SULLIVAN UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
STUDENT HANDBOOK
2026 – 2027

SULLIVAN UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES
2100 GARDINER LANE
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(502) 413-8640

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Glossary of terms

ADSA	Associate Dean of Student Affairs
ADAA	Assistant Dean of Academic Affairs and Assessment
APD	Associate Program Director (PA Program)
APPC	Academic Progression and Professionalism Committee
APPE	Advanced Pharmacy Practice Experiences
ASF	Academic Support Faculty
COPHS	College of Pharmacy and Health Sciences
DC	Department Chair(s)
DDE	Director of Didactic Education
DCE	Director of Clinical Education
EOR	End of Rotation
IPPE	Introductory Pharmacy Practice Experiences
OAcA	Office of Academic Affairs and Assessment
OCEE	Office of Clinical and Experiential Education
OSA	Office of Student Affairs
PA1	First Year Physician Assistant Student
PA2	Second Year Physician Assistant Student
P1	First Year Pharmacy Student
P2	Second Year Pharmacy Student
P3	Third Year Pharmacy Student
PD	Program Director (PA Program)
PDP	Professional Development Plan
SCPE	Supervised Clinical Practice Experiences
SU COPHS	Sullivan University College of Pharmacy and Health Sciences

INTRODUCTION

Purpose and Scope of the Student Handbook

The College of Pharmacy and Health Sciences (COPHS) Student Handbook is prepared for use by students enrolled in any program of study of the College. The Sullivan University College of Pharmacy and Health Sciences (SU COPHS) operates on an academic calendar year defined as July 1st – June 30th. The Student Handbook is a resource of information relating to the organization of the COPHS, and is the students' guide to academic policies, the academic calendar, student life and professional activities and student support services. Students are held to policies within this handbook in all instructional locations, including supervised clinical practice experience (SCPE) sites. If there are differing policies to students receiving instruction at places other than the COPHS, those are specifically noted as well within this handbook (A3.01). The student handbook is reviewed and updated on a regular basis. This edition of the Student Handbook supersedes all previous editions. The COPHS reserves the right to rescind or otherwise modify the provisions of this Student Handbook with or without notice. Neither the COPHS nor Sullivan University is responsible for any misrepresentations of its requirements or situations that might arise because of errors in the preparation of this Student Handbook.

Expectations of Students

Each student enrolled in the COPHS programs is individually responsible for knowledge of the current academic regulations, the general and specific requirements for successful completion of their program of study, and the operational policies as contained in this Student Handbook as well as other official documents or announcements of the COPHS.

We are dedicated to excellence in healthcare education and research as well as the highest standards of patient care. Our educational programs and eligibility for licensure, if applicable, as a healthcare practitioner demand that our students demonstrate excellent cognitive, behavioral, and technical skills, and abilities that prepare them to practice as safe, competent, and ethical practitioners in any setting.

These abilities and skills include communication skills that enable the student to effectively communicate in oral and written English with patients, health professionals, and/or the public. The student must also develop the proper use and recognition of non-verbal communication skills. In addition, the student must demonstrate a fundamental and continuing ability to use analytical reasoning and critical thinking skills both independently and in collaboration with others on the health care team to synthesize knowledge, engage in problem-solving and explain situations affecting health care delivery. The student must exercise good judgment and ethical reasoning in patient care and assessment as well as be prepared to incorporate new knowledge or changing information obtained from the practice environment.

It is important that the student possesses the motor skills (with accommodation, if necessary) to participate in both patient and non-patient care related activities as required by their program of study.

Finally, the student must always maintain conduct that is always of the highest professional and ethical standards as well as be willing to modify behaviors that may fall below the high standards expected of healthcare practitioners. The student must demonstrate compassion and concern for others whether they are patients, caregivers, or colleagues. As a healthcare practitioner, a student takes complete responsibility for their actions and must have the emotional stability to function under stressful conditions.

OFFICE CONTACT INFORMATION

College of Pharmacy and Health Sciences (COPHS)

Office of the Dean	(502) 413-8640
Office of the Assistant Dean of Academic Affairs and Assessment	(502) 413-8967
Office of Student Affairs	(502) 413-8645
Office of the Associate Dean of Student Affairs	(502) 413-8657
Office of Financial Planning	(502) 413-8566 or 8589
Office of Research	(502) 413-8655
Student Counseling Program / Tomeika Reeves, WayneCorp	(502) 451-8262 or (800) 441-1237
Suicide & Crisis Life Line - Call or Text 988 or chat 988lifeline.org (A3.07)	(24 hours assistance)
Sullivan University Public Safety	(502) 413-8888

Doctor of Pharmacy Program

Department Chair of Pharmacy Practice	(502) 413-8969
Department Chair of Pharmaceutical Sciences	(502) 413-8945
Office of Clinical and Experiential Education / Practice Experience Coordinator	(502) 413-8634
Office of the Director of Experiential Education	(502) 413-8637

Master of Science in Physician Assistant Program

Office of the Physician Assistant (PA) Program	(502) 413-8659
Office of the Program Director of PA Program	(502) 413-8648
Office of the Associate Program Director of PA Program	(502) 413-8941
Office of Director of Didactic Education for PA Program	(502) 413-8954
Office of Director of Clinical Education for PA Program	(502) 413-8947
Practice Experience Coordinator	(502) 413-8944

Pharmacy Technician Program

Office of the Pharmacy Technician Program	(502) 413-8996

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MISSION, VISION, AND GOALS

Sullivan University Mission Statement

See Sullivan University Academic Catalog – "Mission Statement".

Sullivan University College of Pharmacy and Health Sciences Mission/Goals

Mission: Educational excellence to improve the health of communities.

Goals:

- Promote innovation
- Advance a culture of diversity and inclusion
- Foster collaborative relationships
- Develop professional lifelong learners, practitioners, and scholars
- Advocate for our professions and the patients we serve

Doctor of Pharmacy Program Mission/Goals

Mission: To provide equitable and inclusive education to develop diverse and innovative pharmacists who serve communities and improve health

Goals:

- Provide innovative pharmacy education and clinical services
- Advance a culture of diversity, equity, and inclusion in pharmacy education, the profession, and patient care
- Foster collaborative relationships with all healthcare professionals
- Develop lifelong learners, professionals, and scholars
- Advocate for the profession of pharmacy and the patients we serve

Master of Science in Physician Assistant Program Mission/Goals

Mission: To educate future Physician Assistants to provide ethical, quality, and compassionate healthcare as part of an interprofessional team.

Goals:

- Promote innovation in PA education and professional practice
- Foster a culture of diversity, equity, and inclusion in PA education, the profession, and in patient care.
- Facilitate collaborative relationships both within the PA profession and interprofessionally
- Develop PA professional lifelong learners, providers, and scholars
- Advocate for the PA profession and the patients we serve

Pharmacy Technician Program Mission/Goals

Mission: Elevate pharmacy practice through education and preparation of pharmacy technicians who confidently partner with other healthcare providers to serve communities, improve health, and advocate for the evolving role of pharmacy technicians.

Goals:

- Provide innovative pharmacy technician education
- Advance a culture of diversity, equity, and inclusion in pharmacy technician education, the profession, and patient care
- Foster collaborative relationships with all healthcare professionals
- Develop lifelong learners and professionals
- Advocate for the role of the pharmacy technician and the patients we serve

ACCREDITATION

Sullivan University

See Sullivan University Academic Catalog – "Accreditations & Approvals".

Sullivan University and College of Pharmacy and Health Sciences Accreditation and Approvals

See Sullivan University Academic Catalog – "Accreditations & Approvals".

Sullivan University Doctor of Pharmacy Program

See Sullivan University Academic Catalog – "Accreditations & Approvals".

Sullivan University Master of Science in Physician Assistant Program

See Sullivan University Academic Catalog – "Accreditations & Approvals".

Pharmacy Technician Program

See Sullivan University Academic Catalog – "Accreditations & Approvals".

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GENERAL INFORMATION

Sullivan University Academic Catalog (found at the following web address under "General Academic Information")

https://www.sullivan.edu/accreditation

Equal Education and Employment Opportunity Institution

See Sullivan University Academic Catalog – "Equal Opportunity Admissions"

Family Educational Rights and Privacy Act (FERPA)

See Sullivan University Academic Catalog – "Family Educational Rights and Privacy Act (FERPA)".

Family Educational Rights and Privacy Act (FERPA)

Grievance/Official Complaint Procedure (*University-level*)

See Sullivan University Academic Catalog – "Grievance/Official Complaint Procedure".

General Statement of Liability

See Sullivan University Academic Catalog – "General Statement of Liability".

Imminent Danger

See Sullivan University Academic Catalog – "Imminent Danger".

Injury/Illness Expense Policy

Sullivan University and the COPHS are committed to operating a reasonably safe and secure educational facility on behalf of faculty, staff, students, and guests. This includes taking precautions to minimize exposure to injury and/or illness. However, from time to time, accidents do happen and, therefore, this policy and explanation of procedures have been developed to clarify the institution's responsibility and response to occasions of injury or illness.

Students must always maintain their own private health insurance and carry their health insurance identification card with them.

Neither Sullivan University nor the COPHS act as an insurer and generally do not provide medical coverage for illness or injury sustained while at Sullivan University or the COPHS or while engaged in curricular and/or extra-curricular events. In no instance will Sullivan University or the COPHS guarantee payment to any third-party provider for any type of medical care.

In the urgent or emergent situation, basic health services are available from Public Safety Staff and offered to faculty, staff, and students at no charge. The Public Safety staff, when seeing an individual presenting for basic health services, is required, to gather information and complete forms related to one's personal medical insurance. This information may be furnished to other insurance agencies, as required, when the agency is directly involved and/or considering an individual's claim. In addition, this information may be provided to third party healthcare providers who treat an individual referred for further treatment by Public Safety staff.

The “Health Services Incident Report” that is completed by the Public Safety staff is a form specifically used to document an individual’s injury or illness. In addition, it serves as a record of treatment, a statement in support of HIPAA regulations, consent for treatment by Public Safety staff and a disclosure of the routing of the information contained in the report. Finally, the form contains billing information, continued care recommendations and a release of liability/refusal for treatment section used only when immediate care by Public Safety staff is refused. Individuals who do not want the University to keep medical information should, upon the need for treatment, immediately refuse treatment and request an ambulance or arrange for other transportation to a medical facility. Unconscious individuals and/or individuals unable to give consent at the time of the assessment will be treated on an emergency basis until an ambulance or other medical authority arrives and assumes care for the infirmed or unless an individual regains consciousness and refuses further treatment by Public Safety staff.

While on Sullivan University System owned or controlled property, or, while attending any event sponsored, co-sponsored or endorsed by the University or the COPHS, University officials may summon an ambulance and/or other community emergency resources if an individual is injured or ill and, in the judgment of Public Safety staff, medical attention is required. Conscious individuals may subsequently refuse treatment and/or transportation by the ambulance service upon their arrival. However, the Public Safety staff of the institution will want, in each situation so indicated, to meet the requirement of due diligence in safeguarding the health, life and safety of people on University property or at University or College sponsored events. In no instance will medical charges, as a result of illness or injury, be provided by the Sullivan University while any student or other participant is engaged in an athletic exercise, sports activity or other extra-curricular activity regardless of the institution’s sponsorship of the activity.

For clarification and/or information regarding the University’s policies relating to insurance and/or medical payments, questions should be directed to the Public Safety staff or the Sullivan University System Accounting Department.

All safety and security incidents involving a student on experiential (Introductory Pharmacy Practice (IPPE) or Advanced Pharmacy Practice Experiences (APPE) for student pharmacists), clinical (shadowing or SCPEs for student physician assistants), or externship (for student pharmacy technicians) experiences must be reported to the Office of Clinical and Experiential Education (OCEE). Examples of such incidents include but are not limited to assaults, car break-ins, accidents to and from a site.

Students experiencing a medical emergency during the period of authorized presence on experiential, clinical, or externship experiences should use initial medical treatment offered at site for injuries or illness. The experiential, clinical, or externship site shall not be liable for costs of treatment. Students are to notify their preceptor and the OCEE of the site related injury or illness. Students should follow the policy and procedures outlined by the sites. The OCEE will complete a Health Services Incident Report and obtain a copy of the site incident report to be maintained in the student’s academic file. SU COPHS assumes responsibility for cost associated with Post-Exposure Prophylaxis.

Printing/Paper Usage

See Sullivan University Academic Catalog – “Printing/Paper Usage”.

COPHS students may see the Office of the Dean to place more money on their print card.

Public Safety/Security

See Sullivan University Academic Catalog – “Public Safety/Security”.

Identification

Each student receives a photo ID which identifies them as a student of Sullivan University and the COPHS. This identification is used to gain access to the COPHS building by use of the Card Reader mechanism located at the front door of the College and at the corridor doors located on each floor of the College. The ID must always be visible while a student is in the building. Students who need a replacement card should contact the Office of the Dean. There is a ten-dollar ($10.00) replacement charge.

Register to Vote

See Sullivan University Academic Catalog – “Register to Vote”.

Harassment Policy and Procedure

See Sullivan University Academic Catalog - “Behavior and Responsibilities” for definition of harassment.

See Sullivan University Academic Catalog – “Sexual Offense Policy” for Title IX procedures and definitions of sexual offense.

Complaints of harassment are to follow the University policies (noted above). The SU COPHS Office of Student Affairs (OSA) is the appropriate department and the COPHS Associate Dean of Student Affairs or their representative is the Title IX deputy for the COPHS and coordinates all Title IX work with the University Title IX officer, mentioned in the policies above. Once reported, allegations of harassment are investigated, and appropriate actions taken. Should a report of discrimination or harassment be alleged by the student at a clinical site, procedure and policy will follow aforementioned University policies.

Smoking/Tobacco Use Policy

See Sullivan University Academic Catalog - “Smoking/Tobacco Use Policy”.

In addition, there is NO vaping, smoking or tobacco use permitted ANYWHERE on the COPHS property. When students are on their clinical practice experiences, they must follow the rules concerning smoking and tobacco use at those institutions and facilities.

Student Behavior and Responsibilities

See Sullivan University Academic Catalog – “Behavior and Responsibilities”.

Student Rights

See Sullivan University Academic Catalog – “Rights”.

Technology Use in the Learning Environment

See Sullivan University Academic Catalog - “Student Use of Technology in the Classroom”.

Students must be aware that use of technology for reasons not related to a student’s learning (didactic and/or practice experience) is NOT permitted in the learning environment (e.g., classroom or practice experiences) SEE BELOW. Recording devices and/or cameras are NOT permitted to be used during any classroom activities, assessments, or practice experiences without permission. Inappropriate use of technology while in the learning environment is in violation of the Student Honor Code and the student will be referred to the OSA and/or the OCEE for appropriate action.

Smart Phones and Tablets:

Smart phones and tablets may be utilized for accessing resources and in place of paper materials provided the instructor (faculty and/or preceptor) is aware of the use and has given the student permission.

Texting:

Communication by text may ONLY be used if determined by the instructor (faculty and/or preceptor).

Social Media:

Engaging in any form of social media is NOT permitted during student participation in the learning environment. Students should not post remarks or comments referencing anything related to specific instructors (faculty and/or preceptors) or experiences in the learning environment. Misuse of social media is a violation of the Student Honor Code and will be reported to OSA for appropriate action.

Emergency or Event Notifications

In the event of an emergency or event that results in class changes, new schedules will be sent out from the Office of Academic Affairs and Assessment (OAcA). Students are highly encouraged to download the Sullivan University Mobile App, from your operating system’s app store, to receive current information on delays, closings, or emergencies. Students will need their student ID to complete registration.

Students must contact their preceptor regarding attendance at practice sites in the event of inclement weather. Mandatory make-up sessions may be required for missed days. While class changes and cancellations may occur on campus, students on clinical or practice experiences must contact their preceptor to determine the expectation for the day. All hours must be made up at the convenience of the preceptor.

In the event of a state of emergency, students will be expected to follow the recommendations of their site, local, and federal guidelines. If the student is unsure of whether attendance is required, they should contact their preceptor for information. Days missed due to emergency status may be required to be made up unless otherwise directed by preceptor and the OCEE.

Emergency Evacuation Plan

In the event of a fire or other emergency that requires an immediate evacuation of the COPHS, a faculty member, staff member, student or guest will pull the nearest fire alarm to activate the audible and visual alarms. All occupants of the building will immediately evacuate the building except for those employees as described below.

The COPHS's main office will:

- Immediately call 911 and extension 8888 to notify Sullivan University's Department of Public Safety.
- Contact the COPHS Building Maintenance Supervisor to go to the enunciator panel to determine the location of the alarm.
- Direct faculty and staff who are not engaged in teaching activities at the time of the alarm to clear the building in teams of two, reminding team members to check all restrooms, storage closets, mechanical rooms, etc. Individuals on each floor have been designated to lead in clearing the building.

Faculty who are actively engaged in teaching activities at the time of the alarm will instruct all students to evacuate the building via the following exit routes and meet at the designated locations:

- Auditorium A and Dean's Office – Front Door of the COPHS Building; Congregate by light post straight across from the front door in the median of the second row of parking.
- Auditorium B, Skills Lab, and OCEE – Back Exit Door of the COPHS building immediately outside Auditorium B; Congregate to the furthest row of parking on the right.
- Auditorium C – Wooden door to Nolan Building exit stairs; Congregate at the Shuttle Parking Structure.
- Research Labs and Recipere Café – Straight across from the labs and up the stairs; Congregate at the Shuttle Parking Structure.
- First floor Study Rooms (A, B, C, and D) – Left out of Study Rooms (A, B, C, and D) door, then left out of the Nolan Building; Congregate at the Shuttle Parking Structure.
- All other area not listed above – Through wooden doors on all three COPHS floors through the Nolan Building side door into the Nolan Building parking lot; Congregate across from the large, canopied entrance.

The Dean will position themselves at the front entrance of the COPHS to act as a central collection point for information and will provide information to responding emergency personnel. If faculty determine any student(s) are missing, they will notify the Public Safety Officer from Sullivan University or Fire Chief in charge. The Public Safety Officer will provide to the Dean of the COPHS instructions during the evacuation and give a full report after the situation has been cleared.

No one will be permitted to re-enter the COPHS until the "all clear" is given by University Public Safety staff, the Fire Department, or Senior Administrator. Once the "all clear" is given, all students, faculty and staff will return to their duties and restore normal operations as soon as possible.

In the event of absence or unavailability of the Dean, the Dean's responsibilities will be assumed by their designee.

Library, Learning Resource Center, and Health Sciences Resource Portal

Library hours along with further information on the facilities, holdings, and resources can be found at https://libguides.sullivan.edu/website/?b=g&d=a&group_id=13813.

Additionally, the SU COPHS has a health sciences resource portal that can be found at the following hyperlink.

http://libguides.sullivan.edu/SUCOPDIC/home

ACPE Policies Related to Complaints – Doctor of Pharmacy Program

The following are procedures regarding student complaints in general and those relating to the standards of the Accreditation Council for Pharmacy Education (ACPE).

General Concerns/Complaints

Students who have concerns or complaints about any aspect of their education in the Doctor of Pharmacy program are strongly encouraged to bring them to the attention of the proper persons at the College, i.e., the Department Chairs, the Associate Dean of Student Affairs and/or the Dean of the College or the individual faculty member or course director of the course(s) for which there may be concerns. They may do so themselves or through their class representatives. Input is requested directly from each student through course evaluations at the end of each quarter, year-end assessments, and program assessments near graduation. All suggestions, complaints, or concerns are carefully considered.

Complaints Related to ACPE Standards

The Doctor of Pharmacy program undergoes the accreditation process against a set of standards, policies, and procedures published by the Accreditation Council for Pharmacy Education and available at https://www.acpe-accredit.org/. Any student may lodge a complaint against the College, or the Doctor of Pharmacy program related to those standards, policies, and procedures. Complaints should be in writing and sent directly to the Dean of the College. The student shall have the right to meet with the Dean to discuss their complaint within fifteen (15) working days.

The Dean will consider the complaint, may discuss it with the appropriate individual or office and may request a meeting with the student. The Dean will respond to the student within fifteen (15) working days of receipt of the complaint or personal meeting, which ever comes later. If a student is not satisfied with the response from the Dean, they may address the complaint to the entire faculty through the Faculty Secretary in writing and additionally in person if they choose, within fifteen (15) working days of receiving the response from the Dean. The faculty will hear the student and/or consider the complaint within thirty (30) working days of receipt and respond through the Faculty Secretary within ten (10) working days of consideration. A complainant may request of the Dean and/or the Faculty Secretary that their identity is kept confidential. This request will be honored as much as possible within the constraints of resolving the complaint itself.

Protection of the Complainant

All complaints, concerns, and suggestions made by students and the reaction to them by the College and Doctor of Pharmacy program are handled in the spirit of continuous quality improvement. No retribution against any individual complainant may be taken by any faculty member, staff member, College committee or the faculty as a whole because of the complaint. A file will be maintained for inspection by ACPE of all complaints and responses related to ACPE standards and the procedures involved to ensure the complainant's fundamental procedural due process.

ARC-PA Policies Related to Complaints – Master of Science in Physician Assistant Program

The following are procedures regarding student complaints in general and those relating to the standards of the Accreditation Review Commission on Education for Physician Assistant, Inc. (ARC-PA).

Concerns about Program Compliance with Policies and/or Standards

The ARC-PA will investigate, according to its procedures, concerns regarding PA programs only if the concern contains facts or allegations that, if substantiated, may indicate that the program is not following established ARC-PA policies or does not comply with accreditation Standards.

The ARC-PA will only consider concerns submitted in writing and signed. The ARC-PA procedures provide programs with an opportunity to respond to the nature of the concern.

These procedures also protect the confidentiality of individuals, information, and results of the investigation of concerns.

The ARC-PA will not take any action based on an anonymous concern or concerns in litigation through the legal system. The ARC-PA will not intervene on behalf of an individual concerned about program or institutional issues unrelated to the Standards, will not serve to mediate or determine the results of disputes between program applicants, students or faculty and the PA program or institution.

Procedure

To receive formal consideration, all concerns shall be submitted in writing and signed. The ARC-PA will **not** take any action based on an anonymous concern. The concern should demonstrate that reasonable efforts have been made to resolve the concern, or alternatively that such efforts would be futile or unavailing.

In consultation with the Executive Director, the Chair of the ARC-PA will determine whether a concern raises issues relating to compliance with the Standards or ARC-PA policy. If the Chair determines that the concern does not raise such issues, the Executive Director will notify the complainant, within 20 working days that the concern is beyond the purview of the ARC-PA.

