The University of Texas at Austin College of Pharmacy

Request for Student Involved Health Service Provision
(Excludes clerkship and externship activities)

This form must be filed with the Assistant Dean for Student Affairs’ office, Project Collaborate Chair and Project Collaborate Advisor listed above at least 3 weeks PRIOR to the planned event. Use this form if the planned event includes, but not limited to, invasive or noninvasive disease related screenings, provision of health and drug information, provision of immunizations, etc.

PURPOSE: This form is designed to ensure students have a faculty co-ordinator involved in the project who can oversee its safe and lawful execution in a manner consistent with the College of Pharmacy’s goal of providing quality pharmacy education and public outreach.

Date of submission: ____________________________
Submitted by: ____________________________

Event name: ____________________________
Event address: ____________________________

Event sponsor: ____________________________
Contact Name: ____________________________
Contact Phone Number: ____________________________

Description of Activity:

- Health Screenings __
- Educational __
- Immunizations __
- Other __

Equipment/supplies needed:

- Health screenings – number expected: ____________________________

Sponsoring Student Organization:

- Preceptors Name(s) and phone number(s): ____________________________

Contact person(s): ____________________________
Contact phone number: ____________________________
Contact email: ____________________________

Do you need assistance in any area? Yes / No
Is Yes, what are your needs?

I, above named faculty advisor, certify that the development of the above-described event is being directly overseen by me in accordance with good pharmacy practice and all applicable state and federal laws. I further certify that the following items, if applicable, are in place or will be in place prior to the aforementioned event:

- Written policy and procedures (if using UTCOP’s mobile CLIA certificate of waiver, must use UTCOP Policy and Procedures manual)
- Physician signed protocol if necessary (e.g. vaccination program)
- Student competency based training session including Bloodborne Pathogen Training
- All applicable state or federal certificates, licenses, or approvals are obtained for durable medical equipment used for testing as well as the testing location if applicable (e.g. ensuring event location has a valid CLIA certificate of waiver, etc)
- Record keeping of patient services as mandated by applicable state or federal law (e.g. vaccinations, CLIA waived testing, etc) – Stored appropriately post event
- Physical location of planned event is appropriate for aforementioned event activities
- Appropriate equipment or supplies have been procured for the event
- Student safety measures are in place as appropriate for event activities (e.g. Bloodborne Pathogens Exposure Control Plan, Hepatitis B vaccination for students, etc)
- Provide supervision (faculty or a licensed pharmacist registered as a preceptor with the Texas State Board of Pharmacy) ONSITE during the event for all screening activities

Project Collaborate Advisor Signature: ____________________________ Date: ____________________________

Revised 10/01/12

Email this form to: Diane Ginsburg (Assistant Dean for Student Affairs) at diane.ginsburg@austin.utexas.edu and Sharon Rush (Project Collaborate Advisor) at sharon.rush@austin.utexas.edu. CC Christina Chang and Darlene Nguyen at c.chang128@utexas.edu and darlene01@utexas.edu.

At least 3 weeks PRIOR to planned event