- _____ I agree to preserve and protect the NDSCS exam from being copied, printed or compromised in any way.
- _____ I agree to notify the instructor if I know or suspect that an NDSCS exam has been compromised in any way.
- _____ I acknowledge that I have read and understand the duties of an NDSCS proctor.
- _____ I certify that I will not delegate my proctor responsibilities to anyone else.
- _____ I agree that my contact information may be made available to the NDSCS student and instructor.

Proctor Certification Statements. Please read and sign

1. I certify that to the best of my abilities I will uphold the NDSCS Academic Conduct Standards. (available at <http://www.ndscs.nodak.edu/acastuddivision/pdf/guidetostudentrights.pdf>)
2. I have Internet access to allow for online testing. The Information in Section II of the Proctor Application Form is correct to the best of my knowledge.
3. I agree to allow student to download test secure software (such as ExamGuard®) if required

Proctor Signature

Date

C. Return to

Instructor Name

Melissa Krava

Mailing Address

***Pharmacy Tech Program, NDSCS 800 6 St N, Wahpeton ND
58076***

E-Mail Address

Melissa.Krava@ndscs.edu

FORM A

Verification of Reading and Writing Ability

I _____ preceptor for _____
(Print name of Preceptor) Print Student Name

Hereby verify that the student named has demonstrated, during the hiring process, that they have the necessary reading and writing skills to successfully complete the Pharmacist Assisted Self-Instructional Modules.

Signature of Preceptor