If the concern raises issues relating to compliance with the Standards or ARC- PA policy as determined by the Executive Director in consultation with the Chair, the Program Director will be notified and will be provided, at the discretion of the ARC – PA, either with a summary of the allegations or with the actual complaint. The Program Director will be requested to respond in writing within 30 days. The Program Director also may be requested to answer specific questions or provide other information, documentation, or materials.

The complainant will be informed that an ARC-PA investigation has been initiated, but the result(s) of any ARC-PA investigation will be treated as confidential and will be entered into the Program's confidential accreditation file.

If the Chair of the ARC-PA determines that a concern raises issues relating to compliance with the Standards or ARC-PA policy, the ARC-PA will conduct an investigation of the concern. The investigation will typically be conducted by one or two members of the ARC-PA, appointed by the Chair. The ARC-PA may request further information or material from the complainant party, the institution, or other relevant sources. The findings of the investigation, which may or may not include recommendations for action, will be presented at the next regularly scheduled ARCPA

Commission meeting occurring after completion of the investigation. If the investigation has not been completed within 60 days after receipt of the complaint, the ARC-PA may require interim reports.

Concerns received in such a manner that they cannot be considered at a regular ARC-PA Commission meeting may be handled by presentation to the Executive Committee or via conference call meeting, and vote if action is required, of the entire commission, at the discretion of the ARC-PA chair.

If the ARC-PA, in its sole discretion, determines that there is insufficient evidence to indicate that the program is not in compliance with the Standards or ARC-PA policy, it will close the matter and report the same in a timely manner to the Program Director.

If the ARC-PA, in its sole discretion, determines that sufficient evidence exists to indicate that the program may not be in compliance with the Standards, it may request additional information or a required report, or schedule a limited site visit to further investigate the matter. The cost of such a visit, if needed, will be borne by the program. The Program's accreditation status may be affected by the results of the evidence. The Program Director will be notified in a timely manner of the ARC-PA's action. The complainant also will be notified of the results of the investigation.

ASHP Policies Related to Complaints – Pharmacy Technician Program

The following are procedures regarding student complaints in general and those relating to the standards of the Accreditation Council for Pharmacy Education (ACPE).

The American Society of Health-System Pharmacists (ASHP) will investigate formal complaints related to noncompliance with accreditation standards if the formal complaint procedures are followed and substantial evidence determines the program/organization is not meeting the accreditation standards.

The process may begin with an anonymous inquiry to the Vice President of Accreditation Services. The name of the complainant remains confidential until the point that a formal complaint has been filed.

ASHP will not intervene on behalf of an individual complainant regarding matters that are not related to ASHP accreditation standards and regulations (e.g., dismissal of a resident or pharmacy technician education and training student from a program, or to resolve individual disputes between individuals and accredited training program personnel). ASHP will not intervene on behalf of individuals for preceptors, program directors, faculty members, students, or residents regarding human resource issues (e.g., retention, appointment, promotion or dismissal).

ASHP accredited residency or pharmacy education and technician training program staff (or programs in the process of being accredited) must comply with ASHP accreditation standards and regulations. Program staff must provide an environment in which individuals (e.g., residents, students, and preceptors) may discuss matters in a manner that encourages cooperative resolution of issue(s). Note: anyone having evidence of non-compliance with ASHP accreditation standards may submit a formal complaint to ASHP, provided attempts to resolve the issue have occurred prior to contacting ASHP. Any complaint must be submitted in writing and relate directly to issues of non-compliance with accreditation standards or regulation. Anonymous complaints or complaints solely by email will not be considered as a formal complaint.

Submitting a Formal Complaint

If the complainant is a resident, student, preceptor, teacher, or other person affiliated with the program or organization in question, the following steps should be taken before submitting a complaint to ASHP.

Steps on Submitting a Formal Complaint

- Start by addressing your concern with your program director. Make sure you are aware of the organization's official policies and procedures and process for filing a complaint or grievance. Follow their processes.
- If the efforts above do not resolve the issue, follow the organization's formal grievance or complaint process to raise the complaint to the next level at the organization. (e.g., the director of the pharmacy, school administrator, or human resources department).
- If the efforts in the first two bullet points above do not resolve the issue, you may contact the Vice President of Accreditation Services Office at ASHP to discuss submitting a formal complaint. The complaint must directly relate to a specific accreditation requirement (please be prepared to explain which part of the accreditation standard or regulation that is relevant to the complaint).
- The name of the complainant shall remain confidential, until the point that a formal complaint has been received by ASHP.
- If the complainant has threatened or filed legal action against the program involved, ASHP will not investigate complaints until resolution of the legal action has occurred, after that time the complainant can file the formal complaint with ASHP.
- If a decision is made to file a formal complaint, review the information for content of the formal complaint letter below.
- If the complainant is someone outside of an ASHP-accredited program, they may contact the Vice President of Accreditation Services at ASHP as the first step in the process.

Content of the Formal Complaint

When submitting a complaint that alleges non-compliance with ASHP accreditation standards or regulations, the complaint must be in the form of a written letter complete with signature and date (i.e., not an email) and include the following:

- A description of the alleged specific non-compliance with the accreditation requirements (e.g., what part of the ASHP- accreditation standard or regulation is in non-compliance)
- Related circumstances that are the reason for the unresolved complaint that relate directly to the violation of the ASHP-accreditation standard or regulation.
- Include related dates and timelines, names of individuals, and programs involved.
- Specify steps that were taken to try to resolve the issues within the program or organization.
- Copies of any documents that support your complaint.
- A statement of the action you are looking for from ASHP.
- The name of the program, organization, and address with alleged violation.
- Your name, relationship to the program in question, and contact information (phone, email, and address)
- Signature and Date of your letter

Complaints should be addressed to:
Samuel Calabrese, BSPharm, MBA, FASHP, CPEL
Vice President, Accreditation Services Office
American Society of Health-System Pharmacists
4500 East West Highway, Suite 900
Bethesda, MD 20814

ASHP Procedures for Processing a Formal Complaint

- The individual sending a formal complaint will receive notification of receipt of the complaint from ASHP Accreditation Services Office within 15 business days of receiving the complaint at ASHP.
- The Vice President of Accreditation Services Office shall determine if additional information from the complainant is required.
- When sufficient information has been provided, the Vice President of Accreditation Services Office or designee shall review the information to determine if the complaint is related to a specific accreditation standard or regulation.
- If the complaint is determined to not be related to specific ASHP-accreditation standard or regulation requirements and therefore outside the authority of the ASHP Commission on Credentialing, the complainant will receive written notification of that decision.
- If the complaint is related to a specific ASHP standard(s) or regulation(s), ASHP will contact the program director and the organization's administrator of the accredited or accreditation-pending training program in question, requesting a written response to the allegation(s) within 30 days. The response must be signed by the program director and the organization's administrator.
- Failure of the program director to respond within the established timelines will be considered an indication that the complaint has merit unless the program director has requested an extension on the deadline.
- Information from the complainant and the program's response will be provided to the Commission on Credentialing or Pharmacy Technician Accreditation Commission Complaint Review Committee for further action.
- Individuals filing official complaints must understand that once the complaint has become formal the information will be shared with the site. Training program staff will then need to respond with any documentation they have related to the situation.

Complaint Review Committee Action

A complaint review committee of the ASHP Commission on Credentialing* or Pharmacy Technician Accreditation Commission* will review both the complaint and the program's response to the complaint, and may determine that:

- The response satisfactorily addressed the allegations, and no further action is required.
- There is validity to the complaint and a subsequent report on correction beyond what the program has provided, is still needed.
- There is validity to the complaint, and the onsite-surveyors shall be directed to investigate the matter at the time of the next (regularly scheduled) site-visit.
- The matter is sufficiently serious to warrant a site-visit before the next scheduled visit and will be at the program's expense.
- The matter is sufficiently serious act at the next ASHP Commission on Credentialing (COC) or Pharmacy Technician Accreditation Commission (PTAC) meeting that can change the program's accreditation status.

- The matter is sufficiently serious to take action to revoke and reject the application for accreditation any program in pre-candidate and candidate phase of accreditation. Reapplication for accreditation will be determined by the COC or PTAC.

Following consideration by a complaint review committee, the program director and complainant shall be informed in writing of the COC or PTAC complaint review committee's decision on the complaint. The COC or PTAC complaint review committee's decision on the complaint is final and may not be appealed by either the complainant or the program director.

Confidentiality

The name of the complainant will remain confidential, until a formal written report is received in the ASHP office. At this time the information may be provided to the site to gather more information regarding the situation. A copy of the site's response will be provided to the complainant unless the site provides compelling reasons for maintaining the confidentiality of its response. In such case, the site shall provide two versions of the response to ASHP. The second version shall be the response with any confidential information redacted. The site shall additionally indicate the reasons for any proposed redaction. The final decision as to whether and to what extent the proposed redacted version is provided to the complainant shall be solely that of ASHP.

Complaint File

During the period when the complaint is being processed, the Vice President of Accreditation Services shall maintain the relevant correspondence in a case file that is separate from the official program file. When the case has been closed, the file shall be referred to the on-site surveyors for review at the next scheduled accreditation survey.

*The complaint review committee of the ASHP Commission on Credentialing or Pharmacy Technician Accreditation Committee will consist of a minimum of (but not limited to) three individuals, the Chair of the COC or PTAC, the Past Chair, or Vice Chair: the respective accreditation services director (or designee); and a lead surveyor. Reviews may occur through conference calls to expedite decisions.

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STUDENT SERVICES

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Criminal Background Checks

Criminal background checks (CBCs) are commonplace as requirements for employment and/or for granting of certain permits or licenses. As part of the admissions process, The COPHS conducts routine CBCs on its applicants and matriculated students. Students who provide false or misleading information relating to criminal offenses in any documents relating to their admission to the COPHS are subject to immediate dismissal. Failure to disclose correct information at any time on the part of matriculated students may be the basis for disciplinary action.

The COPHS will only accept and retain students who meet the COPHS's Expectations of its students. All matriculated students to the COPHS programs will be required to undergo a Criminal Background Check (CBC). Applicants will report on their application whether they have ever been charged with or convicted of a misdemeanor or a felony or if a violation has been expunged.

All applications for the COPHS professional programs are submitted through the respective CAS system. The respective CAS system will initiate the CBC when the OSA notifies the agency that an offer of admission has been made to an applicant. Additionally, each applicant grants the COPHS permission to complete a CBC upon completion of the Supplemental Application. When it is necessary to update a student's CBC, the COPHS will contract with an appropriate agency to perform this activity.

After matriculation the COPHS requires and will contract for the performance of CBCs of all students enrolled in the COPHS. This policy is adopted in response to requirements in the healthcare practice environment. When a CBC is warranted, the student will receive an email requesting permission to run the report. This email will be sent to the student's Sullivan email account (@my.sullivan.edu) and the request should be completed immediately.

Upon receipt of the results of a CBC, students may be given the opportunity to respond or comment on any adverse report.

After social security number validation, each State of residence showing any activity for that social security number will be checked. The review will include criminal records including arrests and convictions for all offenses of any type, and a review of the registries and reports of child and/or dependent adult abuse of any nature. The OSA will maintain all CBC data as part of the student's academic file in accordance with applicable laws and University policy.

Upon request to the OSA, a copy of a student's CBC will be provided to the OCEE. The OCEE will provide this information, upon request, to the requesting practice site(s). The practice site will decide whether the student may participate in that setting. Such a determination will be independent from any determination made by the COPHS. Upon request, the OSA may provide a copy of the results of a CBC to an inquiring official licensure or certification body.

If a site requires a more detailed CBC than available through the COPHS's contracted service provider, the student may be responsible for scheduling and payment prior to the assigned experience. Requests for CBCs should be made at least two (2) weeks in advance of the experience to avoid delay in receiving and processing. Occasionally a site may not have notified the COPHS of changes to site requirements and the student must take responsibility to notify the OCEE if a CBC is needed and to provide the requesting party's contact information.

Should the CBC disclose adverse information, the OSA will present all findings of criminal activity on a CBC to the Office of the Dean and Program Director, if applicable. The student will be notified if it appears, they will not meet the COPHS expectations of its students or the expectations of the

site. The matter may be referred to the Academic Progression and Professionalism Committee, which will make a recommendation to the Office of the Dean and Program Director, if applicable on whether to continue enrollment.

Procedure in the Event of Felony or Misdemeanor Activity

During the Application/Admissions Process

Applicants will be notified if it appears that, due to information from the application/admissions process, they will not meet the COPHS expectations of its students or other University policies. In such cases, the applicants may be given an opportunity to provide additional information that explains their history. The decision to continue the application/admissions process will be made by the Office of the Dean and Program Director, if applicable in consultation with the OSA and the applicant as needed.

After Matriculation of a Student

To maintain confidentiality, the OSA will present all findings of criminal activity on a CBC to the Office of the Dean and Program Director, if applicable. The student will be notified if it appears, they will not meet the COPHS expectations of its students or the expectations of the site. The matter may be referred to the Academic Progression and Professionalism Committee, which will make a recommendation to the Office of Student Affairs who will work with the Office of the Dean and Program Director, if applicable on whether to continue enrollment. If a student has been charged with criminal activity this information should be disclosed to the Office of Student Affairs prior to any conviction or dismissal of the charged criminal activity.

Marijuana Policy

Overview

In accordance with state and federal regulations and in alignment with our experiential education program requirements, the following policy outlines the College of Pharmacy and Health Sciences' stance on marijuana use among students. This includes medical marijuana.

Legal Status in Kentucky

As of 2025, medical marijuana is legal in the Commonwealth of Kentucky. However, recreational marijuana remains illegal under state law. Students should be aware that federal law continues to classify all forms of marijuana as a Schedule I controlled substance, regardless of state legalization.

Experiential Site Policies

While Kentucky permits medical marijuana use, ***our experiential partners do not allow students to participate in rotations if they use marijuana***, even with valid medical documentation. Each site reserves the right to enforce its own policies, which may include drug screening and exclusion from placement based on marijuana use.

Additionally, federal facilities (e.g., Veterans Affairs sites) must follow federal regulations and will not permit onboarding of any student who tests positive for tetrahydrocannabinol (THC), regardless of state law or a medical marijuana prescription.

College Position

While the College of Pharmacy and Health Sciences does not prohibit students from obtaining a valid medical marijuana prescription under state law students must understand that:

- A medical marijuana prescription or patient registry ID card does not exempt students from the COPHS student marijuana policy.
- Testing positive for THC or disclosing the use of marijuana will result in denied access to rotation sites. Students must test negative for THC to be allowed on clinical/experiential rotations.
- Students who are unable to meet site onboarding requirements due to marijuana use will experience delays in program progression.

Student Responsibilities

- Students are required to comply with all onboarding and site-specific requirements for experiential rotations.
- Students using or considering the use of medical marijuana must notify the Office of Clinical and Experiential Education (OCEE) as early as possible to discuss potential implications for rotation placement.
- It is the students' responsibility to ensure they remain eligible for all educational and clinical requirements of the program.

Policy Enforcement

Violations of this policy, including failure to disclose information that may affect site placement, may result in consequences up to and including:

- Inability to complete clinical and experiential education requirements.
- Delay in graduation.
- Referral for Academic Progression and Professionalism Committee review, if applicable.

All students should review the following SU COPHS Student Handbook policies as they pertain to drug screenings.

- "Drug Screening of Students, Substance Abuse, and Impaired Students"
- "Drug Screening for Clinical or Experiential Education"

Drug Screening of Students, Substance Abuse, and Impaired Students

See Sullivan University Academic Catalog – "Alcoholic Beverages and Illegal Drugs".

Any student found in violation of this policy or any student who refuses or fails to submit to a drug screen is subject to disciplinary action up to and including suspension or dismissal from the COPHS. Students may be required to submit to a drug screen at any time.

Students, enrolled in the COPHS, testing positive for any illegal drug(s)/substance(s) will be required to have an evaluation completed for substance use disorder and meet with the appropriate recovery network to discuss the services they can provide to individuals. Additionally, a Professionalism Concern Note will be completed, and the Academic Progression and Professionalism Committee will meet with the student to provide their recommendation for possible suspension or dismissal from the COPHS.

Drug Screening for Clinical or Experiential Education

Students may be required to submit to a drug screen as a condition for participation in experiential or clinical education activities at practice sites that have partnered with the University. The cost of the drug screen is included in the student's tuition/fees.

As the Office of Clinical and Experiential Education (OCEE) assigns students to practice sites, the provider may be notified of students who will require a drug screen prior to participation. The provider will coordinate scheduling, if necessary. Testing will be conducted by the provider.

The provider will report the results of all drug screens directly to the OCEE. OCEE will forward results of drug screenings to OSA as necessary. Documentation of all screening results will be maintained by the necessary parties in accordance with all local, state, and federal regulations.

In case of any confirmed positive drug screening the OCEE will be notified by the provider. The OCEE and OSA, with appropriate parties, will collaborate on meeting with the affected student as well as determining appropriate next steps.

Policy for Off-Site Drug Screening

In cases of drug screens for off-site locations (>60 miles from SU COPHS), students are required to follow the institution or site policies for drug screening. In these instances, students should contact the OCEE to evaluate if it is possible for a drug screening to be done through a Sullivan University partner facility. Once all options have been exhausted, any costs incurred in these situations are the responsibility of the student.

Substance Abuse

The COPHS has a duty to protect the safety of and promote the well-being of its students. A student with a substance abuse or addiction problem may have impaired judgment and skills and be unable to provide safe and competent patient care. Therefore, all members of the COPHS community must address the problem of substance abuse and addiction as it affects students in the COPHS. The following assumptions are made:

- Students impaired by substance abuse or addiction compromise their educational experience, the safety of patients and the integrity of the profession.
- Students who are impaired by abuse or addiction compromise their health but can be successfully treated and return to a productive level of functioning.
- The COPHS is committed to referral of affected individuals for treatment.
- Impaired students should receive an opportunity for treatment in lieu of, before, or in concert with disciplinary measures.

The responsibility of the COPHS is to refer students with abuse or addiction problems to appropriate agencies for intervention, assessment, and treatment.

- Student Pharmacists, Student Pharmacy Technicians, Pharmacy Technicians, Pharmacists:
    - Kentucky Professionals Recovery Network (www.kyprn.com)
    - Contact: Emily Caporal
    - Office Phone: 502-230-8442
    - Email: emily@kyprn.com

- Physician Assistant Students
  - AAPA Twelve Step Recovery Group (https://www.aapa.org/advocacy-central/constituent-organizations/special-interest-groups/group/810480034/)
    162 Harrison Avenue, Glenside, PA 19038-4009
  - Contact: Bernard Stuetz
  - Phone: 215-884-6220
  - Email: bjspaethic@aol.com

Each case will be addressed with the utmost confidentiality and compassion by the OSA and other college administrators. The College of Pharmacy and Health Sciences intends to provide timely access and referral of students needing additional support services (A3.07). An appropriate plan in the student's best interest will be proposed relating to their academic progression. Impaired students who choose to decline or terminate enrollment in a recovery network/group will be considered for administrative dismissal from their respective program and the COPHS.

Students with Disabilities

See Sullivan University Academic Catalog – "Accommodations for Students with Disabilities".

In addition, the procedure and documentation that must be completed can be found in the learning management system (i.e., Blackboard) under "Organizations" > "PA Students" or "PharmD Students" (depending on your program of study) > "Student Forms" > "Disability-related Accommodations Procedure". Any questions about this procedure should be discussed directly with the Office of Student Affairs. The College of Pharmacy and Health Sciences intends to provide timely access and referral of students needing additional support services (A3.07).

Service and Emotional Support Animals

See Sullivan University Academic Catalog – "Service and Emotional Support Animals".

Policy Relating to Student Issues and Concerns

If students are having an issue or concern, they are expected to follow the chain of command. If the issue is in the classroom, the student should begin with consulting the course director. If the issue is not resolved the student can then go to the following individuals depending on their program of study:

Doctor of Pharmacy
- Department Chair
- Director of Clinical/Experiential Education

Physician Assistant Program
- Director of Didactic Education
- Director of Clinical Education

Pharmacy Technician Program
- Program Director

If a student is unsure as to where to start, they should consult their class representatives/officers, advisor, the OSA, or the OAcA. Learning to follow the chain of command is part of being a professional. Students who do not follow the chain of command will be directed to do so.

If the student has a class issue, they would like their class representatives/officers to address, they should speak directly with their class representatives/officers concerning the matter. If a student has an issue of sensitive matter that they do not wish to share with their class representatives/officers or course director, they should come directly to the OSA in order to provide a clear plan of action and protect the confidentiality of student matters. The OSA will help the student make an appropriate plan of action.

Any issues and/or concerns related to professionalism should be reported via the Professionalism Concern Reporting Form and may be brought to the Academic Progression and Professionalism Committee for their evaluation, input, and recommendation(s).

Address and Name Changes

The OSA should be notified whenever a student has a change of address (permanent or mailing), change of phone number, or change of emergency contact. The student will complete a Student Contact Information Change form online:

Student Contact Information Change

The OSA will handle all address changes via CampusNexus. It is the student's responsibility to ensure correct contact information continually updated in the program's practice education software platform (e.g., CORE ELMS). The COPHS is not responsible for any miscommunications sent to students who have not provided correct contact information to the OSA.

Please note: If a student wishes to change their name, they must contact the College of Pharmacy and Health Science's Financial Planning Coordinator (FPC) as well as the OSA. Once the name change is cleared through the FPC this change will complete this change within CampusNexus.

All campus systems (e.g., LMS, exam testing, etc.) will not be updated until the CampusNexus change has been approved and may not be completed until the beginning of the following quarter. Email addresses will not be updated with name changes.

Student Technology Requirements

Hardware

PLEASE NOTE: A laptop computer (Windows or Mac operating system) is required for all students entering COPHS professional programs. These specifications must be maintained during the entirety of enrollment at the COPHS.

Windows	OS
Processor: Dual Core i5 or greater (2Ghz or greater)	Processor: M1, M2, M3, or M4 are appropriate
Screen resolution of 1024 by 768+	Screen resolution of 1024 by 768+
8 GB RAM	8 GB RAM
Storage 512GB	Storage 512GB
1GB or higher of available space	1GB or higher of available space

Operating Systems

Our programs only support the two most recent versions of Windows and Mac OS. Please consider bringing a recently purchased device. You will need to have an administrator account on your laptop.

Internet Browsers

Google Chrome (current version) – preferred internet browser
Mozilla Firefox (current version)

Software

Adobe Reader (version 22 or later)
JavaScript enabled

Please note: COPHS students will have access to Office 365, which includes Microsoft Word, Excel, PowerPoint, etc.

Power

Continuous power source

Video/Audio

Video camera and audio capabilities may be required for instruction and/or meetings.

Things to consider
Camera (built-in or external)
Microphone (may be included in some headsets/headphones)
Speakers/headphones

Preferred Devices

MacBook Air, MacBook Pro, PC Laptops that meet or exceed technology requirement above.

Non-compatible Devices

iPads, Android-based tablets, Chromebooks, and jailbroken devices. Small electronic devices may be useful during authentic assessments, such as Objective Structured Clinical Examinations (OSCEs) and clinical experiences, but these should not be used as a primary device.

Policy on Copier Use and Printing

There are designated copiers / printers available for student use in the COPHS. Students are not to use copiers in the Administrative or Faculty Office areas. Copiers are also available in the University Library for student use.

Student Work Hours

Doctor of Pharmacy Program

The Doctor of Pharmacy program encourages students to maintain their academic endeavors as the primary focus before taking on any outside employment. This policy exists to prevent a student from falling into academic difficulty. If a student who is employed is not performing satisfactorily academically, the COPHS reserves the right to review the student's work schedule and direct the student to make necessary changes to ensure their satisfactory academic performance. Students are not advised to work more than 8-10 hours per week. ***OCEE must be aware of all pharmacy employment to ensure appropriate site placement***.

Outside employment is never an excuse for missing or altering any didactic or clinical activities. Didactic or clinical activities may include evening or weekends and always take priority.

Master of Science in Physician Assistant Program

The Master of Science in Physician Assistant program encourages students to maintain their academic endeavors as the primary focus. To prevent a student from falling into academic difficulty students should refrain from outside employment during the full 24 months of the PA program.

Outside employment is never an excuse for missing or altering any didactic or clinical activities. Didactic or clinical activities may include evening or weekends and always take priority.

Students are not required to work for the PA Program (A3.02). PA students do not substitute for or function as instructional faculty or clinical or administrative staff (A3.03a-b).

Registration as a Pharmacist Intern

All Doctor of Pharmacy students must be registered as pharmacist interns to receive internship credit for experiential coursework and must be obtained before the coursework begins. All students must possess and maintain an active Kentucky and Indiana Pharmacy Internship License during their time in the Doctor of Pharmacy curriculum. Students will not be permitted to participate in IPPE or APPE without active intern licenses in BOTH states. Penalty may be delay or dismissal from the Doctor of Pharmacy program and any action mandated by the respective State Board of Pharmacy. Record of Intern licenses will be maintained by the student in the program's practice education software platform and will be audited annually for compliance.

Internship registration is limited to those persons who are actively engaged in the academic or practical experience requirements for licensure examination as a pharmacist. No person who terminated the educational requisites is entitled to the privileges of internship registration, apart from any hardship case given written approval by the Board of Pharmacy. If you are not registered with the Board as a pharmacist intern, you cannot use or exhibit the title pharmacist intern, pharmacy apprentice, pharmacy extern or any term of a similar nature.

The Office of Clinical and Experiential Education (OCEE) will report all intern hours acquired for credit in the Doctor of Pharmacy program at Sullivan University COPHS to the Kentucky Board of Pharmacy and to the Indiana Board of Pharmacy upon request. These hours will fulfill the 1500-hour minimum. If a student would like to report any additional hours acquired outside of the Doctor of Pharmacy program, they may do so by submitting an Internship Report by October 1st of each year to the Kentucky Board of Pharmacy.

A pharmacist intern who performs work or research related to the practice of pharmacy that was performed under the supervision of a non-pharmacist preceptor for a government body, college or university, pharmaceutical business, or other entity may not be eligible for intern credit. The OCEE will advise the student regarding these hours.

Please note, if the plan is to obtain licensure in a jurisdiction beyond Kentucky or Indiana, it is the student's responsibility to determine what additional requirements may be needed within that jurisdiction and work with OCEE on a plan to meet these requirements.

Healthcare and Immunization Documentation

Sullivan University and the COPHS maintain that student health and well-being is a vital part of everyday college life. To that end, if a student needs health-related services or mental health services, they are encouraged to meet with the OSA to discuss their need, who will refer the student to the appropriate service and/or agency.

The COPHS follows the recommendations and/or requirements of the Centers for Disease Control and Prevention (CDC), the local health departments, and our contracted practice experience sites for immunizations/medical tests of healthcare personnel.

All students enrolled in the COPHS must provide evidence of immunizations for the protection of the students and patients with whom they may come into contact. This documentation shall be submitted to the program's practice education software platform upon a student's acceptance into their respective program or no later than the first day of classes.

Students will upload their documentation of the required immunizations and health-related materials to the appropriate database as directed by OCEE. OCEE is responsible for verifying and maintaining all student immunization records as well as reporting this information to OSA and the Office of the Dean as requested. If the student wishes to access their health information, or has any questions regarding their personal documentation, they should contact OCEE. Student immunization and screening records may need to be released to external institutions providing learning experiences for the students as required by the sites. (i.e., SCPE sites, etc.) (A3.18)

The required immunizations/screenings are:

- The MMR (mumps, measles, and rubella): Two (2) doses or titer
- Tetanus/Diphtheria/Pertussis: Tdap/Td, if > 10 years since last booster
- Hepatitis A series
- Varicella: Two (2) doses or a positive titer
- Hepatitis B series AND surface antibody titer
- Tuberculosis Screening: Negative PPD results OR negative equivalent IGRA blood test within the past three (3) months prior to entrance to SU COPHS
    - Students with a history/presumed exposure to BCG vaccination or positive PPD must follow appropriate procedures as outlined by the appropriate service and/or agency.

The following immunizations/screenings are required annually.

- Influenza vaccine: Must be immunized by October 1st of each year as determined by OCEE.
- Tuberculosis screening

- PharmD: Urine drug screening (minimum of one (1) screening per academic year)

The following immunization is recommended.

- COVID-19: The COVID-19 vaccine is recommended by the CDC for all healthcare workers. The SU COPHS recommends that students receive an updated COVID-19 vaccination. Please note the COVID-19 vaccine may be required for select clinical or experiential sites. Students must fulfill clinical/experiential site requirements regardless of SU COPHS policy.

Students not up to date with immunizations, screenings, and tests will NOT be permitted to participate in any clinical or practice experiences. Students going on international experiences will be required to do an additional tuberculosis screening within 8 to 10 weeks of their return to the United States of America. The OCEE is responsible for enforcing adherence to this policy. The OCEE will maintain copies of all records pertaining to immunizations, screenings, and medical tests.

Students will be required to submit proof of all immunizations and health compliance documentation to OCEE, which will maintain all student health records. Students must maintain personal health insurance throughout the time in their specific program. The PA Program Director, Medical Director, and principal faculty may NOT serve as health care providers for students in the PA program, except in emergency situations (A3.06).

The College will provide the following annually required screenings with no out-of-pocket costs to students.

- Annual tuberculosis screening
- Urine Drug Screens as required by practice sites or by the COPHS.

Occupational Bloodborne Pathogen Exposure (BBPE) Protocol

Upon exposure to a bloodborne pathogen, the student is to follow the Occupational Bloodborne Pathogen Exposure protocol as directed by Sullivan University. (A3.05b)

- Wash the exposed site with soap and water, remove any contaminated articles of clothing, and flush the eyes if exposure was to the eyes.
- Report the incident to the Preceptor/Supervisor/Office manager immediately. Follow the site's protocol for their documentation of BBPE. (Documentation will also be needed for Sullivan University, as outlined below.)
- Obtain the patient's name (source of exposure), date of birth, and medical record (if in a hospital/office setting) to report the incident.
- Obtain the patient’s (source of exposure) past medical history, which would also include history of IV drug use, HIV, and Hepatitis status, if known.
- Ensure that a blood draw will be completed on the source if the source consents. If the blood cannot be drawn at the site, or testing cannot be performed there, the source may need to accompany the student to the ER. If the source does not consent, the student must still obtain further medical evaluation.
- Obtain medical evaluation immediately; within 2-4 hours of exposure at the closest Emergency Room. If prophylactic medications are needed, the shorter the time frame after exposure, the better the outcome.
- Lab testing will include a rapid HIV and Hepatitis panel for the source patient. The exposed student will need a baseline HIV and Hepatitis panel.

- The Rapid HIV results will be disclosed to the student at the Emergency Room. The results from the Hepatitis Panel will be discussed at the follow-up appointment. (see below)
- The healthcare provider at the ER must complete the "Physician Treatment for BBP Exposure Form," which is available on Blackboard in the Professional Transitions Organization.
- Students must also complete the Incident Report Form (Appendix A) in the BBPE Student Protocol packet, as well as the Sullivan University Incident Report.
- Students must contact the Director of Clinical or Experiential Education or designee within 24 hours of BBPE to ensure proper protocol is followed and the correct forms have been completed.
- If indicated, the student must follow up with a Baptist Health Occupational Medicine facility the next business day or within 48 hours of exposure. All paperwork and the "physician treatment for BBP exposure form" from the ER, will need to be presented at that time. If you are out of the Louisville area, follow up with the closest Baptist Health Occupational Medicine facility or return to the Louisville area.
- Students will be reimbursed for emergency department treatment that their insurance does not cover. Students will be responsible for all further expenses, such as follow-up appointments and post-exposure prophylaxis treatments. (A3.05c)

It is the student's responsibility to follow the post-exposure treatment and associated appointment schedule as directed by Baptist Health Occupational Medicine.

**** REFER TO THE TABLE BELOW FOR PROGRAM-SPECIFIC CONTACT INFORMATION. ****

Sullivan University COPHS	Title	Number	E-Mail
Kate Schewe, MSPA, PA-C	Director of Clinical Education (Physician Assistant Program)	(502) 413-8947	kschewe@sullivan.edu
Vinh Nguyen, PharmD	Director of Experiential Education (Doctor of Pharmacy Program)	(502) 413-8637	vnguyen@sullivan.edu

Student Professional Liability Insurance

Students are required to have professional liability/malpractice insurance and have it throughout their educational experiences in the COPHS. Student's professional liability/malpractice insurance will be coordinated by the COPHS. Students will not be permitted to engage in practice experiences without professional liability/malpractice insurance. Proof of professional liability/malpractice insurance will be uploaded to the program's practice experience education software platform.

CPR Certification Requirements for SU COPHS Students

All students at SU COPHS are required to maintain an active CPR certification. The specific requirements vary by program of study. All students must have active CPR certification before they begin their APPEs/SCPEs. Students who do not maintain active certification may not be eligible for APPEs/SCPEs, which could delay their graduation.

- Physician Assistant Program: Students in the Physician Assistant Program must obtain their initial CPR certification through an outside provider. Outside certification must be American Heart Association (AHA) Basic Life Support for Providers (BLS). It is

recommended that BLS be completed after June 1st prior to matriculation. Advanced Cardiovascular Life Support (ACLS) training will be provided by the program.

- Doctor of Pharmacy Program: Students in the Doctor of Pharmacy Program must obtain their initial CPR certification through an outside provider. Outside certification must be for Basic Life Support for Providers (BLS) through the American Heart Association or American Red Cross. BLS recertification training will be provided by the program before students begin APPEs. Students are responsible for maintaining an active BLS certification and ensuring it remains current until the recertification course is offered.

- Pharmacy Technician Program: Students in the Pharmacy Technician Program will obtain their CPR certification through a required course.

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STUDENT AFFAIRS INFORMATION

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Legal Responsibilities of the Student

It is the student's responsibility to be aware of and follow all state and federal laws relating to the practice of their chosen profession. If the student is unsure about the regulations regarding their clinical practice site, they should confer with the preceptor. Students practicing outside the Commonwealth of Kentucky or Indiana are responsible for following the laws pertaining to the state in which they are practicing. Ignorance of the law is not an excuse for an illegal act. Students must always carry their licensure card during all clinical or experiential activities, if required by state and/or federal laws.

Code of Conduct

As students preparing for careers in pharmacy and physician assistant practice, we recognize that our professions are founded on trust, ethical conduct, accountability, and a commitment to patient-centered care. This Code of Conduct reflects our shared responsibility to uphold the highest standards of integrity in academic, clinical, and professional settings.

By adhering to this Code of Conduct, we affirm our dedication to honesty, respect, professionalism, and the welfare of the patients and communities we serve.

Foundational Standards

Pharmacy and Physician Assistant students commit to the following foundational standards:

- **Integrity:** Acting honestly and ethically in all academic, clinical, and professional activities.
- **Accountability:** Taking responsibility for our actions and their consequences.
- **Respect:** Treating patients, peers, faculty, staff, and other healthcare professionals with dignity and fairness.
- **Professionalism:** Upholding behaviors and attitudes consistent with the standards of healthcare professions.
- **Commitment to Patient Welfare:** Prioritizing patient safety, confidentiality, and well-being above personal or academic gain.

Academic Integrity

Students shall:

- Complete all examinations, assignments, and assessments honestly and independently unless collaboration is explicitly permitted.
- Refrain from cheating, plagiarism, fabrication, falsification of data, or unauthorized use of materials or technology.
- Properly acknowledge and cite the work and ideas of others.
- Report accurate information in all academic records, submissions, and communications.

Professional and Clinical Conduct

Students shall:

- Maintain a professional appearance and demeanor as a representative of their program, college, and university.
- Uphold ethical standards in all clinical, experiential, and simulated learning environments.
- Protect patient privacy and confidentiality in accordance with legal, institutional, and professional guidelines.
- Accurately document and report clinical activities, patient information, and experiential hours.
- Practice within the scope of student responsibilities and seek supervision when appropriate.
- Avoid misrepresentation of qualifications, roles, or clinical abilities.

Respectful Learning Environment

Students shall:

- Foster an environment of mutual respect, inclusivity, and collaboration.
- Refrain from discriminatory, harassing, or disruptive behavior.
- Communicate professionally and constructively with peers, faculty, staff, patients, and preceptors.

Responsibility to the Profession

Students shall:

- Uphold the reputation and trust of the pharmacy and physician assistant professions.
- Address ethical concerns or observed violations of this Code of Conduct through appropriate institutional channels.
- Engage in self-reflection and continuous professional development.

Code of Conduct Commitment

By enrolling in and continuing as a student in the pharmacy or physician assistant program, I affirm that I have read, understand, and agree to abide by this Code of Conduct. I acknowledge that violations of this Code of Conduct may result in academic or disciplinary action in accordance with institutional policies.

Code of Conduct Violations

Violations of the Code of Conduct will result in review by the Academic Progression and Professionalism Committee.

It is the duty of the Academic Progression and Professionalism Committee to review all reports of academic and/or professional misconduct. During its inquiry, the Committee may consider all relevant evidence and statements, written or oral, from the alleged violator(s) and the complainant(s). If the Committee determines that a violation has occurred, it will recommend to the OSA a suitable penalty for the violation(s). The OSA may sustain the recommendation, reduce the penalty, or dismiss the violation(s) entirely.

All members of the academic community are obligated to take action to stop academic or professional misconduct and/or prevent its recurrence. Suspected violations are reported to the OSA, through the Professionalism Concern Reporting Form, who will manage this issue appropriately.

In the most egregious cases, suspension or expulsion from the COPHS may be imposed by college administration. If a violation is found to have taken place, a record of the proceedings shall be kept in the student's academic file.

Disciplinary Sanctions

Refer to "Disciplinary Sanctions" under "Disciplinary Procedures" in the SU Catalog. Sanctions comprise a range of official University actions which may be taken as the result of a policy violation or disciplinary issue. The Academic Progression and Professionalism Committee may elect to recommend any one or more of the penalties for any offense.

Disciplinary Sanction Appeal Process

Students who feel that inequitable sanctions were issued as an institutional response to a policy violation or inappropriate behavior may utilize the Disciplinary Sanction Appeal Process. To avail oneself of the process, the student must submit their appeal in writing to the Dean of the COPHS stating all facts relating to the situation. The letter must be submitted by the student to the Dean of the COPHS within five (5) business days of the notification of a sanction. The decision regarding the appeal will be made by the Dean of the COPHS within five (5) business days following submission of the appeal, unless otherwise communicated. If the student does not agree with the decision of the Dean, they may appeal through the University.

Grievance Procedure

Students are required to follow the grievance policies for the COPHS programs as stated in the Student Handbook. If the Dean should sustain the adverse decision, the student may submit a request for further review by a University Official by following the procedure at Step 3 of the University "Grievance/Official Complaint Procedure" in the University Catalog.

Protocol for E-Mail Communications

Students are always expected to address Administrators, Faculty and Staff of the COPHS using their proper titles (e.g., Dean, Dr., Prof., etc.). In addition, it is imperative that the subject line is filled in with the reason for the email. Students must always use their Sullivan email account for this purpose. If a student uses their personal email account, the COPHS is not responsible for the loss or breach of confidential information. Students must utilize the Microsoft Outlook program or Outlook for Office 365 website (outlook.office365.com) for all COPHS email communications. Common courtesy dictates emails are ended with a proper closing such as 'thank you', 'regards', or other suitable statement. The sender should always close by signing their complete name, class year, and if an officer of a student organization, their title. Emails are not text messages and should therefore ALWAYS include proper titles, closings, and signatures.

Students are REQUIRED to check their Sullivan email (...@my.sullivan.edu) every day.

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ABSENCE POLICY

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Census Policy

SU COPHS requires that students attend and engage in their courses. **Attendance is expected at all classes, programmatic activities, and practice experiences**. Just as showing up for work is critically important to job security, professionalism, and work effectiveness; attendance and punctuality is critically important for mastering the career skills and concepts necessary to obtain, maintain, and be promoted as a healthcare professional. A student's lack of attendance and punctuality (professionalism) **may** result in disciplinary measures including, but not limited to, probation, suspension, or dismissal. Every effort should be made to attend and academically engage in every class, laboratory session, programmatic activity, and practice experience. If it becomes necessary for a student to drop a course, or to withdraw from their program of study entirely, an official withdrawal form must be completed in the COPHS's OAcA. All students who withdraw or are withdrawn from the COPHS are required to complete a Financial Aid Exit Interview with the Financial Planning Coordinator in the COPHS.

At the beginning of each term through a Census Poll, Academic Services will verify student engagement on Friday of the second week and Monday of the eighth week of each main campus term (which may differ from the COPHS term). Census is based on student engagement in defined academic engagement activities. One or more engagement activities in each scheduled course must occur by Thursday of the first week for a student to be made active in a course. **Faculty may impose course-level engagement policies that will be described in each course syllabus**. Course-level attendance policies imposed by faculty do not impact the University's Census Policy.

Quarterly charges and all federal, state, and institutional aid will be based upon the post-census poll enrollment status, and recalculations will occur as needed in the Financial Planning Department for federal, state, and institutional aid.

Note: Census events that fall on an observed holiday will take place the next business day.

If the University is delayed or closed due to inclement weather or other emergency, courses that do not meet will not be counted against the student. However, the University reserves the right to require a make-up of course time to ensure appropriate instructional time. Failure to attend a scheduled make-up session could be counted as an absence.

The following absences will be deemed to be approved by the OSA with appropriate documentation.

- Illness of the student or immediate family member
- Death of a family member
- Military leave of absence
- Legal obligations (e.g., Jury duty, Mandated court attendance, etc.)
- Students are permitted to select up to four (4) personal days per academic year, with no more than two (2) days per quarter and complete an Absence request for the anticipated absences for personal reasons. ***Personal holidays may NOT be utilized for any IPPE, APPE, or SCPE absences***. These Absence requests **must** be completed by the end of week one (1) of the quarter in which they are being requested to be considered for approval. These may not be requested for days on which the following events/assessments are scheduled:
    - IPPE
    - APPE
    - SCPE
    - P1 Midyear Checkpoint Exam

- P1 Milestone Exam
- P2 Midyear Checkpoint Exam
- Pre-APPE Readiness Assessment (PARA)
- NAPLEX Simulation Exam(s)
- OSCEs
- Quarterly Cumulative Final Exams
- Instructional Skills-Based Training (e.g. Labs)
- Practical Assessments (e.g. OSCEs, Checkoffs), etc.)
- PACKRAT 1 and 2
- Didactic Comprehensive Exam (DCE)
- End of Curriculum Exam (EOC)
- End of Rotation (EOR) Days
- Final Exam Week

Upon approval of any Absence request, the student will need to notify the course director(s) of the absence request approval for the anticipated absence(s).

- Travel to attendance at professional meetings. Requests for travel to and attendance at professional meetings shall be submitted to the OSA via the SU COPHS Request for Absence Approval form as far in advance as possible but at least 10 days prior to the scheduled meeting. Students should not make travel arrangements until they have submitted an SU COPHS Request for Absence Approval form and approval has been granted. Granting of approval will occur through the OSA in conjunction with college/program administrators. **Travel to and attendance at professional meetings MUST be approved**.

  Please note: Students are highly encouraged to work with the ADSA, college/program administrators, as well as all affected course directors and faculty as far in advance as possible.

*All supporting documentation for any absences **must** be submitted by uploading the healthcare provider or other appropriate documentation to the SU COPHS Request for Absence Approval form by the day the student returns to classes*. Late documentation may not be considered when reviewing absences upon a student being dropped from a class. All absence documentation is subject to verification by the OSA in conjunction with college/program administrators. ***Upon receiving confirmation of the approval of an absence request, the student must personally share this confirmation email directly with all course directors affected by the absence within 24 hours of receiving this confirmation email***. It is the sole responsibility of the student to share the confirmation of all absence requests with all course directors.

Missed attendance due to tardiness or early departure will not be approved. Tardiness is defined as greater than 10 minutes past the normal start time for class. Early departure is defined as leaving 10 minutes prior to the end of the class. Students with approved absences will be allowed to make up assessments missed in accordance with the course syllabi. **Faculty may impose course-level attendance, tardiness, and/or early departure policies that will be described in each course syllabus**.

Students who are parents should plan schedules and childcare arrangements well in advance of classes and practice experiences. Students' children are not permitted to be present in classrooms, laboratories, programmatic activities, or at practice experience sites.

Unapproved Absences

An unapproved absence is an absence that is not approved. Unapproved absences may also be for discretionary personal use of unforeseen scenarios that are not deemed "approvable" by the program. It should be noted that an absence can also be considered unapproved due to student failure to follow the outlined procedures for obtaining an approved absence.

Please note: Vacations should be taken during scheduled breaks and not interfere with class activities, exams, remediation, etc.

When a student is dropped from or withdraws from a course, this is reflected in the student's satisfactory academic progress (SAP). If the student does not become and remain active in all courses for which they are registered, the student's enrollment status will be adjusted which may have an impact on the amount of financial assistance for which the student is eligible. Last dates of attendance in courses determined by this attendance policy will be used in calculating when and to what extent funds must be returned to financial aid funding sources. See the Financial Planning Office for more information or refer to the "Financial Information" section of the Sullivan University Academic Catalog for policy details.

Protocol for Absences from a Class, Programmatic Activity, or Laboratory

If a student is unable to attend a class, programmatic activity, or laboratory, they are required to immediately notify the OSA as well as their instructor(s) and/or the course director(s) of the class(es) that will be missed. Please remember all absences require healthcare provider or other appropriate documentation and approval of the appropriate college administration. (**See COPHS "Census Policy"**).

Notification Process

- Complete the online SU COPHS Request for Absence Approval form
- Email and/or call instructor(s) and/or the course director(s) of the class(es) that will be missed. **Please see COPHS "Census Policy"**
- ***Upon receiving confirmation of the approval of an absence request, the student must personally share this confirmation email directly with all course directors affected by the absence within 24 hours of receiving this confirmation email***. It is the sole responsibility of the student to ensure confirmation of all absence requests are shared with all course directors.

Absence Policy for Clinical and Experiential Education

Background

Practice experiences (IPPE, APPE, and SCPE) are a critical part of the curriculum at SU COPHS. They provide students with the opportunity to apply what they have learned in the classroom to real-world settings. This hands-on experience is essential for becoming a practicing physician assistant or pharmacist.

Students are expected to attend all practice experiences. Absences should be avoided, as they can impact the student's ability to learn and meet the objectives of the experience. If an absence is unavoidable, students must immediately notify the preceptor, OCEE, and Course director(s), if applicable, regarding time missed for any reason. Preceptor approval alone does not constitute an

absence, as program administrators will determine this decision in consultation with all stakeholders.

In all cases of an absence, attempts should be made to make up hours, assignments, and activities missed.

Absence Policy

- Students are limited to the following number of absences:
  - No more than 2 days of absences during any one IPPE course.
  - No more than 2 days of absences during any one SCPE course.
  - No more than 3 days of absences during any one APPE course.
  - A student may have no more than 10 absences per experiential sequence. This includes personal illness and emergencies.
  - A student exceeding these absences will be sent to the Academic Progression and Professionalism Committee.
- Exceptions to these requirements may be granted by the Office of Clinical and Experiential Education (OCEE).
- Exceeding the maximum number of days per experience or total days may result in the following:
  - Delayed graduation due to making up the practice experience.
  - Withdrawal from the practice experience
  - Failure of the practice experience
- Students who miss any practice experience time are still expected to maintain the responsibilities of the practice experience, complete all objectives/assignments, and make up any missed time, if applicable.

EOR Session Attendance

Attendance is required of all P3/PA2 students at EOR sessions. EOR sessions may include EOR exams, evaluations, case presentations, class and/or advisor meetings, practical examinations, and lectures.

Students with an absence from any portion of the EOR sessions will be subject to specific program consequences.

- PA students: EOR absences must be approved by the Director of Clinical Education. Unapproved absences will result in a ten (10) percent grade reduction from that SCPE. If this results in a grade below 74.5%, the student will be considered to have failed the SCPE and will be required to repeat the entire SCPE.
  - Approved absences include:
    - Illness of the student
    - Family medical emergencies
    - Bereavement
    - Military service

Additional Requirements

Students with an absence during any EOR session may also be required to do an extra presentation and/or paper depending on the number of EOR/Block 8 activities/days missed.

Practice Experience Attendance

Attendance is mandatory for all practice experiences. Students are expected to be present for the entire scheduled time, including any clinic, conferences, rounds, or other learning events.

- If PA students have already met the minimum hours/patients for the week and are absent a day when the site is open and preceptor is working, they will still need to notify the PA Program's OCEE contacts and complete the SU COPHS Practice Experiences Absence Reporting Form.
- PharmD students are to adhere to the schedule that is agreed upon by both the student and preceptor.

PA students are required to follow the full-time working schedule of the preceptor. If the preceptor or site cannot provide full-time hours, it is the student's responsibility to notify the Course director as soon as possible. Students that are expected to work more than 60 hours in one week should notify the PA Program's OCEE contacts as soon as possible to discuss with preceptor and student proposed workload expectations.

Absences

Students must immediately notify the preceptor, OCEE, and course director(s), if applicable, of missed time for any reason. Absences of a half-day or half-shift (or longer) require completion of the SU COPHS Practice Experiences Absence Reporting Form, which will be retained by program administrators for absence tracking.

The SU COPHS Practice Experiences Absence Reporting Form must be submitted within 24 hours of an unplanned absence. For planned absences (e.g., medical appointments), the form should be submitted at least 72 hours in advance, and earlier for professional conference requests. Students are required to notify their preceptor of any absence(s). Students who do not report absences within the above timeframes will have a professionalism concern report filed by their respective OCEE faculty.

Students are NOT PERMITTED to leave practice experience sites for outside employment. Leaving a site early, not performing clinical duties due to outside employment, or asking the preceptor for permission to leave due to outside employment is considered unprofessional conduct.

Holidays and Inclement Weather

Clinical and experiential courses do not follow the same holiday and closure schedules as didactic courses. During the practice experience, students may be asked to work holiday, weekend, or a shift other than normal business hours. Students are expected to comply with shifts that their site and primary preceptor work. Closures, due to holidays or inclement weather, are site-dictated. Students must discuss any assigned schedule concerns with the respective OCEE program personnel prior to the start of the practice experience. However, regardless of these discussions, some schedules may not be subject to change.

If the practice experience site is delayed or closed due to inclement weather or other emergency, the minimum hour per week requirement will not be held against students. However, the program reserves the right to require a makeup of site time to ensure appropriate instructional time and

objectives and competencies are being met. Additionally, students are expected to make up as many hours as possible during the course of the practice experience to gain all required hours.

Pharmacy Technician Program

See Sullivan University Academic Catalog – “Census Policy”.

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PROFESSIONAL DEVELOPMENT

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Standards for Professional Appearance

Students in the COPHS programs are always expected to present a professional appearance and demeanor. Although these standards and expectations may not satisfy every individual's desire for personal dress freedom, the COPHS believes appropriate dress is important to present an overall professional image and is a constructive part of one's professional development.

Students MUST always utilize their identification (ID) badges to gain access to the COPHS building and wear their ID badges while in the COPHS building on campus as well as at their practice sites.

In consideration of others, especially patients with allergies, students are to avoid the use of strong-smelling perfumes, colognes, or aftershave lotions. Students must follow any practice site personal appearance requirements/expectations. For example, some practice sites may require students to have clean fingernails that are kept short and free from artificial nails, including extensions, acrylics, gels, and dip powders.

Tattoos, symbols, or body art that could reasonably be perceived as offensive, discriminatory, harassing, or inconsistent with the institution's commitment to a respectful and inclusive environment are not permitted to be visible. This includes, but is not limited to, imagery, language, or symbols associated with hate, bias, violence, harassment, or discrimination toward any individual or group. Any such tattoos or markings must be fully covered while participating in academic, clinical, or experiential activities.

Each Doctor of Pharmacy and Master of Science in Physician Assistant student will receive a short white coat. Students will be required to wear their white coat in the laboratory and at practice sites. Coats must always be clean and neat with all appropriate name badges, pins, and COPHS program patches appropriately displayed.

Caps, hats, or hoods (unless customary and recognized religious headdress) are NEVER permitted to be worn during assessments, in laboratories, or at practice sites. Closed-toed shoes are required for laboratories and at practice experience sites.

Dress Guidelines

Given the professional nature of COPHS programs, business casual is the recommended dress. At minimum students are expected, when attending normal classroom activities to dress in a manner that is not distracting or distasteful for a classroom environment. A few simple guidelines are to be followed:

- Clothes must be clean and appropriate for the classroom.
- Pants must not be allowed to sag and/or expose one's undergarments.
- Tops must minimize chest/stomach exposure.
- If applicable, students are required to wear appropriate safety equipment as required by the instructor and/or classroom/laboratory safety rules.

Students who are not appropriately dressed will not be permitted to attend class and/or program activity. Any class or program activity missed due to dress code issues will be deemed an unapproved absence.

The COPHS or individual program reserves the right to require professional dress attire as is deemed necessary to fulfill the objectives of a particular class, program activity, or announced event.

Dress code violations should be reported immediately to the OSA, or another COPHS administrative office/officer (assistant/associate dean, department chair, program director, etc.). Individuals found to be in violation of the dress code may be referred to the Academic Progression and Professionalism Committee for possible disciplinary action.

Students are to follow the "Standards for Professional Appearance" as well as the dress guidelines of the practice site unless given specific instructions for different dress (e.g., medical scrubs). Student ID badges and short lab coats must always be worn unless otherwise directed by the preceptor. Students are reminded that specific requirements for the practice site may be required by preceptors and students are to follow such guidelines. Nonadherence may result in dismissal from the site and failure of the practice experience.

Involvement

Student Professional Organizations and Activities

The Administration and Faculty of the COPHS encourage student participation in professional organizations within the COPHS as a means of furthering student professional development and initiating contacts that will be beneficial as the student enters professional practice. In addition, student professional organizations serve as means to network and earn professional development hours while building future professional relationships. Currently, SU COPHS has student chapters of the following organizations.

- Student Academy of American Academy of Physician Assistants (SAAAPA)
- American Pharmacists Association-Academy of Student Pharmacists (APhA-ASP) / The Kentucky Pharmacists Association (KPhA)
- American Society of Health System Pharmacists (ASHP) / Student Society of Health System Pharmacists (SSHP)
- Christian Healthcare Professionals of Sullivan (CHiPS)
- National Community Pharmacist Association (NCPA)
- Kappa Psi Pharmaceutical Fraternity, Epsilon Theta Chapter
- Phi Lambda Sigma Pharmacy Leadership Society, Delta Xi Chapter
- The Rho Chi Pharmaceutical Honor Society, Delta Kappa Chapter

PA students are reminded that officers of student organizations must maintain a minimum cumulative grade point average (GPA) of 3.00. PharmD students are reminded that officers of student organizations must maintain a minimum cumulative GPA of 2.50. If a student's cumulative GPA falls below the minimum cumulative GPA required to hold office, they must step down. Should the student raise their cumulative GPA to the minimum cumulative GPA required to hold office, they would regain eligibility to hold office. To serve as a student officer, a student must not have a professionalism contract on file with the COPHS.

The advertising and/or selling of any items or services by COPHS professional organizations or students must be approved through the Office of Student Affairs and/or the Office of the Dean. The use of any Sullivan University, College of Pharmacy and Health Sciences, and/or program wording, logos, letterhead, or other likeness is strictly prohibited without prior approval of the OSA and/or the Office of the Dean. Any violation of this policy will be submitted as a professionalism concern.

Class Representatives/Officers

Each class for each graduate program will have a set of class representatives/officers that will plan/oversee activities and help to resolve issues within the class. The class representatives/officers will also oversee the student Committee Representatives. If students are having an issue, they would like their class representatives/officers to address, they may speak to them directly or with the ADSA.

Student Committee Representatives

At SU COPHS we want our students to have a voice on the college's standing committees. As outlined in the College bylaws, specific programs of study and classes/cohorts will have a representative and an alternate on the following committees:

- Admissions Committee
- Curriculum Committee
- Diversity, Equity, and Inclusion Committee
- Planning and Assessment Committee
- Student Professional Development Committee
- Scholarship and Awards Committee

The OSA in conjunction with the class representatives/officers will conduct the solicitation for all those wishing to be a committee representative. The class representatives/officers in conjunction with the OSA, will assist in the election or Dean's appointment to each of the committees outlined above according to the College bylaws. For more information on the responsibilities of Student Committee Representatives, please see the OSA.

Student Professional Honors and Awards

SU COPHS has several opportunities for students to earn honors and awards. The Scholarship and Awards Committee will update the student body annually on current opportunities.

Professional Development Plan – Doctor of Pharmacy

The Professional Development Plan (PDP) is a multifaceted approach to help students develop their professional skills utilizing activities outside the classroom. These activities include advising sessions, the professionalism series, and professional development ("co-curriculum" – ACPE terminology) activities which include, but are not limited to, the speaker series and professional development hours. These activities are not a part of the curriculum but are purposeful and are requirements to complete the Doctor of Pharmacy program. Failure to meet these expectations may result in delayed graduation.

The full description and expectations of the PDP can be found on the SU COPHS learning management system (e.g., Blackboard). Any questions about the PDP should be directed to the OSA.

Academic and Professional Advising

Doctor of Pharmacy Program

Each student is assigned a Faculty Advisor who will remain the student's advisor throughout the student's tenure in the PharmD program. Requests for reassignment of a student to another

Faculty Advisor will be reviewed by the OSA. Students will meet with their advisor as outlined in the advising manual.

If a student's academic and/or professional performance is less than satisfactory, the Faculty Advisor is to refer the matter to the OSA for follow-up. If an advisee's performance on an assessment is less than satisfactory, the OAcA may notify the Faculty Advisor. As one means to provide early intervention Faculty Advisors may notify students to come meet with them to ensure the provision of appropriate college and/or university resources. In cases of multiple assessment failures, the OAcA will notify the OSA for additional follow-up with the student.

Master of Science in Physician Assistant Program

Each student will be assigned a Faculty Advisor who is a member of the principal faculty. Students will meet with their advisor at least once per quarter, either in a group or individually. Advising forms are filled out during these meetings. Advising sessions may occur in person or electronically. Advisees will be responsible for letting the advisor know if they will need electronic accommodations. Advisors are responsible for scheduling meetings with their advisees.

Clinical year advisees who are not in the area are expected to participate in group/individual advising sessions via remote teleconference. Requests for reassignment of a student to another Faculty Advisor will be reviewed by the Program Director. Advisors should inform the OSA if they feel there is a student issue that requires additional counseling or guidance.

Pharmacy Technician Program

Each student is assigned a Faculty Advisor who will remain the student's advisor throughout the curriculum. The Faculty Advisor meets with the student regularly to monitor the student's academic progress and recommend courses for the upcoming quarter. If a student's academic and/or professional performance is less than satisfactory, the Faculty Advisor will defer to the Director of the Pharmacy Technician Program.

Assessment Proctoring Policy

Students are not permitted to communicate (verbal, nonverbal, electronic, written, etc.) with anyone (apart from the exam proctor(s)) within or outside the assessment location(s) during the assessment. Students MUST promptly leave the room and the area outside of the assessment room once they have completed their assessment.

Students are not permitted to ask, and faculty not permitted to answer assessment content related questions during an assessment. If the student has a content question they should communicate with the course director outside of the assessment.

Proctors may address unforeseen technology concerns, environmental concerns (e.g., noise), and/or assessment supplies. Proctors may permit restroom breaks, as deemed appropriate to diminish gathering in public areas. The student may not take anything into the restroom (excluding personal hygiene items).

Only the items deemed necessary by the proctor may be at the student's testing space. All other items must be moved to the designated area of the assessment room to ensure the ability for emergency exit.

Students may only utilize a program approved calculator.

It is the student's professional responsibility to show up to the exam on time with an appropriate device and charging apparatus.

Any tardy student(s) will forfeit the amount of time missed due to their tardiness. For students with ADA accommodations, the student will complete the exam within the original scheduled time frame offered for that student.

Smart devices and other comparable technology are NOT permitted in the immediate possession of a student in the assessment room unless specifically pre-approved via the COPHS ADA accommodation process.

Students MUST provide the proctor(s) with verification of completion and/or closure of the assessment before exiting the assessment room.

Students should inform outside parties (e.g., spouses, children, etc.) before the assessment that if there is an emergency during the assessment to contact the Office of the Dean via telephone at 502-413-8640.

A minimum of one proctor (course director or their designee) will be assigned for each assessment room. Proctor(s) may be staff, a resident, or other trained personnel. Proctors should be coordinated and scheduled in advance. If a scheduled proctor cannot attend the assessment, they are responsible for finding their own replacement and notifying the other proctor and course director of the change.

The course director is solely responsible for all aspects of their course assessment(s) and proctoring of their course assessments. It is the responsibility of the course director to ensure the proctor(s) is (are) aware of all details of the assessment, including length of assessment, passwords and resume code, etc. If proctoring ADA students, the proctor must be aware of how many students to expect, if students have accommodations beyond 1.5 times the length of the exam time, specifics about the assessment (closed note vs open resource), and if a program approved calculator and scrap paper, whiteboard, dry erase marker, etc. are needed. The course director or proctor may randomize/assign seating for the assessment prior to the assessment and should ensure this is communicated to the proctor(s).

If a proctor suspects a student of academic dishonesty the following options are available:

- Once the assessment is concluded the proctor should then notify the respective department chair or program coordinator, and course director of the suspected academic dishonesty.
- If the proctor has direct evidence of academic dishonesty the proctor(s) will confer to determine the best course of action. Upon addressing the issue, the department chair or program director, course director, the Office of Academic Affairs and Assessment, and the Office of Student Affairs will be notified. A report will also be submitted to Academic Progression and Professionalism Committee for review.

The proctoring policy is intended for use with assessments of 30 minutes or more, but course director may utilize this policy for assessments of less than 30 minutes (e.g., quizzes), if they would so choose. If utilizing this policy for assessments of less than 30 minutes (e.g., quizzes) the course director should ensure this is clearly communicated to students in order that they may ensure their compliance with this policy (e.g., items in the appropriate area, etc.).

ACADEMIC POLICIES

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Annual Compliance Courses

In preparation for practice experiences and as part of the SU COPHS curricula, students are assigned annual compliance course work, by the OCEE, to be completed based on their program of study (e.g., HIPAA, Bloodborne Pathogens, etc. Students will be given a deadline by which all assigned compliance course work must be completed. Upon completion of a course, the student will be permitted to generate a certificate of completion for that course. All related course certificates are to be updated in the appropriate electronic database annually. Failure to complete course work by the deadline will result in a delay in progression, which may affect the student's graduation date.

Based on your program of study, the following courses must be completed prior to participating on practice experiences. These courses have been specifically assigned and ONLY these courses will count toward completion requirements.

- HIPAA Basics for Healthcare Professionals
- OSHA Bloodborne Pathogens
- TB: Prevention and Control
- Hazard Communications: An Employee's Right to Know
- Personal Protective Equipment: Body Protection
- Portable Fire Extinguisher Training
- Sexual Harassment Prevention for Employees
- Emergency and Disaster Preparedness
- Communicating with Professionalism and Etiquette
- Professionalism, Business Etiquette and Accountability

Grade Point Average

See Sullivan University Academic Catalog – "Grade Point Average".

College of Pharmacy and Health Sciences Satisfactory Academic Progress Policy

Satisfactory Academic Progress Policy for PharmD and PA Programs

The COPHS programs covered in this policy are the Doctor of Pharmacy (PharmD) program and Master of Science in Physician Assistant (PA) program. Students covered in this policy must meet the following minimum standards of academic achievement in terms of cumulative GPA and successful course completion in terms of credits earned versus credits attempted within a maximum time frame while enrolled. Failure to meet the requirements of this Satisfactory Academic Progress Policy (SAP) may result in punitive actions up to and including the possible loss of federal Title-IV HEA and/or state financial aid and suspension or termination from the COPHS. This policy applies to all students whether they participate in Title IV HEA or Kentucky state financial aid programs. It is important for students to read and understand the COPHS's SAP standards.

Grade Application Chart

Grade	Definition	Included in Credits Earned	Included in Credits Attempted	Included in Cumulative GPA Calculation
A	Excellent	YES	YES	YES
AU	Audit	NO	NO	NO
B	Above Average	YES	YES	YES
C	Average	YES	YES	YES
Grade	Definition	Included in Credits Earned	Included in Credits Attempted	Included in Cumulative GPA Calculation
F	Failing	NO	YES	YES
I	Incomplete	NO	YES	YES
NF	Failing – Lack of Engagement	NO	YES	YES
S	Satisfactory	YES	YES	NO
T	Transfer	YES	YES	NO
U	Unsatisfactory	NO	YES	NO
W	Withdrawal up through week #7	NO	YES	NO
WF	Withdrawal after week #7	NO	YES	YES

The following criteria are utilized when evaluating student satisfactory academic progress:

- Credits will be applied to the COPHS's Satisfactory Academic Progress Policy as defined in the Grade Application Chart shown in this policy.
- Attempted credits as defined in this policy will be counted in SAP calculations, whether financial aid was received, or the credits earned.
- Incompletes (I), instructor drops (NF), and failures (F, WF, NF) are considered as credits attempted and not earned; but are included in cumulative GPA calculations with zero quality points.
- W grades are considered as credits attempted and not earned; but are not included in cumulative GPA calculations.
- Grade changes to previously unsatisfactory grades may be considered in satisfying completion rate and CGPA deficiencies.
- Credits earned with a passing grade in courses attempted on a Pass(S)/Fail(U) basis are considered as both attempted and earned credits; those failed are considered as attempted credits only. Pass(S)/Fail(U) grades are not included in cumulative GPA (CGPA) calculations.
- Transfer (T) credits, including credit received from consortium study, are considered as both attempted and earned credits, but are not included in cumulative GPA calculations.
- Courses repeated to raise the CGPA are considered as credits attempted when taken and as credits earned when a satisfactory grade is earned. However, only the most recent grade is used in calculating the cumulative GPA. Courses may only be repeated with approval of the SU COPHS.

- Courses audited (AU) for no grade are not included in cumulative GPA calculations and are not considered as attempted or earned credits.
- Upon the change of a student's major, only those credits previously taken that apply to the new program will be calculated into both the cumulative GPA (qualitative review) and completion rate (quantitative review).
- Satisfactory academic progress (both qualitatively and quantitatively) will be reviewed upon the conclusion of each academic quarter for all students.

Qualitative Standards (Cumulative Grade Point Average)

Qualitative satisfactory academic progress is defined as maintaining a minimum acceptable cumulative grade point average (CGPA) on a 4.00 scale. Students must meet or exceed the following minimum CGPA to be considered as making qualitative satisfactory academic progress:

SAP evaluation and processes for COPHS students are the same as for all University students with the exceptions of the following:

Doctor of Pharmacy program

- Minimum GPA of 2.00 at the end of each quarter
- Minimum cumulative GPA of 2.00 is required at each quarterly evaluation point
- Minimum CGPA of 2.00 is required for graduation

Master of Science in Physician Assistant program

- Minimum cumulative GPA of 3.00 is required at each quarterly evaluation point
- Minimum cumulative GPA of 3.00 is required for graduation

A student will be considered as not making satisfactory academic progress if at any evaluation point the student's cumulative grade point average is less than the prescribed minimums listed above. Students must also meet the academic requirements as noted in the COPHS Student Handbook.

Quantitative Standards (Completion/Pace Rate)

The quantitative measure is defined as the total number of credit hours successfully earned (passed) divided by the total number of credit hours attempted. The quantitative satisfactory academic progress measure requires a student to complete their program of study within one and one-half times (150%) the academic program assigned credit hours. Students must meet or exceed the following minimum quantitative progress measures to be considered as making satisfactory academic progress:

Upon completion of 1 to 23 credit hours attempted:	25.00% cumulative completion rate
Upon completion of 24 to 35 credit hours attempted:	50.00% cumulative completion rate
Upon completion of 36 or more credit hours attempted:	66.67% cumulative completion rate

A student will be considered as not making satisfactory academic progress if at any evaluation point the student's overall quantitative completion rate is less than the prescribed minimums listed above.

Maximum Time Frame/Deadline for Program Completion

Maximum time frame for professional programs is determined based on a period the school defines based on the length of the program. Independent of SAP policies, all students MUST complete the Doctor of Pharmacy in a maximum of 5 academic calendar years and the Physician Assistant program in a maximum of 3 academic calendar years (A3.14b).

Financial Aid Eligibility

For the Doctor of Pharmacy and Physician Assistant program, Sullivan University students will cease eligibility of Title IV HEA or Kentucky state financial aid once the school determines that it is not possible for a student to complete the program within the maximum timeframe (150% of credits required for program completion). The maximum timeframe for the Doctor of Pharmacy program is 264 (176 x 150%) credit hours whereas the Physician Assistant program is 224.25 (149.5 x 150%) credit hours. Once an SAP review determines that a student cannot mathematically finish the student's program of study within the maximum time frame, the student becomes ineligible for Title IV HEA and Kentucky state financial aid.

Student Status Definitions

Active: The student is in good standing with the University with no punitive action status.

Financial Aid Warning: A previous "Active" status student who is receiving Title IV HEA and/or Kentucky state financial aid and is not now achieving SAP standards will be placed on "Financial Aid Warning". The student may continue to attend classes and receive Title IV HEA and/or Kentucky state financial aid for one additional quarter of attendance while on Financial Aid Warning status. In addition, a "Financial Aid Warning" status is notice to the student that continued failure to achieve SAP standards will result in further punitive action by the University and the loss of the availability of Title IV HEA and/or Kentucky state financial aid.

Academic Warning: A previous "Active" status student who is not receiving Title IV HEA and/or Kentucky state financial aid and is not now achieving SAP standards will be placed on "Academic Warning" status. The student may continue to attend classes while on "Academic Warning" status for one additional quarter. In addition, an "Academic Warning" status is a notice to the student that continued failure to achieve SAP standards will result in further punitive action by the University.

Financial Aid Probation by Appeal: A previous "Suspension" status student who has successfully appealed for reentry due to extenuating or special circumstances as outlined in the appeal processes stated below may be placed on Financial Aid Probation by Appeal status. The Financial Aid Probation by Appeal student may be eligible for Title IV HEA and/or Kentucky state financial aid due to extenuating and/or special circumstances. The Financial Aid Probation by Appeal status allows the student to continue classes with a goal of achieving SAP standards by the end of the Financial Aid Probation quarter or by a specified period established in an Academic Recovery Plan.

Academic Probation by Appeal: A previous "Suspension" status student who has successfully appealed for reentry may be placed on Academic Probation by Appeal status. The Academic Probation by Appeal student does not receive Title IV HEA and/or Kentucky state financial aid. The Academic Probation by Appeal status allows the student to continue to attend classes with a goal of achieving SAP standards by the end of the Academic Probation quarter or by a specified period established in an Academic Recovery Plan.

Suspension: A previous "Warning" or "Probation" status student will be suspended if the student fails to meet SAP standards and/or fulfill the terms of the Academic Recovery Plan (ARP) at the end of the warning or probation term. A suspended student may not continue in school nor receive Title IV HEA and/or Kentucky state financial aid unless reinstated through the SAP appeal process. The student is not eligible for Title IV HEA and/or Kentucky state financial aid while suspended.

Terminated: The student has been permanently withdrawn from the University. The student is not eligible for Title IV HEA and/or Kentucky state financial aid.

Failure to Meet Satisfactory Academic Progress (SAP) Standards

A previous "Active" student for whom it has been determined is currently not meeting the minimum SAP standards will be placed on "Financial Aid Warning" or "Academic Warning" status for one additional quarter of attendance.

Financial Aid Warning status allows a student who currently utilizes Title IV HEA or Kentucky state financial aid to continue to attend class(es) for one additional quarter and utilize these funds while attempting to achieve SAP standards. A Financial Aid Warning status also places a student on notice that they will be suspended from the University and lose Title IV HEA and Kentucky state financial aid eligibility if all academic progress standards are not met by the end of the Financial Aid Warning quarter.

Academic Warning status allows a student to continue to attend class(es) for one additional quarter while attempting to achieve SAP standards. A student on Academic Warning status does not receive Title IV HEA or Kentucky state financial aid. An Academic Warning status also places a student on notice that they will be suspended from the University if all academic progress standards are not met by the end of the Academic Warning quarter.

If at any evaluation point a Financial Aid Warning or Academic Warning status student fails to satisfy all SAP requirements, they will be suspended from the University, and the student status will become "Suspension". Re-admittance to the school and re-establishment of financial aid eligibility is only possible through the Satisfactory Academic Progress Appeal process.

Upon any evaluation that affects a student's eligibility for Title IV HEA and/or State financial aid funds, a notification letter will be communicated electronically to the email address on file with the University. The letter will be sent, depending on the student's campus location/division of enrollment, by the Coordinator of Academic Progress (Louisville), the Associate Dean of Academic Affairs (Lexington), the Director of Education (Ft. Knox), the e-Learning Registrar (e-Learning), Assistant Dean of Academic Affairs and Assessment of the COPHS, or other designated school official.

A student who believes they have encountered a special circumstance(s) that has impeded their satisfactory academic progress resulting in a punitive action by the University and/or loss of Title IV HEA or Kentucky state financial aid may utilize the appeal process as outlined in this policy.

Satisfactory Academic Progress Appeal Policy

A student who believes they have encountered an extenuating and/or special circumstance(s) which has impeded their academic progress may submit a written appeal to the appropriate campus academic services office. The appeal process provides a student who has not met the University's satisfactory academic progress standards the opportunity to formally request to remain enrolled and/or reenroll at the University to rectify any SAP deficiencies and/or to re-establish

eligibility for Title IV HEA and/or Kentucky state financial aid. More information is available at http://sullivan.edu/appeals.

The student wishing to appeal their SAP status and/or request re-entry to the University must complete the Satisfactory Academic Progress form and attach any supporting documentation explaining the special circumstance(s) beyond the student's control resulting in their unsatisfactory academic performance. Furthermore, the form requires an indication of what has changed in their situation that will allow the student to succeed and achieve SAP standards.

The COPHS OAcA, in consultation with other programmatic committees, will review the appeal to determine if the student can reasonably be expected to achieve all measures of SAP and any other requirements for continued enrollment and/or reentry at the COPHS. If the student is granted a successful appeal by the Academic Progression and Professionalism Committee, the student's appeal will be forwarded to the Financial Aid Appeal Committee for its review and consideration.

The Financial Aid Appeal Committee will determine if the student's financial aid is to be reinstated based on federal and state financial aid guidelines, the student's special and/or extenuating circumstance(s) as stated in the appeal, and any supporting documentation that may have been provided.

Each appeal committee has the independent discretion to accept or decline the student's appeal. The approval of reentry by the Academic Progression and Professionalism Committee does not automatically guarantee the student's approval for re-establishment of financial aid by the Financial Aid Appeal Committee. Students wishing to appeal both their SAP status and financial aid eligibility must submit information and documentation to satisfy both committees' requirements. While the appeal process serves multiple purposes, if it is determined that a student cannot mathematically achieve SAP within the policy limitations the appeal will be denied.

The student has the burden of validating the reasons why they could not meet SAP requirements and justifying the reason(s) the committee(s) should grant the appeal.

The student may submit an appeal for academic and/or financial aid eligibility based on one or more of the following special and/or extenuating circumstances:

- Work related;
- Medical condition;
- Fire/Flood;
- Military;
- Other special extenuating circumstance(s) warranting consideration.

To appeal an SAP-related suspension or other punitive action the student must submit a clear and concise appeal form with the following elements.

1. Student's name and student signature;
2. Reason for the loss of financial aid eligibility;
3. Special circumstances that contributed to poor performance that led to the loss of financial aid eligibility;
4. A request to reinstate financial aid eligibility, if applicable;
5. Reasons for not meeting satisfactory academic progress for applicable terms;
6. How the student's circumstances have changed;
7. Plan of action to meet satisfactory academic progress moving forward;
8. Educational goals;

9. Supporting documentation.

Any supporting documentation to substantiate these special circumstances; examples of such documentation may include, but not necessarily limited to:

Extenuating Circumstance	Event	Documentation
Work Related	• Layoff / Job loss • Required overtime / excessive work hours	• Timecards • Letter from employer or termination paperwork • Timecard statements/paycheck subs
Medical Condition	• Personal injury or illness • Hospitalization, surgery, or other medical procedure • Mental health issues • Dental emergency • Serious illness of a child or loved one	• Medical records • Medical record appointments • Letter from doctor, therapist, or counselor. • Dental records containing emergency visit • Medical records for loved one or child
Fire / Flood	• Loss of home or significant loss of property	• Insurance records showing loss • Police reports detailing fire
Other Circumstances	• Death of a relative or close loved one • Domestic violence • Home eviction	• Obituary (dates should be included) • Letter from counselor detailing events • Police report • Court documentation • Eviction notice
Military	• Involuntary military orders	• Military orders with dates

If the Financial Aid Appeal Committee approves the student's appeal, the student may be approved for the re-establishment of Title IV HEA and Kentucky state financial aid and will be placed on Financial Aid Probation by Appeal status while attempting to achieve SAP policy requirements and will be expected to meet the requirements of an Academic Recovery Plan. Upon the conclusion of the quarter of Financial Aid Probation by Appeal the student will be reviewed for SAP progress and meeting the requirements of their Academic Recovery Plan.

If the student is granted reentry or continued enrollment by the Academic Appeal process, but eligibility for financial aid is not re-established through the Financial Aid Appeal process, the student will be ineligible to receive Title IV HEA and/or Kentucky state financial aid, and the student will be placed on Academic Probation by Appeal status. If a student is otherwise eligible to remain enrolled at the University, the Academic Probation by Appeal student may pay for college expenses by personal funds (out of pocket) or with other non-Title-IV HEA or non-state financial aid while attempting to achieve SAP policy requirements and will be expected to meet the requirements of an Academic Recovery Plan. Upon the conclusion of the quarter of Academic

Probation by Appeal, the student will be reviewed for SAP progress and whether they met the Academic Recovery Plan requirements.

A student on Financial Aid or Academic Probation by Appeal status will be required to adhere to an Academic Recovery Plan (ARP) as developed and prescribed by an appropriate academic school official. Any student on an Academic Recovery Plan will remain on the assigned student status if the requirements of the Academic Recovery Plan are being met. Once minimum SAP standards are met, the student will be returned to "Active" status, and eligibility for use of Title IV funds will be restored per appropriate guidelines and regulations. (Note: The requirements of an Academic Recovery Plan can only be changed by submission of an appeal explaining what has happened to make the change necessary and how the student will be able to make academic progress.)

If at any evaluation point a Financial Aid Probation by Appeal or Academic Probation by Appeal student fails to maintain the requirements of their Academic Recovery Plan, they will be suspended, and the student status will become "Suspension". Re-entry to the University and/or reestablishment of financial aid is possible only through the Satisfactory Academic Progress Appeal process.

Any applicable transfer credit earned from another qualified institution (accredited by an accrediting agency that is recognized by the U.S. Department of Education) during the financial aid suspension period may be used to satisfy SAP criteria as outlined in the Grade Application Chart. Thus, transferred grades will be applied to completion rate deficiencies but not CGPA deficiencies.

Re-entry After Suspension

A suspended student may appeal for reentry to the COPHS. The student will follow the guidelines outlined in the appeal process(es) stated above to apply for reentry. The appeal process and committee(s) will determine the student's eligibility for reentry and re-establishment of Title IV HEA and Kentucky state financial aid.

An inactive student not in good standing with SAP policies requesting to reenter the COPHS following a period of absence and/or suspension should contact the COPHS Office of the Dean. Exact dates of appeal hearings, due dates for written appeals and related documentation (if appropriate) can be obtained by contacting the respective campus office. The student may be requested to appear before the appeal committee(s). Absences or periods of suspension from the COPHS and/or ineligibility of financial aid for a period are not considered mitigating circumstances for reestablishment of SAP progress and/or financial aid. More information is available at http://sullivan.edu/appeals.

If the student is permitted to reenter the COPHS, failure to demonstrate sufficient progress toward achieving SAP may result in additional punitive action up to and including loss of financial aid, possible suspension and/or permanent dismissal.

Satisfactory Academic Progress Policy – Pharmacy Technician Program

See Sullivan University Academic Catalog – "Satisfactory Academic Progress Policy".

Tutoring Plan

The College of Pharmacy and Health Sciences intends to provide timely access and referral of students needing additional support services (A3.07). Students who are struggling with the concepts, material, and/or assessments in the course, may contact the course director to set up an

individual appointment. Tutoring can be provided by upper-class students or alumni who have been vetted by the OSA and the OAcA with an appropriate level of knowledge in the course subject matter. These requests can be made by completing the Request for Tutoring Services form. Tutors are available for private or group sessions at their discretion and according to their schedules.

Individual appointments with course directors can occur during scheduled office hours or at any time agreed upon by the student and faculty. Groups of 2 to 3 students may also schedule a group session with the course director during business hours if all students in attendance want to review the same/similar concepts.

Faculty may identify students who will benefit from tutoring sessions and recommend their participation. If course remediation is a consideration, a student's attendance and participation in tutoring sessions may be noted by the Academic Progression and Professionalism Committee.

Remediation Policy

This policy outlines the criteria, processes, and limits for remediation of didactic courses and pharmacy practice experiences in the Doctor of Pharmacy (PharmD) program. It applies to all PharmD students enrolled in didactic coursework and in Introductory or Advanced Practice Experiences (IPPEs and APPEs).

Remediation Rules – Doctor of Pharmacy Program:

Rules are independent of student's current SAP status. Students may not take more than TWO (2) academic calendar years to complete one (1) professional year. (See "Maximum time frame")

Number of Didactic Courses Failed Per QUARTER	Remediation Specifics
One (1) course ∞	If cumulative grade is between 64.5-69.4%, the student will be granted the privilege of remediation. * If a remediation is failed, student will be required to repeat the course when it is next offered (course grades will be recorded as "F" or "U" for pass/fail courses).
Two (2) courses ∞	Student will be required to repeat the courses when the courses are next offered (course grades will be recorded as "F" or "U" for pass/fail courses).
Three (3) courses	Student will be dismissed from the Doctor of Pharmacy program. ***

Number of courses failed per PROFESSIONAL YEAR (Not within a single quarter) **	Consequence
Four (4) courses (including IPPEs and/or APPEs)	Student will be dismissed from the Doctor of Pharmacy program. ***

Overall number of course failures**	Consequence
Seven (7) courses (including IPPEs and/or APPEs)	Student will be dismissed from the Doctor of Pharmacy program. ***

∞ Assumes student has not met cumulative professional year limits listed in table above.

* If a student scores <64.5% in the course, then the Academic Progression and Professionalism Committee (APPC) may recommend the student for remediation depending on other student concerns. The student may also be required to wait and repeat the course when the course is offered again in the next academic year (the course grade will be recorded as an "F" or "U" for pass/fail courses).

** Courses that have been failed, even if successfully remediated, will count towards a student's total number of courses failed. A student's yearly total will start over each professional year.

*** Student may appeal the dismissal to the Dean of the COPHS within three (3) business days of the date of the dismissal letter.

Students who meet the above criteria for remediation will receive a letter from OAcA outlining the remediation process once grades are finalized for the quarter. If a student is ineligible for remediation based on the Remediation Rules, they will receive a letter from OAcA detailing their progression and information for meeting with the APPC to request an exception to the Remediation Rules. The APPC will review the following factors as well as all other relevant information before finalizing and communicating their decision to the OAcA regarding a student's remediation status.

Information to be reviewed may include but is not limited to the following:

- A statement prepared by the student independently or in consultation with the OSA
- The performance on each examination in the course to determine the trend for competency in the course, e.g., one poorly performed examination that causes a student to fail a course
- The student's engagement in the course
- Professionalism concerns related to the student
- Input from the student's Faculty Advisor, Instructors, and the Course Director(s)

The OAcA will inform the student, the OSA, and the Dean of the final decision. A copy of the letter will be kept in the student's file. The student may appeal the APPC final decision to the Dean of the COPHS within three (3) business days of the date of the APPC final decision letter from the OAcA.

PharmD students on an IPPE or APPE who fail a pharmacy practice experience will be evaluated according to the policies and procedures outlined later in this policy under the heading "Failure during IPPE and APPE".

Remediation Requirements

The following requirements apply to didactic course remediation depending on the number of courses failed per quarter and/or professional year. Students who undergo course remediation may have their academic status in the Doctor of Pharmacy program changed as defined in the Satisfactory Academic Progress' (SAP) policy.

- Remediation activities will be handled by the Course Director and respective Department Chair.
- The Course Director will provide the student with a remediation contract, which should include, at minimum, the date of the assessment(s), exam (or other assessment) breakdown, and the expectation for success on the remediation. This will be signed by the student, the Course Director, and the Department Chair, and a copy will be filed in the student's permanent record.
- Remediation assessments should be completed by end of day Thursday of the final week of the given break unless alternate plans have been arranged between student, course director, and department chair in collaboration with Office of Academic Affairs and Assessment and Office of Student Affairs. If the student has requested an early remediation assessment, they must provide a written statement they are aware that taking an assessment early may forfeit needed study time and the grade earned will stand as final.
- Students may need to alter personal plans during any break period if remediation is necessary to progress.
- If the student passes remediation with a score of 69.5% or greater, then a grade of "C" will be recorded for the course in the Student Information System (e.g., CampusNexus). If a passing score is NOT received a grade of "F" or "U" for pass/fail courses will be recorded for the course. If the student does NOT complete remediation a grade of "F" or "U" for pass/fail courses will be recorded for the course.
- If the student fails or does NOT complete remediation, they will be required to repeat the course the next time it is offered.

Failure During IPPE and APPE

IPPEs and APPEs cannot be remediated. Failure of an IPPE and/or APPE will lead to the need to repeat the experiences thus leading to a potential delay in graduation. Failure of two (2) IPPES, two (2) APPEs, or a combination of two (2) experiential experiences (e.g., one (1) IPPE and one (1) APPE) will lead to dismissal from the Doctor of Pharmacy program.

Didactic Year Remediation Policy – Master of Science in Physician Assistant

Rules are independent of student's current SAP status. Students may not take more than TWO (2) academic calendar years to complete one professional year. (See "Maximum time frame")

Remediation is "the program defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented." (ARC-PA Accreditation Standards 6th ed.). The Sullivan University Master of Science in Physician Assistant Program is committed to providing early identification, intervention, and support for students facing academic challenges. The purpose of the Academic Support and Remediation Process is to allow for timely identification of student deficiencies and to promote student success through structured remediation, individualized support, and ongoing monitoring of academic performance.

Written Assessment Failure

Students who fail a written didactic examination (score <74.5%) will be assigned a remediation activity. Remediation activities are developed and administered by the Academic Support Faculty (ASF) and/or Course Director(s) and are designed to assess mastery of the content and learning objectives (and ultimately the CLOs) covered on the original examination through measurable

outcomes. Remediation activities will be overseen by the ASF, Course Director(s), and/or the APD/PD as needed. The ASF and/or Course Director(s) will provide the student with the remediation contract, which should include the remediation effort, expectation for success on the remediation assignment(s), and due date(s). This contract will be signed (written or electronically) by the student, the Course Director(s) and ASF, and a copy will be filed in the student's permanent record.

For examinations administered through Week 10:

- Remediation activities must be completed by Tuesday of Week 11 at 11:59 PM.

For examinations administered during Week 11:

- Remediation activities must be completed by Tuesday of Week 12 (Remediation Week) at 11:59 PM.

Successful and timely completion of all assigned remediation activities is tracked by the Academic Support Faculty. Failure to successfully complete assigned remediation activities by the designated deadline will result in course failure.

In the didactic year, the program utilizes a tiered academic support model based on the cumulative number of failed written examinations within an academic quarter. Students who accumulate one to two failed examinations within a quarter will receive Tier 1 support, which includes completion of assigned remediation activities. Students who accumulate three (3) to four (4) failed examinations within a quarter will receive Tier 2 support, which includes assigned remediation activities, review of study strategies and barriers to success, and a meeting with the Academic Support Faculty.

Students who accumulate five (5) to seven (7) failed examinations within an academic quarter will receive Tier 3 support. In addition to assigned remediation activities, students will meet with the Director of Didactic Education (DDE) and/or their faculty advisor and relevant course directors to review overall academic performance. Students may be referred for tutoring or additional academic support services. An Individualized Instruction Plan (IIP) Form will be completed to identify areas for improvement, establishing goals and outlining strategies and resources to support academic progress.

Students who accumulate eight or more failed examinations within an academic quarter will receive Tier 4 support. Students will meet with the Associate Program Director (APD), Director of Didactic Education (DDE), and a representative from the Office of Student Affairs (OSA) for a comprehensive review of academic performance and contributing factors. Assigned remediation activities will continue, and completion will be monitored by the Academic Support Faculty. The student's Academic Success Plan will be reviewed and revised as necessary, and a structured study plan with specific expectations will be developed. Students in Tier 4 support will remain under ongoing academic monitoring and follow-up, and a structured study plan will be put into place.

The Academic Support and Remediation Process is intended to provide students with timely intervention, individualized support, and opportunities for academic improvement while promoting accountability and mastery of program competencies. Participation in remediation activities does not alter examination scores or progression requirements and does not replace any remediation procedures associated with course failure as outlined elsewhere in the SU COPHS Student Handbook.

Tier	Trigger (Per Academic Quarter)	Intervention
1	1-2 failed written assessments	Remediation Assignment
2	3-4 failed written assessments	Remediation Assignment ASF Meeting + Study Strategy Review
3	5-7 failed written assessments	Remediation Assignment DDE/Advisor/Course Director Meeting Individualized Instruction Plan (IIP) completion Tutoring Referral
4	8+ failed written assessments	Remediation Assignment APD/DDE/OSA Meeting Comprehensive Academic Review Structured Study Plan development Ongoing Monitoring with follow-ups

Course Remediation

If a student earns a final grade of less than 74.5% in any course this is considered a course failure. The Course Director will notify the PA Program Director, DDE, OSA, and OAcA of the course failure. If final course grade is between 69.5-74.4%, AND the student has passed all required remediation assignments for that course by the due dates above, the student will be allowed to take the Course Competency Review* (CCR). If the student's final course grade is below 69.5% OR the student has not passed all required remediation assignments for that course, the student will be dismissed from the PA Program, pending holistic review by APPC.

Any student who earns less than a 74.5% in two or more courses in one (1) quarter will not be eligible for CCR in either course and will be dismissed from the PA program, pending holistic review by APPC.

Additionally, a student may have no more than 2 total course failures (prior to CCR) in their PA1 year. Any student who fails a third total course (final course grade is less than 74.5% prior to any CCR exams taken) in didactic year will not be eligible for CCR and will be dismissed from the PA Program, pending holistic review by APPC.

The Course Director will provide the student with a remediation contract, which should include, at minimum, the date of the assessment(s), exam (or other assessment) breakdown, and the expectation for success on the remediation. This will be signed by the student, the Course Director, and the Department Chair/Director of Didactic Education/Director of Clinical Education, and a copy will be filed in the student's permanent record.

*If the student passes the CCR with a score of 74.5% or greater, then a grade of "C" will be recorded for the course. If a passing score is NOT achieved on the CCR, a grade of "F" will be recorded for

the course and the student will be dismissed from the PA Program, pending holistic review by APPC.

Assessment of Remediation in System-Based Practice or Interpersonal Skills

This area is primarily identified by demonstration of poor professionalism and continued disruption in the classroom or clinical site despite mandated formal remediation whether through professional counseling or regular meetings with a mentor or advisor.

Objective means for measurement of remediation of these areas does not exist and is based solely upon the evidence of the student's improved behavior through observation by staff, faculty, Program Director, preceptors, and colleagues.

A student who fails to improve their performance in these areas will be referred to the Academic Progression and Professionalism Committee and may be subject to dismissal from the Physician Assistant Program. Notification of referral to the Academic Progression and Professionalism Committee will be sent to the Program Director, the OSA and the OAcA by the course director.

Remediation of Practical Examinations and OSCEs

Students must achieve a minimum score of 74.5% on each section/component (will vary based on the assessment) of a practical exam or OSCE to allow for early identification of student deficiencies in a timely manner (B4.01b). Practical assessments may include skills checkoffs, physical examination checkoffs, and other hands-on or case-based assessments.

Students who score below 74.5% on any section/component of the initial attempt of a practical assessment or OSCE must remediate those sections/component(s) defined in the assessment details in the relevant course syllabus and will be granted one (1) opportunity to repeat the failed assessment after a tailored remediation plan specific to the student's deficiencies. The OSCE Coordinator, ASF, and/or Course Director(s) will provide the student with the remediation contract, which should include the remediation effort, expectation for success on the remediation assignment(s), and due date(s). This contract will be signed (written or electronically) by the student, the Course Director(s), the OSCE Coordinator and/or ASF, and a copy will be filed in the student's permanent record. Planned remediation efforts will be developed by the Academic Support Faculty (ASF), OSCE Coordinator, and/or Course Director based on the student's identified deficiencies. These efforts may include feedback, review activities, skills practice, simulation, a writing activity or assignment, or standardized patient encounters. Unless full re-examination is determined necessary by the parties above, students will only be re-examined on the failed sections/component(s) of the assessment. Students must score a minimum of 74.5% on the re-examination to demonstrate competency and to successfully complete remediation. Sections/components of these assessments will be outlined in course syllabi and may include:

- History taking and review of systems
- Physical examination (these may be individually assessed by system)
- Clinical skills (these may be individually assessed by skill)
- Technical skills (these may be individually assessed by skill)
- Patient communication & professionalism
- Documentation
- Oral presentation
- Case-based content
- Program competencies

For the Summative OSCE, rubric components are mapped to PA Program Competencies. Students must achieve a minimum score of 74.5% in each competency area. Competencies scored below 74.5% must be remediated and re-examined in the same manner as outlined above. If the student does not achieve a passing score of 74.5% or higher on each section/component assessed in re-examination, they will fail the assessment and the respective course. The student will not be eligible for course remediation in this circumstance and will be dismissed, pending holistic review by APPC.

Grading Policy

- The maximum percentage score awarded for a remediated practical exam or OSCE is 74.5%.
- In courses where the assessment is pass/fail, remediation will result in a passing grade only if the 74.5% threshold is met.

Completion of Remediation

Students will complete the assigned remediation activities and demonstrate competency via a repeat attempt at the practical exam or OSCE. This reassessment will evaluate only the component(s) in which deficiencies were identified, unless course faculty determine that full reassessment is necessary. If the student does not achieve a passing score of 74.5% or higher after remediation and one repeated attempt, they will fail the assessment, and the respective course. See PA program course remediation policy in syllabus and/or COPHS Student Handbook. The student will be referred to the Academic Progression and Professionalism Committee (APPC) for holistic review and may be subject to delayed progression or possible dismissal from the program.

Disclaimer: An PA or PharmD student's ability to remediate a course outside of the above outlined remediation rules is ultimately at the discretion of the APPC.

Students Subject to Dismissal in Didactic Year

A student may be subject to dismissal if:

- The student earns a cumulative GPA of less than 3.00 in any two consecutive quarters of the program
- The student earns a grade of less than 74.5% in a course while on Satisfactory Academic Progress (see SAP Policy) warning
- The student fails a didactic course and course remediation (if applicable)
- The student fails two courses in one quarter or more than 2 courses in the didactic year (prior to CCR)
- The student fails to comply with the key elements of professionalism as outlined in the SU COPHS Student Handbook

Student Appeal

A student who believes that an individual assessment or final course grade is inaccurate or inappropriate has the right to appeal as outlined in the SU COPHS Student Handbook. (See "Grading Policy")

Re-Entry after Dismissal

Students who are academically dismissed from the Physician Assistant Program may apply for readmission into the next didactic year class. Reapplication does not guarantee re-entry into the Physician Assistant Program.

Deceleration

Deceleration is the loss of a student from their entering cohort while the student remains matriculated in the Physician Assistant Program. Deceleration is considered only on a case-by-case basis and is not an option regularly offered by the Sullivan University COPHS Physician Assistant Program.

Course Pre-requisites – Doctor of Pharmacy Program

Students must pass all P1 didactic, non-elective courses prior to the start of the P2 required courses. Students must pass all P1 and P2 didactic and IPPE courses prior to the start of APPE courses.

Course Pre-requisites – Pharmacy Technician Program

See Sullivan University Academic Catalog – “Undergraduate Course Descriptions”.

Course Surveyance Policy

The purpose of this policy is to explain the process for how students are permitted to survey (attend a course for no credit with limited ability to participate in assessments) a course in the student’s chosen program and what is expected of the student and faculty when a course is surveyed. Surveyed courses will NOT count towards the student’s chosen program graduation requirements. Students will not incur any charges for surveyed courses.

Selection of Students for Surveying

A student may request to survey course(s) if they are delayed in academic progression due to certain circumstances (i.e., returning from a leave of absence, delayed due to course failures).

Student Expectations When Surveying a Course

Students requesting to survey a course should first contact the Assistant Dean of Academic Affairs and Assessment by the end of week 1 of the quarter. The Assistant Dean of Academic Affairs and Assessment will work with the student surveying the course and the course director to discuss and decide what activities they will participate in during the course (i.e., patient counseling activities, quizzes, etc.) as well as to determine if they will survey the course live or via Panopto.

For graded assignments (except exams) the surveying student needs to clearly communicate with both the course director and group members (where applicable) to determine what they will be participating in, so the group members are aware. This information should be shared in writing with the group members and the course director. The surveying student is still expected to adhere to all SU COPHS policy and procedures.

Faculty Expectation When a Student Surveys a Course

The course director will meet with the student surveying the course no later than 1-2 business days after being contacted by the student to discuss and decide with the student what activities the student will participate in during the course. Surveying students may elect to participate or not participate in any graded assignments (except exams), but what is being participating in must be agreed upon at this initial meeting with the course director. This information will be reduced to writing, signed, and placed in the student's file so the student and course director are all clear on the expectations.

Surveying students may NOT participate in an exam related activity (pre-exam reviews, exam, post-exam reviews).

The course director will be responsible for notifying all course faculty of the surveying student's participation in the class as needed. The faculty member should give the student feedback on their performance in the course (if the student has participated in graded activities) but no official grade will be reported for the student.

Dean's List, Graduation Honors, & Scholarships

There are two different academic honors that are calculated for students during their tenure in the College of Pharmacy and Health Sciences professional programs, Dean's List and Graduation Honors.

Dean's List - Doctor of Pharmacy & Master of Science in Physician Assistant Programs

The following are criteria to be included on the Dean's List.

- Quarter GPA of 3.70 or higher
- No current professionalism disciplinary actions*
- Must be registered for at least 8 hours of coursework with the COPHS

* Professionalism disciplinary action is defined as a professional action plan that is provided in writing to a student from a college administrator and kept on file with the OSA.

Graduation Honors – Doctor of Pharmacy & Master of Science in Physician Assistant Programs

COPHS awards the following Honors during graduation based on a student's cumulative GPA.

- Summa Cum Laude: 3.80 – 4.00
- Magna Cum Laude: 3.60 – 3.79
- Cum Laude: 3.40 – 3.59

Valedictorian: Student(s) with the highest cumulative M.S.P.A. or Pharm.D. GPA

PA: A student's cumulative GPA at the end of the quarter of the clinical year (PA2) immediately preceding the student's official graduation quarter as well as the above criteria for each award.

Graduation Honors – Pharmacy Technician Program

See Sullivan University Academic Catalog – "Graduation Information".

Scholarships

See Sullivan University Academic Catalog – "Scholarships".

See Sullivan University College of Pharmacy and Health Sciences webpage – "Current Students > External Scholarships".

https://sullivan.edu/college-of-pharmacy-and-health-sciences/external-scholarships/

Grading Policy

Doctor of Pharmacy Program

All courses in the Doctor of Pharmacy Program must be completed with no grade less than "C". Numeric grades are rounded to one decimal place.

Grade	Explanation	Numerical Equivalent
A	Excellent	89.5% - 100%
B	Good	79.5% - 89.4%
C	Satisfactory	69.5% - 79.4%
F	Fail	< 69.5%

Master of Science in Physician Assistant Program

All students are expected to pursue the highest standards of academic excellence. At the conclusion of a course/SCPE, a grade will be recorded for each enrolled student on a schedule determined by the Office of the Registrar according to the grading system below. Numeric grades are rounded to one decimal place.

Grade	Explanation	Numerical Equivalent
A	Excellent	89.5% - 100%
B	Good	79.5% - 89.4%
C	Satisfactory	74.5% - 79.4%
F	Fail	< 74.5%

Pharmacy Technician Program

All courses in the Pharmacy Technician Program must be completed with no grade less than "C" or 70%. For further information see Sullivan University Academic Catalog - "Grading and the Quarter System".

Grade	Explanation	Numerical Equivalent
A	Excellent	90% - 100%
B	Good	80% - 89%
C	Satisfactory	70% - 79%
F	Fail	≤ 69%

(For all other grades refer to the Satisfactory Academic Progress Policy)

Students in the PharmD or M.S.P.A program who have an incomplete (listed as a U on the transcript) must finish the incomplete coursework no later than 1 year from the U being submitted.

The student's Grade Point Average (GPA) is calculated by multiplying the numerical equivalent of the grade in each course by the number of credit hours for the course to determine the quality points earned in the course. The total of the quality points is divided by the number of credit hours taken during the quarter. The result is the student's GPA for the quarter. The cumulative GPA is determined in a similar fashion using the total quality points for all courses taken and the total credit hours taken. A student's IPPE and APPE grades are not included in the calculation of the grade point average in determining academic honors.

Grade Appeal Process

A student should first speak directly with the Course director to verify their posted grade has been entered correctly. Any student who believes a grade within a course or their final course grade during an 11-week quarter (didactic courses) or 12-week quarter (APPE/SCPE courses) is incorrect should submit a written appeal of their grade with any supporting documentation for their appeal to the Course director within three (3) business days after the grade is posted. The Course director, in consultation with their respective Department Chair, Director of Didactic Education, or Director of Clinical Education, if applicable, will review the appeal, consult with any other appropriate parties, and the student as necessary, to render a decision within three (3) business days. The Course director will be reviewing the appeal specifically for the following three items.

1. Substantial mistake of fact or missing artifacts
2. Fundamental misinterpretation of official policies
3. Evidence that a procedural defect took place

If the student believes the grade is still incorrect, they may submit a written appeal to the Dean of the COPHS within three (3) business days. The Dean will review the appeal, consult with any other appropriate parties, and the student as necessary, to render a decision within three (3) business days.

All remediation grades upon verification with the Course director and/or Academic Support Faculty (PA program), if applicable, will be considered final.

If a student is appealing a grade/decision that affects their progression in the program (course failure leading to delayed schedule or dismissal), the student will not be permitted to attend course(s) while the appeal is pending.

Should the student wish to address the appeal beyond SU COPHS, they are to refer to the official SU grievance policy. Refer to the current Sullivan University Academic Catalog (https://sullivan.edu/academic-catalogs/) for further information under "Grievance/Official Complaint Procedure".

Program Completion Requirements

Students who successfully complete all program requirements according to their cohort's schedule and have an expected June graduation date are eligible to participate in their cohort's COPHS Commencement Ceremony.

Students whose official graduation is beyond the June graduation date may walk in a later ceremony after successful completion of all program requirements.

Doctor of Pharmacy Program

To qualify for graduation from the SU COPHS Doctor of Pharmacy program, a student must meet all the following criteria.

- Maintain a cumulative grade point average (GPA) of 2.00 on a 4.00 scale.
- Complete all Doctor of Pharmacy coursework with a "C" or better or passing for Pass/Fail courses. All course remediation must be completed prior to graduation. Students must also meet all other academic requirements.
- Have completed at least 30% of the SU COPHS Doctor of Pharmacy program's didactic credit hours and all the third professional year. Other coursework must be completed at an ACPE accredited college/school of pharmacy.
- Have no pending ethical or professional disciplinary actions.

Master of Science in Physician Assistant Program

To meet program completion requirements (A3.14b) from the SU COPHS Master of Science in Physician Assistant program, a student must:

- Complete the program with a cumulative grade point average (GPA) of 3.00 on a 4.00 scale.
- Pass all didactic and clinical courses within three (3) academic calendar years.
- Have no pending ethical or professional disciplinary actions.

Interprofessional Education (IPE)

Interprofessional education (IPE) within SU COPHS is designed to foster an environment where students from two or more healthcare professions can learn about, from, and with one another to enable effective collaboration and to eventually improve patient outcomes. Throughout the curricula students will be exposed to both didactic and practical team-based activities enabling the creation of a culture where students from various healthcare disciplines will work as one cohesive unit in the delivery of patient centered care. Students will learn how each healthcare profession provides unique patient care services.

Requests for Leave of Absence or Withdrawal from SU COPHS

A student who wishes to request a leave of absence or to withdraw from the Doctor of Pharmacy or Master of Science in Physician Assistant program will follow these procedures:

- Pharm.D. and M.S.P.A. students should send an official request to the OAcA stating the request and the reason(s) for the request. This request must be dated and signed by the student.
- Upon receipt of the request, OAcA will arrange for the student to meet with the appropriate parties for the purpose of reviewing the decision with the student and to allow the Program to formulate a plan of action to recommend to the Dean/PA Program Director.
- Finally, the student will meet with the Dean of the COPHS or the Dean's designee(s) to review and sign the decision taken and the plan of action. All documentation will be inserted in the student's academic file and remain confidential.

Doctor of Pharmacy Program

The didactic year student (first or second professional year) who requests and receives an approved “leave of absence” will join the following cohort at the point of study where their leave commenced. The student will be required to complete all Doctor of Pharmacy coursework in accordance with the curriculum of the class to which they are readmitted (no advance standing will be granted).

Students returning from a leave of absence must contact the OAcA one (1) quarter prior to the beginning of the quarter in which they will return to complete any necessary paperwork.

Master of Science in Physician Assistant Program

Leave of absence will not be granted to students based exclusively on academic warning status. The didactic year student who requests and receives approved “leave of absence” will join the following cohort at the point of study where their leave commenced. The student will be required to complete all Master of Science in Physician Assistant studies coursework in accordance with the curriculum of the class to which they are readmitted (no advance standing will be granted).

Students returning from a leave of absence must contact the OAcA one (1) quarter prior to the beginning of the quarter in which they will return to complete any necessary paperwork.

Pharmacy Technician Program

See Sullivan University Academic Catalog – “Academic Policies”.

Administrative Withdrawals Policy

Students may be administratively withdrawn from a course or quarter. Reasons may include but are not limited to the following.

- Academic progression
- Professionalism concerns
- Situations (e.g., medical) for which a student is unable to complete a quarter and return to campus to complete the voluntary withdrawal paperwork.
- The procedure for an administrative withdrawal is the same as the “Requests for Leave of Absence or Withdrawal from the College of Pharmacy and Health Sciences” with the exception that the process starts with the OAcA, the OSA, the Director of Didactic Education, and/or the Director of Clinical Education.

Requests for Transcripts

A transcript is a permanent and official record of a student’s courses and grades earned in the COPHS. Official transcript requests should be submitted electronically by visiting https://www.parchment.com/u/registration/379281/institution. No transcript will be released until all financial obligations are met.

Transfer Students and Advanced Standing

Doctor of Pharmacy Program

Students requesting transfer/advanced standing must submit

- A letter of request to the Dean of SU COPHS stating the reason(s) for the transfer
- A letter from the Dean of their ACPE accredited college/school of pharmacy stating the applicant's academic standing and the Dean's recommendation or other comments
- An official transcript, course descriptions, and syllabi of all courses taken at their previous ACPE accredited college/school of pharmacy
- All official transcripts of Pre-pharmacy coursework
- A copy of the applicant's PharmCAS application submitted at the time of application to their previous college/school of pharmacy

Upon receipt of this information, the Associate Dean of Student Affairs and the Assistant Dean of Academic Affairs and Assessment will review the transfer request and determine eligibility for transfer. No more than the equivalent of one (1) year of didactic credit shall be given to any student applying for advanced standing. Applicants may be asked for a face-to-face interview and must be eligible for licensure in both Kentucky and Indiana.

Once a student has received an offer of acceptance the following items must be completed prior to matriculation.

- The Doctor of Pharmacy Supplemental Application for Admission
- A Criminal Background Check (CBC)
- All immunization/screening requirements of the SU COPHS

SU COPHS's Doctor of Pharmacy program prefers transfer students who currently have at least a 2.75 cumulative grade point average in previous professional coursework. All transfer students are considered on a case-by-case basis. The decision to accept the transfer applicant and grant advanced standing is made by the Dean of SU COPHS.

Master of Science in Physician Assistant Program

The Master of Science in Physician Assistant program does not accept transfer students and does not grant advanced standing.

Pharmacy Technician Program

See Sullivan University Academic Catalog – "Admission to the University".

Waiving of Doctor of Pharmacy Courses

The SU COPHS Doctor of Pharmacy program will NOT waive participation in Doctor of Pharmacy courses due to coursework taken by a student outside of SU COPHS. All students must complete all coursework as noted on the curriculum schedule for the Class in which the student is to graduate.

This policy does not apply to students completing dual program of studies that have been approved by SU COPHS or students transferring from other Colleges/Schools of Pharmacy. These

students will be handled on a case-by-case basis in accordance with other SU COPHS policies and procedures.

Academic Information - SU COPHS Curriculum and Course Descriptions

Doctor of Pharmacy

See Sullivan University Academic Catalog – "College of Pharmacy and Health Sciences" and "Doctor of Pharmacy Course Index".

Master of Science in Physician Assistant

See Sullivan University Academic Catalog – "College of Pharmacy and Health Sciences" and "Graduate Course Descriptions".

Pharmacy Technician Program

See Sullivan University Academic Catalog – "College of Pharmacy and Health Sciences".

SU COPHS Academic Calendar

(*Pharmacy Technician Program Follows Sullivan University Academic Calendar*)

	2026-2027	2027-2028	2028-2029
Summer Q			
PharmD: P1s & P2s PA: PA1s	Jul 6 - Sep 20 Holiday(s): Sep 7 (Labor Day) Break: Sep 21-Oct 4 (2wks)	Jul 6 - Sep 19 Holiday(s): Sep 6 (Labor Day) Break: Sep 20 - Oct 3 (2wks)	Jul 3 - Sept 17 Holiday(s): Jul 4 (4th of July); Sept 4 (Labor Day) Break: Sept 18- Oct 1 (2wks)
PharmD: P3s PA: PA2s	Jul 6 - Sep 27 Break: Sep 28 - Oct 4 (1wk)	Jul 6 - Sep 26 Break: Sep 27 - Oct 3 (1wk)	July 3 - Sept 24 Break: Sept 25 - Oct 1 (1wk)
Fall Q			
PharmD: P1s & P2s PA: PA1s	Oct 5 - Dec 20 Holiday(s): Nov 11 (Vet Day); Nov 26 - 27 (Tday) Break: Dec 21 - Jan 3 (2wks)	Oct 4 - Dec 19 Holiday(s): Nov 11 (Vet Day); Nov 25 - 26 (Tday) Break: Dec 20 - Jan 2 (2wks)	Oct 2 - Dec 17 Holiday(s): Nov 10 (Vet Day); Nov 23 - 24 (Tday) Break: Dec 18 - Jan 1 (2wks)
PharmD: P3s PA: PA2s	Oct 5 - Dec 27 Break: Dec 28 - Jan 3 (1wk)	Oct 4 - Dec 26 Break: Dec 27 - Jan 2 (1wk)	Oct 2 - Dec 24 Break: Dec 25 - Jan 1 (1wk)
Winter Q			
PharmD: P1s & P2s PA: PA1s	Jan 4 - Mar 21 Holiday(s): Jan 18 (MLK Day) Break: Mar 22 - Apr 4 (2wks)	Jan 3 - Mar 19 Holiday(s): Jan 17 (MLK Day) Break: Mar 20 - Apr 2 (2wks)	Jan 2 - Mar 18 Holiday(s): Jan 15 (MLK Day) Break: Mar 19 - Apr 1 (2wks)
PharmD: P3s PA: PA2s	Jan 4 - Mar 28 Break: Mar 29 - Apr 4 (1wk)	Jan 3 - Mar 26 Break: Mar 27 - Apr 2 (1wk)	Jan 2 - Mar 25 Break: Mar 26 - Apr 1 (1wk)
Spring Q			
PharmD: P1s & P2s PA: PA1s	Apr 5 - Jun 20 Holiday(s): May 31 (Mem Day); Jun 18 (Juneteenth) Break: Jun 21 - Jul 5 (2wks)	Apr 3 - Jun 18 Holiday: May 29 (Mem Day); Jun 19 (Juneteenth) Break: Jun 19 - Jul 2 (2wks)	Apr 2 - Jun 17 Holiday: May 28 (Mem Day); Jun 19 (Juneteenth) Break: Jun 18 - July 1
PharmD: P3s PA: PA2s	Apr 5 - Jun 27 Break: Jun 28 - Jul 5 (1wk)	Apr 3 - Jun 25 Break: Jun 26 - Jul 2 (1wk)	Apr 2 - Jun 24 Break: Jun 25 - Jul 1 (1wk)

CLINICAL AND EXPERIENTIAL INFORMATION
EXPERIENTIAL EDUCATION – DOCTOR OF PHARMACY PROGRAM

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Selection Process

Site Selection Criteria

Experiential sites must provide students with the support needed to practice skills, apply knowledge and attitudes that will allow for transitioning from a didactic learner to a practice ready pharmacist. Ideal sites provide opportunities for collaboration with other healthcare professionals and adequate resources for the student to complete the experiential objectives. The site must foster an environment that is conducive to learning, including but not limited to; sufficient patient interaction or daily census, appropriate staff to allow ample time to achieve all course objectives, and support for preceptor development. The site must comply with licensing and accreditation requirements. All sites must complete a student affiliation agreement.

Introductory Pharmacy Practice Experiences (IPPE) Assignment Criteria

Students may be required to relocate to sites distant from the Doctor of Pharmacy program located at 2100 Gardiner Lane, Louisville, KY 40205. The Office of Clinical and Experiential Education (OCEE) will ask students upon entering the program which regions of the designated area the student has access to room and board in both the Louisville/Southern Indiana area, as well as other areas throughout the Commonwealth of Kentucky and bordering states. OCEE will match students with experiences in the areas where they have resources. Students will be responsible for informing OCEE of any change in their resources or any other information that may impact site placement. All students will be treated equally; exceptions will be made only as medically necessary. Students are strongly encouraged to reply to the request for information (via email, survey, etc.) from OCEE when applicable.

In the instance a student is placed in an area they do not have resources; the student should contact the OCEE for further information regarding room and board within the designated area.

Advance Pharmacy Practice Experiences (APPE) Assignment Criteria

Experiential sites will be assigned by the Office of Clinical and Experiential Education (OCEE). Consideration is made for student selection, but site assignment is determined by availability, program requirements and available resources. Students will complete seven (7) Advance Pharmacy Practice Experiences. All APPEs will consist of six (6) week experiential opportunities. Students are required to complete one of each of the four core experiences: Ambulatory patient care, Hospital/Health systems, Inpatient General Medicine, and Community pharmacy. Core experiences will focus on direct patient care, systems management, interprofessional education (IPE) and professional development. Students will complete two elective experiences providing the opportunity to explore uncommon areas of practice and one selective direct patient care experience (ambulatory patient care or inpatient general medicine patient care). Other requirements include the following.

- Required practice experiences must involve direct patient care.
- Elective experiences may be taken at any level of patient care provided that no more than two (2) of the APPEs are involved in non-patient care activities.
- Student eligibility for site placement is subject to site specific criteria.
- Students may complete no more than two (2) APPEs with the same clinical preceptor.
- Students may not be placed at any facility where ownership or direct supervision is performed by a family member or relative.
- Student family members will not be placed together simultaneously at the same practice site for the same experience type.

- Students may not be paid for any experiential course for which academic credit is given.
- Students may complete two elective APPEs outside of the Commonwealth of Kentucky or a 180-mile radius of the College provided completion of all didactic work results in a minimum cumulative GPA of 3.25 and the experience is not available within the designated area.

Choosing APPEs

Experiential opportunities are used to introduce the student to all areas of pharmacy practice. Students are reminded that the practice experiences should be diverse and challenging. Students will rank their preferred APPE sites from a list of available experiential opportunities. The list will be available for the students to review once schedules from preceptors have been finalized. All selections will be made through the optimization system administered by OCEE. Student APPE schedules will be released to the students during the winter quarter of the P2 year.

International experiences will be supported by the OCEE to the extent possible. International experiences can expand the horizons of students learning and enhance a global appreciation of the profession. Students, however, are reminded, that hours spent on international experiences do not qualify for internship hours by state boards of pharmacy. Students are responsible for all cost incurred.

Changing Student Experiences (IPPE and APPE)

Once the schedule is finalized, there will be no changes to the schedule unless the preceptor is no longer available, the student is unable to complete the experience due to medical reasons, or other academic concerns arise. In the event a preceptor may find it necessary to cancel an experience after student(s) is(are) assigned, OCEE will re-assign students based on available sites and experiential requirements. Displaced students may be required to travel to distant sites within the designated Kentucky and Southern Indiana area. The determination of the OCEE is final and remains the final arbiter of all pharmacy practice experience placements.

Practice Experience Placement – Out of Area

Students may be placed in practice experiences outside of the Louisville-Metro area. In some cases, these placements may be greater than 60 miles or one hour of driving time away from the College's address of 2100 Gardiner Lane, Louisville, Kentucky 40205. The practice experience program of the College considers many variables when placing students. Considerations include, but are not limited to the following:

- Housing availability for students
- Quality and types of practice experience offered
- Student practice experience schedule (required practice experience versus elective)

Anytime during the year, a site where a student has been assigned may become unavailable. In these cases, the student will be placed in an available alternate site.

In all placements, students are responsible for transportation to and from the site. The College does not reimburse students for mileage, housing, or living expenses due to placement outside of the Metro area. Students should consult with financial aid for assistance, if needed.

Expectations of Students on Practice Experiences

It is the responsibility of the student to make initial contact with their preceptor ***at least two (2) weeks prior*** to the practice experience.

Students should request the following information, at minimum, from the preceptor.

- Schedule
- Dress code
- Meeting place (e.g., first day of experience)
- Parking
- Prerequisites

Students are reminded that sites may require additional criminal background checks (CBCs) and drug screens for which scheduling, and funding is the student's responsibility. Failure to comply with these requirements may result in course failure.

Students are expected to be on time for assigned events, including but not limited to clinic, conferences, rounds, and other learning events throughout the course of the experience. Preceptors are asked to notify the OCEE with concerns regarding tardiness or absences.

Tardiness is defined as greater than 10 minutes past the normal start time for the site. More than 3 episodes of tardiness is considered excessive and may result in lowering of the final evaluation grade or failure of the APPE/IPPE.

Early departure is defined as leaving 10 minutes prior to the end of the day as designated by the preceptor. More than 3 episodes of early departure is considered excessive and may result in lowering of the final evaluation grade or failure of the APPE/IPPE.

Transportation

Students are required to have adequate transportation to all assigned practice experiences. The lack of adequate transportation will not be an excuse for reassignment.

Remuneration Policy

Students cannot be paid for any time spent on practice experiences for which academic credit is given per accreditation standards.

Conflict Resolution

Students must attempt to resolve any conflicts that may develop. In the event there is a conflict between preceptor and student that cannot be resolved without intervention, OCEE should be notified as soon as possible. If resolution is not a viable alternative, the student may be reassigned to another preceptor or site. The OCEE will investigate and work with the OSA to resolve all conflicts and complaints brought to its attention.

Confidentiality

Patient confidentiality must always be maintained in accordance with HIPAA, state regulations, and SU COPHS policies. Students should be aware of site-specific policies regarding confidentiality. Students are reminded that no identifying patient information should be given in case presentations or patient discussions or be taken outside the facility. Patient information should NEVER be shared in any type of public forum or social media of any form (e.g., Facebook, X, Instagram, etc.). Any violation of patient confidentiality is a violation of the Student Honor Code and will be referred to OSA for appropriate action.

Ethics

As a student of the SU COPHS, you represent yourself, the college, and the profession of pharmacy. Ethical and professional behavior is mandated, and unethical behaviors will not be tolerated. Any breach of ethical standards will be referred to OSA for appropriate action.

Course and Grade Information

Evaluation and Assessment

Student assessment and evaluation is the responsibility of the preceptor and the student. Student assessment is an ongoing process that requires continuous feedback, reflection and demonstrated competency.

Students are required to review and complete the Required Experience Checklist while on the respective required APPE. These required checklists are in the syllabus for the experience. (Ambulatory patient care, Hospital/Health systems, Inpatient General Medicine, and Community pharmacy). The practice experience syllabus represents the minimum course outcomes and objectives. Preceptors can enhance the minimum requirements or require the completion of additional objectives by the student. Preceptors will assess and evaluate students at mid-term and at the end of the experience. More frequent student assessment may be necessary depending on a student's progress.

Preceptors will not be able to review the student's evaluation of the site and preceptor until the preceptor has submitted the student's final evaluation. Evaluations of the preceptor and site will be completed by the student at the end of the experience and must be completed for the student to gain access to view their own final assessment. Final evaluations must be completed in the practice experience education software platform within five (5) business days of the end of the experiential block.

Preceptors will have access to their evaluations completed by students within five (5) days of the end of the experience.

Grading Policy

Introductory Pharmacy Practice Experiences (IPPE) and Advance Practice Pharmacy Experiences (APPE) will be graded as **Pass** ("**S**") / **Fail** ("**U**"). Students who fail an IPPE or APPE will not have the opportunity for remediation. All experiential experiences which are failed must be repeated and passed for a student to qualify for graduation from the Doctor of Pharmacy program.

Preceptors may dismiss or request removal of a student from a site for academic, professional, or ethical reasons. Students removed from a site will receive "U" or "NF" (failing) grade for that

experience and will have to repeat the experience. Failure of two (2) IPPES, two (2) APPEs, or a combination of two (2) experiential experiences (e.g., one (1) IPPE and one (1) APPE) will lead to dismissal from the Doctor of Pharmacy program.

Students are expected to adhere to professional, ethical, and academic standards throughout their experiential rotations. Removal or dismissal from a rotation due to violations of these standards will result in an automatic failure of the rotation.

A student may be removed or dismissed from a rotation at the discretion of the preceptor, site administration, or the OCEE for any of the following reasons, including but not limited to:

- **Unprofessional Conduct**
  - Disruptive behavior, insubordination, or failure to adhere to professional decorum.
  - Inappropriate or disrespectful interactions with preceptors, patients, staff, or colleagues.
  - Breach of confidentiality or violation of HIPAA regulations.
- **Attendance and Punctuality Violations**
  - Absences exceeding the allowable limit.
  - Chronic tardiness or failure to report to the site as scheduled.
  - Failure to notify the preceptor and/or OCEE of absences in a timely manner.
- **Failure to Communicate and Adhere to Preceptor Instructions**
  - Lack of timely and professional communication with the preceptor, site staff, or OCEE.
  - Failure to follow site-specific policies, procedures, and expectations.
- **Academic and Clinical Performance Deficiencies**
  - Failure to meet minimum competency requirements or learning objectives.
  - Demonstrated inability to apply clinical knowledge and skills appropriately.
  - Creating a barrier or hindrance to patient care
- **Ethical or Legal Violations**
  - Falsification of records or misrepresentation of clinical activities.
  - Any action that jeopardizes patient safety or violates legal or institutional regulations.

Withdrawal Policy

A student withdrawing ***prior*** to week 7 of a longitudinal IPPE experience or week 4 of a concentrated IPPE or an APPE experience will have earned a “W” (withdraw). The student will repeat the experience, some part of the experience as designated by the preceptor, or a similar experience to ensure the student meets the experiential requirements for graduation.

A student withdrawing ***after*** week 7 or week 4 (as noted above) of an experience will have earned a “WF”. The WF is regarded as a failing grade. The student will be required to repeat the entire experience.

Grade Submission

Grades will be submitted to CampusNexus within three (3) working days of the end of each quarter. Grades are submitted by preceptors, signed off by the Office of Clinical and Experiential Education (OCEE) and the Assistant Dean of Academic Affairs and Assessment. Grades will be entered into Campus Nexus by the OCEE.

Concern and Praise Cards

These evaluations can be found in the practice experience education software platform. These confidential evaluations enable you to alert OCEE of a concern or praise about a specific preceptor or student encounter. The concern cards in CORE ELMS are ***confidential and cannot*** be viewed by any preceptor. Praise cards are also used to identify students and preceptors fulfilling the criteria for Student of the Year and Preceptor of the Year, respectively.

Course Syllabus

The course syllabi can be found within the experiential software platform and Blackboard organization. Your preceptor will provide a copy of the experience specific syllabus for your reference. The syllabi should act as a guide to helping you achieve the skills, competencies, and attitudes that are expected during each type of experience. Your preceptor may add items to the syllabi, but you must complete the required items contained within each syllabus.

Course Evaluation

The course evaluation tool can be found within the experiential software platform and Blackboard organization. You and your preceptor should discuss your progress at a minimum at the midpoint and end of the experience.

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CLINICAL EDUCATION – MASTER OF SCIENCE IN PHYSICIAN ASSISTANT PROGRAM

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Goals of the Clinical Year

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. The goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam (PANCE)
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Clinical Year Requirements

Prerequisites

To participate in clinical year, students must successfully complete all didactic coursework, activities, clinical site paperwork, and student health requirements.

Curriculum Vitae

Students must update their CV prior to the onset of SCPEs as some hospitals/health systems require student CVs prior to student placement. CVs must be updated as each SCPE is completed. These must be uploaded into the program's practice experience education software platform after each SCPE.

Site Specific Documentation

Some sites require additional student documentation, which must be completed prior to the start of the SCPE. If this is required, the student will receive an email from the Practice Experience Coordinator with necessary documentation to be completed. The documentation must be returned by the deadline given. Failure to return completed documentation on time may cause a delay in the SCPE. In this case, a professionalism concern report will be submitted if the student is not permitted on the site due to delayed paperwork. This may also result in failure of the SCPE and/or delayed program completion.

Required Equipment

Students are responsible for obtaining, maintaining, and assuring that the following items are readily accessible for use throughout their SCPEs.

- Short white coat (Students are not permitted to wear long white coats and will be removed from the site due to unprofessional conduct if a student is found to be wearing a long white coat)
- Student badge clearly identifying status as "Sullivan University PA Student".
- Students MUST always wear name tag. (See "Dress Code")
- Stethoscope

- Sphygmomanometer
- Otoscope and Ophthalmoscope
- Tuning forks: 128 Hz and 512 Hz
- Reflex hammer
- Tape measure (inches and centimeters)
- Pocket Rosenbaum eye chart with ruler (inches and centimeters)
- Penlight
- Laptop (bring to EOR)
- Pocket Notebook
- Apps/electronic resources (e.g., Epocrates, Sanford Guide, etc.)

SCPEs

The PA program is responsible for the development and assignment of all SCPEs. Under no circumstance is a student permitted to arrange their own SCPE. If a student contacts a site/preceptor to arrange their own SCPE, it will be considered unprofessional conduct, and a professionalism concern report will be submitted.

SCPEs are assigned at the discretion of the PA Program and dependent upon successful and timely completion of required preceptor and site paperwork, affiliation agreement, and the proper State Authorization secured by Sullivan University. Students are not required to provide or solicit clinical sites or preceptors (A3.08). It is ultimately the program's responsibility and decision to determine if a preceptor/site meets program expectations and be confirmed for student placement. Students are assigned their SCPEs based on multiple factors which include academic standing, location, medical experience, preceptor availability, student request, student interest, or similarities with the preceptor/site. The student's SCPE placements are the program's responsibility and choice.

All student placements for SCPEs are finalized at the discretion of the Director of Clinical Education in conjunction with the Program Director. Any SCPE is subject to change. The Clinical Team reserves the right to rearrange and reschedule SCPEs when necessary. Students will be notified as soon as the need for change arises and as soon as sites are secured. The Clinical Team also reserves the right to prioritize the order in which sites are contacted.

Students must be aware that the SCPE schedule is subject to change and occasionally sites or preceptors may cancel at the last minute, or the program may need to rearrange placements. Students must be flexible and understand that the program must place them where SCPEs are available.

Students are required to attend all SCPEs in person, with the exception of one (1) Behavioral Health SCPE in a telemedicine setting. (B3.01b-e)

Core SCPEs

The seven (7) required core SCPEs are:

- Family Medicine
- Internal Medicine
- Pediatrics
- Behavioral Health
- Emergency Medicine

- Women's Health
- General Surgery

Elective SCPE

Each student must also complete one elective SCPE. The SCPE discipline and site may be requested by a student. The program does not guarantee that elective site/preceptor request(s) will be granted. It is ultimately the program's responsibility and decision to determine if a preceptor/site meets program expectations and be confirmed for student placement.

The elective SCPE selection may consist of a specialty or subspecialty the student is interested in or may be used to gain further knowledge of a particular discipline the student has already rotated through. The program reserves the right to choose the student's elective for any reason (e.g., the student has not met program expectations, the student is on probation, the student has failed a SCPE). To ensure PA graduates are prepared for primary care practice, the program may choose a student's elective SCPE.

If a student fails any given SCPE, the elective SCPE cannot be used as the repeat for that failed SCPE. Although the program has the right to choose the student's elective from having failed a prior SCPE, the student will still be required to repeat that failed SCPE as an extra SCPE. Each student is required to pass the 7 core SCPEs ALONG with a separate elective SCPE.

Out-of-State SCPEs

Students should be prepared to complete the majority of their clinical rotations in and around the Louisville Metro area. Efforts may be made to accommodate out-of-state SCPEs in high-need specialties. Placement is based on, but not limited to, site availability and meeting SCPE requirements as deemed by the program. Some out-of-state SCPE requests may not be granted. The program reserves the right to deny the out-of-state SCPE request should the student be on academic probation, if a student has had disciplinary or professionalism concerns, or if the student has failed a SCPE.

SCPE Travel Stipend

Eligible students may receive reimbursement of up to $750 per qualifying SCPE, with a maximum of $1,500 per clinical year (up to two SCPEs). Students are responsible for upfront costs and may be reimbursed for allowable travel-related expenses (e.g., transportation, lodging, local Wi-Fi, and required travel items), excluding food, beverages, and routine vehicle maintenance. All receipts must be submitted within 30 days of SCPE completion, and reimbursement requests submitted after this timeframe will not be honored. The SCPE Travel Stipend Form must be completed and approved prior to the start of the SCPE. To be eligible for the SCPE Travel Stipend, students must be enrolled and actively participating in the Sullivan University Physician Assistant Program and be in good academic and professional standing, with no active Professionalism Concern Reports. The SCPE must be completed at a PA-designated high-need specialty site located more than 60 miles from the Sullivan University Louisville campus, as defined in the SU COPHS Student Handbook; sites with a primary location within 60 miles are not considered long-distance sites, even if the preceptor travels outside this radius. Students residing more than 60 miles from the College of Pharmacy & Health Sciences may not use the stipend for rotations near their place of residence.

Transportation

All students must have reliable transportation to and from SCPE sites. Students may be required to drive up to 60 miles (each way) to their clinical site. Unreliable transportation is not an excuse to miss multiple SCPE days. Refer to the attendance policy as the program understands that issues may arise, but this should not be a common occurrence.

Housing

Every effort is made to ensure students are placed in a geographical area where they have housing. However, SCPEs are scheduled where SCPEs are available, and the student may be placed at a site greater than 60 miles from campus and/or the student's personal housing. Students may be provided with housing options at these distant sites; the housing costs are at the student's expense. The PA program will work with sites to assist students in identifying safe and comfortable housing. Accommodations range from guest rooms in private homes to onsite apartment living. Students may utilize the SCPE Travel Stipend Form or request additional financial aid for housing costs if needed.

Students who live or complete SCPEs outside of the Louisville area must return to campus as required for EOR meetings, exams, OSCEs, or other activities required by the program. It is the student's responsibility to arrange transportation and/or housing for these required on-campus days. All costs related to transportation and/or housing are at the student's expense. If a student is participating in a SCPE at a site more than 180 miles from campus, an approved absence of one (1) day from the SCPE will be given for travel time to return to campus. This day cannot be substituted for a different day of absence from the site. The SU COPHS Practice Experiences Absence Reporting Form must be completed since a day of the SCPE will be missed. (This absence day will not be counted as the one absence day per SCPE as stated in the attendance policy.)

Schedule Changes

Once a student's SCPE is confirmed, there are no changes to the schedule except for extenuating circumstances (i.e., the preceptor/site becomes unavailable). The schedule may need to be changed at the discretion of the program. If a SCPE is canceled, the program will re-assign the student based on available preceptors/sites. Displaced students may be required to travel to distant sites within the designated Kentucky and Southern Indiana area. The determination of the program is final, and the PA program remains the final arbiter of all PA SCPE placements.

End of Rotation (EOR) Meetings

EOR meetings typically occur the final two days of each SCPE. Typically, these meetings occur on campus but may be held virtually in case of extenuating circumstances. EOR meetings may include EOR exam, evaluations, case presentations, class and/or advisor meetings, practical examinations, and lectures. Students should expect EOR days to last from 8:00 AM to 5:00 PM on both days (time subject to change). Attendance at EOR Meetings is mandatory and absences carry stiff penalties. See EOR Absence Policy.

Independent Shadowing

The PA program does not arrange shadowing experiences for clinical year students. On their own time, students are not to present themselves as Sullivan students, they are not to provide any

patient care or touch patients, they are not to wear Sullivan identification, and they are not acting under the auspices of Sullivan University so may not be covered by Sullivan liability insurance.

Site Information

Clinical Site Policies

To ensure that the site and preceptor meet program expectations for learning outcomes and performance evaluation measures, vetting of each site and preceptor occurs prior to placement of students. It is ultimately the program's responsibility and decision to determine if a preceptor/site meets program expectations and be confirmed for student placement. An active affiliation agreement must be on file with each clinical site before the student can rotate at the site. Students may not be placed at any facility where ownership or direct supervision is performed by a family member or relative.

SCPE Instructional Faculty (preceptors) must be physicians, PAs, or APRNs. (A2.16d) Physician preceptors must be board-certified in their area of practice and must hold an active state license. Advanced Practice Provider (PA/NP) preceptors must have current NCCPA or APRN certification, be state licensed, and have worked in their area of practice for at least two (2) years. The Clinical Site Recruiter/Coordinator verifies these credentials prior to student placement. All preceptors must hold an unrestricted and unencumbered license. If a preceptor has a board action against their state license, the state board will be contacted to review the board action with the Program Director, Director of Clinical Education, and Medical Director. If the board action has been resolved, the program may choose to permit the use of the preceptor, depending on the infraction. If there are unresolved board actions, the preceptor will not be used. Board certification and licensure are verified every two (2) years as state licenses expire or upon board certification expiration. Licenses will be reviewed for board actions upon expiration or as circumstances dictate. (A2.14, A2.16a-c)

Each student must have either a physician or PA preceptor for at least 50% of their SCPE experiences. Students may not have an APRN preceptor for more than 50% of their SCPEs. The Practice Experience Coordinator maintains this documentation when scheduling students. (A2.15)

Students must have direct contact with patients for all SCPEs, with the exception of the Behavioral Health SCPE. (3.01d) All SCPEs must involve students in patient assessment, patient decision-making, and helping formulate a detailed plan. Students must always have direct supervision. Furthermore, the site must provide the patient exposure and allow the student to fulfill all course competencies, including clinical and technical skills.

Preceptors must provide direct supervision and should provide feedback and mentoring to the student. Preceptors may assign the student additional reading or assignments to aid in accomplishing course learning outcomes and instructional objectives.

PA program faculty conduct site visits to ensure that the preceptor and site continue to provide the physical facilities, patient populations, and supervision necessary to meet the learning outcomes for the specific SCPE. (B3.02a-c) Site visits will also ensure SCPEs occur in the following settings: emergency department, inpatient, outpatient, or operating room. (B3.04a-d) Site visits may occur more frequently if there is evidence of student or preceptor concerns.

The program uses many tools to verify that each student is meeting expected learning outcomes for each SCPE, and that the site allows the student to accomplish these outcomes. Some of these

tools include preceptor evaluations, student evaluations, site visits, SCPE assignments, and PAEA EOR exams.

Students must follow the working schedule of the preceptor which should be a full-time working schedule (average 36 hours per week; no more than 60 hours per week). Students should see a minimum of 6 patients per day. Alert the PA program if you are not seeing 6 patients per day or are not able to work a full-time schedule (36 hours per week). The student may be required to work evenings, holidays, and weekends following the preceptor's schedule. It is the expectation of the PA program that each student achieves a minimum of 165 hours of clinical practice experience.

Students who have not logged a minimum of 165 hours may complete up to 20 hours of supplemental work assigned by their SCPE Course Director. If a student logs fewer than 145 hours, they will need to make up the deficient hours during a break or may be required to repeat the SCPE.

Contacting the Site

Students will find site and preceptor contact information in the program's practice experience education software platform. Students are to contact the site (via email or phone) one (1) week prior to the SCPE start date to introduce themselves and learn of any details needed for the first day of the SCPE (arrival time, meeting place, dress code, etc.). If a student's communication to the site goes unanswered, wait two (2) business days before contacting the site again. If after two (2) attempts, the student is still unable to contact the site, notify the program immediately.

Orientation and Student Expectations

All students should receive a general orientation of the SCPE site by the preceptor or staff. On the first day of the SCPE (or when possible, prior to the SCPE) the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training if needed.

Early in the SCPE, it is recommended that the preceptor and student formulate mutual goals regarding what they hope to achieve during the SCPE, using the Course Learning Outcomes (found in each syllabus) as a guide. The preceptor should also communicate his or her expectations of the student during the SCPE. Expectations may include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Additional items deemed pertinent by the preceptor

Students are expected to discuss with their preceptor any day(s) they anticipate requesting off during the SCPE (see Attendance Policy).

Addressing Concerns or Problems at the Clinical Site

SCPE concerns should be initially discussed with the preceptor and then the Course director and/or Director of Clinical Education. If the concerns are not resolved satisfactorily, they should be brought to the attention of the PA Program Director. Students should feel free to discuss concerns with the PA Program Director without fear of retaliation from PA Program faculty or staff. If concerns are not resolved satisfactorily by the PA Program Director, the situation should be discussed with the Dean of COPHS. Students should also feel free to discuss their concerns with senior administration as needed without fear of retaliation. Classroom or clinical site discrimination or sexual harassment concerns should be brought to the immediate attention of the Associate Dean of Student Affairs for the COPHS, the PA Program Director and/or the Director of Clinical Education.

Please refer to the Sullivan University Student Catalog for university policies.

Praise cards and concern cards can be found in the practice experience education software platform. These confidential evaluations enable you to alert OCEE of a concern or praise about a specific preceptor or student encounter. The concern cards in CORE ELMS are ***confidential and cannot*** be viewed by any preceptor. Praise cards are also used to identify students and preceptors fulfilling the criteria for Student of the Year and Preceptor of the Year, respectively.

Site Visits

Site visits may be performed by PA program faculty throughout the clinical year. Site visits are performed routinely and as necessitated by preceptor or student concerns. Site visits assess the student's progress toward meeting course learning outcomes and that the site and preceptor are providing the opportunity for students to meet required program and SCPE specific expectations.

Safety

If a student feels unsafe at a clinical site, the student should notify the PA Program immediately. Students are responsible for obtaining safety information about the site and orienting to the site on the first day of the SCPE. This includes information regarding potential hazards, fire safety, natural disaster plans, etc. Students should report any safety concerns or threatening behavior (by preceptor, facility staff, etc.) to the PA Program immediately.

Student Supervision

The PA student must always be supervised by the preceptor. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the student's demonstrated level of expertise. However, every patient must be seen, and every procedure evaluated by the preceptor prior to patient discharge. The PA student is not permitted to evaluate, treat, or discharge a patient without supervision and final evaluation by the preceptor.

Students may spend time with ancillary staff (x-ray, lab, physical therapy, etc.) as these experiences can be very valuable and may be required to fulfill certain SCPE expectations and assignments. However, the preceptor should always approve the student's assigned activities. If a circumstance arises in which a student is asked or expected to perform a clinical procedure or to deliver patient care services without adequate or appropriate supervision, the student must politely but firmly decline and immediately contact the PA Program.

To protect your personal and professional integrity and to avoid potential legal liability, do not perform any patient care activity if:

- The authorized preceptor or their designee is not on the immediate premises.
- You have not received adequate instruction and/or are not proficient in or knowledgeable about the care you are asked to deliver.
- You have reason to believe that such care or procedure may be harmful to the patient.
- There is no adequate or appropriate supervision available at the time you are expected to carry out the assignment.
- The care or procedure is self-initiated (i.e., the PA student assumes or decides that a particular service or procedure should be performed).
- The activity is beyond the scope of your role as a PA student.

In some settings, especially if there are many patients, there may be pressure to perform services which are inappropriate to the level of training or knowledge. It is much easier to defend why a task was not performed than it is to defend why a patient's well-being was endangered. Do not let good judgment be compromised by the momentary flattery or excitement of doing something viewed as challenging or daring. A PA student may face termination should they not exercise reasonable and sound judgment regarding the welfare of a patient.

There is an obligation to exercise good judgment and professionalism during patient care. The PA student should use the above comments as a guide in decision-making. If placed in a compromising situation, the student should **ALWAYS** call the PA Program faculty to voice any concerns.

Informed Patient Consent Regarding Student Involvement in Patient Care

In addition to preceptors, patients are essential partners in this educational endeavor. Exceptional patient care is the primary aspect of each PA student's educational endeavors. HIPAA policies must always be followed. Students must observe patient confidentiality, while respecting patient privacy and dignity and honoring patient preferences regarding treatment.

Patients must be informed that a PA student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. If the patient does not consent to a PA student being involved in their care, the request must be honored. Patients must have an explicit opportunity to decline student involvement. Each student must wear their "Sullivan University PA Student" badge and must also verbally identify themselves as such to each patient. (*See Dress Code & Student Identification section*).

Patient Confidentiality

The Patient Confidentiality policy is presented during the first year. All records and communications regarding a patient's care are protected by Federal and State courts as confidential and are only to be disclosed to other members of the health care team on a "need to know" basis. Even when discussing with appropriate members of the healthcare team, the student is to use discretion when discussing patient information. Such communication is not to take place in hallways, elevators, cafeterias, or areas where other employees, students, patients, or visitors may overhear information.

Information overheard or viewed by the student inadvertently is subject to the same respect for the patient's confidentiality as firsthand knowledge. Unauthorized release of confidential information, in

any form, may subject the medical institution, health care providers and staff to civil and criminal liability or professional disciplinary actions. A breach of confidential patient information is grounds for disciplinary action and referral to the Academic Progression & Professionalism Committee which could result in remediation or possible dismissal from the program.

Students are NOT permitted to take pictures of patients regardless of patient or preceptor permission.

Documentation

PA students may enter information in the site's written or electronic medical record (EMR) if permitted by the preceptor and/or site. EMRs sometimes present obstacles for students if they lack a password or are not fully trained in the use of one institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors for feedback. Writing a succinct note and communicating effectively is a crucial skill that PA students should develop.

Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record.

Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education.

Centers for Medicare & Medicaid Services (CMS) no longer requires that clinicians serving as preceptors re-perform student-provided documentation. Preceptors may verify (instead of redocumenting) all student documentation/findings, including history, physical exam, and/or medical decision making. **For more information, please see:** https://paeaonline.org/resources/public-resources/paea-news/cms-finalizes-student-documentation-proposal.

Prescription Writing

Students may transcribe prescribing information for the preceptor, but the prescriber must sign all prescriptions. More specifically, **the student's name is not to appear on the prescription**. For SCPE sites using electronic prescriptions, the preceptor MUST log into the system under their own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor. Students may not carry a signed prescription pad with them.

Mobile Devices

Students should refrain from using mobile devices while at the clinical site unless they are being used for patient logging or to reference material for patient care. The student should inform the preceptor what they will be using the mobile device for, so it does not appear unprofessional. The student should not use a mobile device to access personal email or social media sites during SCPE hours. Students are not permitted to take pictures of patients or patient body parts, regardless of patient or preceptor approval.

Other Policies Related to Clinical Students

Inclement Weather

In the event of a weather-related closing or delay, students should follow the schedule of their clinical site, not Sullivan University. The student is advised to use their own judgement regarding safe travel conditions. The program prioritizes student safety first. Report any closings to the PA Program via phone or e-mail on the day of the occurrence. The PA program reserves the right to require a makeup of site time to ensure appropriate instructional time.

Academic Progress

Academic progress is monitored closely. If a student is identified to be in academic jeopardy, they may be counseled by their faculty advisor, the Course director, and/or the Director of Clinical Education. To maintain satisfactory academic standing in the Sullivan University PA Program, and to progress on to the next SCPE in the clinical year, a student must:

- Fulfill all course requirements and SCPE expectations
- Maintain a minimum cumulative grade point average of 3.00 on a scale of 4.00 quarterly
- Maintain standards of professional behavior in all activities in the PA Program

Students Subject to Dismissal in Clinical Year

A student may be subject to dismissal if:

- The student earns a cumulative GPA of less than 3.00 in any two consecutive quarters of the program
- The student earns a grade of less than 74.5% in a course while on Satisfactory Academic Progress (see SAP Policy) warning
- The student fails a SCPE course and SCPE remediation (if applicable)
- The student fails two SCPE courses
- The student fails to comply with the key elements of professionalism as outlined in the SU COPHS Student Handbook

End of Rotation Exam Failure

As mentioned above, successful completion of the EOR exam or re-exam (if eligible) is determined as follows:

- For an individual student's **first and second SCPEs that require an EOR exam**, a passing score is defined as **≥ 1.5 standard deviations below** the current **PAEA national mean**. *Note: Elective SCPEs do not require an EOR exam.*
- For an individual student's **third through seventh SCPEs that require an EOR exam**, a passing score is defined as **≥ 1.0 standard deviation below** the current **PAEA national mean**. *Note: Elective SCPEs do not require an EOR exam.*

Failure to obtain the above score on the initial attempt of the EOR exam requires that the student complete a **remediation assignment** (see below as well as course syllabi) and **EOR re-examination**, if eligible, before the start of their next SCPE. Students may need to alter personal plans during any break period if they are required to take an EOR re-exam. A student may only take **two (2) total EOR re-exams**. If a third initial EOR exam is failed in 3 different specialties OR if

a student fails an initial EOR exam after repeating a previously failed SCPE in the same specialty, the student will be dismissed, pending holistic review by APPC.

Please see below for example scenarios:

Scenario 1- Failure of 3 different specialty EOR exams			
SCPE	**EOR 1**	**EOR Re-exam**	**Outcome**
SCPE 1	Fail	Pass (re-exam #1)	Progress to SCPE 2
SCPE 2	Fail	Pass (re-exam #2)	Progress to SCPE 3
SCPE 3	Fail		Dismissal, pending holistic review by APPC

Scenario 2- Failure of Repeat SCPE			
SCPE	**EOR 1**	**EOR Re-exam**	**Outcome**
SCPE 1	Fail	Fail (re-exam#1)	Fail SCPE; Progress to SCPE 2; will repeat SCPE 1 when scheduled ASAP; delayed completion
SCPE 2	Pass		Progress to SCPE 1-repeat
SCPE 1-repeat	Fail (re-exam #2)		Dismissal, pending holistic review by APPC

Scenario 3- Failure of 2 different specialty EOR exams but passing repeat SCPE			
SCPE	**EOR 1**	**EOR Re-exam**	**Outcome**
SCPE 1	Fail	Fail (re-exam#1)	Progress to SCPE 2; will repeat SCPE 1 when scheduled; delayed completion
SCPE 2	Pass		Progress to SCPE 1-repeat
SCPE 1-repeat	Pass		Progress to SPCE 3
SCPE 3	Fail	Still allowed to take EOR re-exam since taken only 1 prior re-exam	If pass re-exam progress to SCPE 4 If fail re-exam (#2) dismissal, pending holistic review by APPC

Students who fail an EOR examination will meet with the ASF, Course Director, and/or the DCE. The ASF and/or Course Director will provide the student with a remediation contract, which should include the remediation effort, expectation for success on the remediation assignment(s), and due date(s). This contract will be signed (written or electronically) by the student, the Course Director and/or ASF, and a copy will be filed in the student's permanent record. All remediation assignments will be due on the morning of the EOR re-examination, prior to the EOR exam.

Documentation of remediation completion will be maintained as part of the student's academic support record.

Failure to complete the remediation assignment will result in failure of the SCPE.

When the student takes the EOR re-exam, they will follow the same scoring standards as outlined above. If the student passes the EOR re-exam, the final score assigned to the student is a 74.5%. **If the student fails the EOR re-exam, they fail the SCPE.** Please refer to the SCPE Failure policy below.

Students who fail two (2) EOR examinations during the clinical year will meet with the DCE, ASF, and/or program leadership to review academic performance and contributing factors. Additional interventions may include development of a Structured Study Plan, academic support activities, enhanced progress monitoring, referral to available student support services, or other interventions deemed appropriate by the program.

SCPE Failure

Failure of a SCPE may also result from any of the following.

- **EOR Examination: See End of Rotation Exam Failure policy above.**
- **Preceptor Evaluation or professionalism concern**: Failing the preceptor evaluation in any manner may result in SCPE failure. Preceptors may dismiss or request removal of a student from a site for academic, professional, or ethical reasons, which may also lead to SCPE failure.
- **HIPAA violation:** Depending on the violation, the student may be referred to the Academic Progression and Professionalism Committee for possible remediation, failure of the SCPE, and/or dismissal from the program.
- **Violation of professional standards:** If the student fails any professionalism component, they will fail the SCPE regardless of final SCPE grade from completion of SCPE coursework.
- **Attendance:** Excessive absences, poor attendance, or repeat insufficient SCPE logging or key measures.
- **SCPE Expectations:** Not meeting or fulfilling SCPE program expectations as defined in syllabi and above.

If a student fails a SCPE for any reason, and it is their first SCPE failure, they will repeat that SCPE in its entirety (assignments, patient logging, clinical hours, exam, etc.). The student must score **equal to or greater than one standard deviation** below the currently published PAEA national mean on the initial attempt of their EOR exam when repeating the SCPE, regardless of the passing score standard the student was held to at the time of the initial attempt of the SCPE. If the student passes the EOR exam, they will receive a grade of 74.5% on the EOR exam. If the student does not pass their EOR exam, they will fail the SCPE. Students may only repeat one failed SCPE. If a student fails the repeat SCPE OR a subsequent SCPE of another discipline, resulting in a total of two failures, they will be dismissed from the PA program, pending holistic review by APPC.

If a student is required to repeat a SCPE, it will be scheduled with a different preceptor than on the initial attempt. Repeating the SCPE will result in delayed program completion. After repeating the entire SCPE, if the student fails the EOR exam again (a total of three EOR exam failures overall), the student will be dismissed from the PA Program, pending holistic review by APPC. (See EOR exam failure policy/scenarios above).

Clinical & Technical Skills

PA students are required to perform a variety of clinical & technical skills during the clinical phase of the program and are required to document these skills in the program's electronic learning management system. Students must demonstrate competency of these skills, as outlined in individual SCPE syllabi.

After observing and evaluating the students' performance of the required clinical or technical skill(s), the preceptor, at his or her discretion, may deem the student competent. The preceptor will evaluate the student's competence on the preceptor final evaluation of the student. If the student is not evaluated to be competent in a skill, or if they do not have an opportunity to complete the skill, it may be evaluated on another SCPE or simulated, if applicable. If a student does not complete the required technical skills in a SCPE, the program has the right to choose the student's elective SCPE to achieve competency in these skills.

Student Evaluations of the Site & Preceptor

Students complete an initial evaluation of the site and preceptor, which is reviewed by mid SCPE by clinical faculty. Student initial and final evaluations are also used to verify and document that the clinical site is allowing the student to fulfill program expectations. If a concern is raised on this evaluation, the student and/or preceptor may be contacted to determine if remediation of the site or preceptor is needed. Faculty may visit the site if necessary.

At the end of each SCPE, students must complete three (3) evaluations: *Student Final Evaluation of Preceptor,* Student Final Evaluation of Site,** and *Student Evaluation of Course*. These evaluations are reviewed by the Course director, and if there are concerns, the student and/or preceptor will be contacted to discuss the issue. Faculty may visit the site if necessary.

*These evaluations are only viewed by appropriate COPHS personnel. If requested by the preceptor, we will release cumulative remarks anonymously.

Preceptor Evaluations of the Student

The preceptor's evaluation of the student will be submitted electronically through the program's practice education software platform. Each preceptor is asked to complete two (2) evaluations: *Preceptor Initial Evaluation* and *Preceptor Final Evaluation* of the student. The preceptor must indicate on the *Preceptor Final Evaluation* of the student that the student has passed their SCPE and has met the course learning outcomes. If the preceptor has not submitted the student's evaluation prior to when final grades are entered into the portal, the student shall receive a "U" until the *Preceptor Final Evaluation* of the student is received, and at that time, a grade change shall be made.

The *Preceptor Initial Evaluation* will be used by the student and preceptor to gauge the student's progress at mid SCPE. Preceptors are asked to review this evaluation with the student, so the student has an opportunity to work on areas of weakness prior to the *Preceptor Final Evaluation.*

Preceptors are encouraged to discuss the evaluations with the student prior to their submission; however, the preceptor may elect not to do so. While it is the responsibility of the student to remind the preceptor to complete their evaluations, the student will not be penalized if the preceptor does not submit the evaluation(s).

Should the preceptor provide comment(s) or feedback that the student feels are not reflective of their performance, the student should not become argumentative with the preceptor. This is an opportunity for constructive feedback, and the student should be prepared to handle the feedback professionally. Inappropriate comments to or about a preceptor (either in written or verbal form) are unprofessional conduct and the student may be reported via a Professionalism Concern Report.

Students must pass the Final Preceptor Evaluation to pass the SCPE/course.

PAEA End of Rotation Examinations

The PA Program administers the PAEA End of Rotation™ exams to cover the 7 core SCPEs. Each 120 multiple choice question exam is built on an extensive content blueprint and topic list developed by experienced PA educators and national exam experts. The exam interface provides a readily accessible standard lab values sheet, and an individual time-remaining clock (based on student start time and ADA adjustments) and allows students to flag questions for later review.

At the end of each SCPE, the student will take the PAEA End-of-Rotation multiple-choice examination corresponding to that SCPE. The student is randomly assigned to take version 1, 2, or 3 by PAEA. The exam is based upon the blueprint and topic list provided by PAEA at https://paeaonline.org/assessment/end-of-rotation/content. It is important to note the students may be tested on material not displayed on the PAEA EOR Topic Lists. Beyond the blueprint and topic list, PAEA does not provide any specific information (exam questions or answers) to students or faculty.

Program Expectations

Clinical Competency

The program uses many tools to verify that each student is meeting expected course learning outcomes for each SCPE, and that the site allows the student to accomplish these outcomes. Some of these tools include preceptor evaluations, student evaluations, site visits, SCPE assignments, and PAEA EOR exams.

Student competency is assessed throughout the clinical year via preceptor evaluations, technical skills, written assignments, site visits, examinations, and OSCEs. If a student does not meet program expectations for student competency, the program may give individual remediation assignment(s) as needed, or the student may be required to repeat a SCPE to remediate deficiencies.

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STUDENT COMPLIANCE STATEMENT

I acknowledge receipt of the SU COPHS Student Handbook and fully understand that it is my personal responsibility to abide by and maintain compliance with the policies, procedures, and guidelines. I further acknowledge and understand that I have the personal responsibility to speak directly to college administration (e.g., Dean, Associate Deans, Assistant Deans, Department Chairs, Program Directors, Directors, etc.) about any questions or concerns I have regarding information within the Sullivan University Academic Catalog or SU COPHS Student Handbook.

In addition, I acknowledge and understand that it is my personal responsibility to read and ensure my understanding of each course syllabus. If I have any questions or concerns regarding a course syllabus, these questions should be directed to the individual course director(s) at the beginning of the academic term in which I am enrolled in said course.

Please click on the Student Compliance Statement Affirmation to verify your understanding of the "Student Compliance Statement" and expectations of the SU COPHS.

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