

Guidelines for preparation of a request for credit for Prior Professional Experience.



This guide is to be used to apply for prior professional experience for Certificate Programs, School of Pharmacy Preceptor credit, and Prior Professional Experience.

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General Information:

This document is designed to guide you through the process of requesting credit for prior clinical experience. The request(s) that will receive favorable review are those that describe an expertise in an area of clinical pharmacy that you have developed. It is not designed to award credit for practice that is primarily technical in nature, but is designed to award credit for clinical experience beyond routine dispensing duties.

This is an optional process to be used only if you have achieved an advanced level of competency and expertise in a clinical field. If you choose to request credit for more than one rotation you must prepare a separate request for each experience. This document represents a guide for this request and any additional supporting documentation will strengthen your request.

Information about your request:

1. The purpose of preparing this document is to formally request that professional experience be considered in lieu of a rotation in the Non-Traditional Pharm.D. program.
2. Included with this request should be a cover letter that clearly and thoroughly explains your request. This is your opportunity to point out any strengths or competencies you have that may not be evident from other documents included in this request.
3. The Clerkship Goals and Objectives form (included in this document) must be completed for each request for credit.
4. EVEN IF A ROTATION IS CREDITED BASED ON PRIOR PROFESSIONAL EXPERIENCE, YOU WILL NEED TO ENROLL IN AND WILL BE ASSESSED TUITION FOR THAT NON-TRADITIONAL PHARM.D. CLERKSHIP.
5. If your request is approved you will need to enroll in the clerkship within eight weeks of notification by the NTPD office. Complete the clerkship enrollment process as directed in the Clerkship Guide.
6. The document for your request must be complete and submitted for consideration before any portion of it can be reviewed.
7. You are able to apply for credit for previous experience for up to three rotations. Each rotation requested must be a separate document and no experiences may be used for more than one request.
8. You may be notified to set up an interview (in person or by phone) to resolve any questions the Prior Professional Experience committee has about your request, or to demonstrate your understanding of the material/subject matter you are requesting for prior credit. This will not be uncommon and does not reflect poorly on your request.

9. Your request-for-credit packet must include:

- Cover letter
- Completed Clerkship Goals and Objectives
- Completed Prior Professional Experience Form
- A thorough description of the experience on a separate sheet of paper including:
 1. General description of clinical experience
 2. What clinical service did you provide?
 3. What types of patients were encountered and in what setting were the services provided?
 4. Who you worked with (physicians, patients, family members)
 5. Clinical programs implemented during the experience
 6. Clinical programs you currently participate in that draw upon this experience
- Peer reference letters (MD, RN, RPh, director of pharmacy or facility administrator, etc...) that address specific clinical skills you are requesting credit for sent to the Office of the Non-Traditional Pharm.D. program at the following address:

Non-Traditional Pharm.D. Office
The University of Kansas University School of Pharmacy
1251 Wescoe Hall Drive - 6050L Malott
Lawrence, KS 66045-7582
Attn: Ron Ragan
- Samples of interventions and consults during the experience are highly recommended.
- Completed prior experience request packets should be sent before the published deadline (approximately 6 weeks into the Fall and Spring semesters) to the NTPD office:

Non-Traditional Pharm. D. Office
The University of Kansas School of Pharmacy
1251 Wescoe Hall Drive – 6050L Malott
Lawrence KS 66045-7582

10. The Prior Professional Experience committee will review your request during one of the semi-annual meetings. This committee will make the final decision on whether the proposed experience/expertise is acceptable in lieu of a rotation in the Non-Traditional Pharm.D. Program. (Meetings are scheduled approximately one month into Spring and Fall semesters.)

11. Certificate programs, also known as practice-based programs, sponsored or co-sponsored by the University of Kansas School of Pharmacy and completed within 5 years of the date of your request, are eligible for prior experience credit (e.g., Pain, Depression, Lipids, Asthma, Diabetes, Immunization, ACPE-accredited). Certificate programs not sponsored by KU will also be considered, but final approval rests with the Prior Professional Experience committee. The programs must be completed

within 5 years of the date of your request, be ACPE-accredited, and include an experiential component to the program. If the program lacks an experiential component, you may be required to additionally complete 12 patient-focused portfolios using the NTPD Web-based portfolio system. You must fill out a *Prior Experience Credit Request for Certificate Courses* (included in this packet) for each certificate program you completed that you wish to receive credit for.

12. Residencies completed will be credited for 0 to 3 clinical rotations based upon clinical content of the residency rotations.
 - Credit for residencies will only be considered for those completed within 5 years of application to the NTPD Program.
 - It is necessary to complete a thorough request packet (as outlined in #9 above) if you wish to apply for credit for residencies.
13. Clinical faculty or adjunct faculty members of a School of Pharmacy may receive credit for the clinical rotation **they teach** in an ACPE-accredited School of Pharmacy.
 - You must provide documentation that you are listed as the preceptor on official communications from the School of Pharmacy and that you actively precept School of Pharmacy students.
 - Only one preceptor exemption per student will be allowed.
14. Each request will be reviewed on a case-by-case basis.

Prior Professional Experience Form

1. Your name (Last, First, M.): _____

2. Your KUID: _____

3. How can you be reached by phone if an interview is required?
Day phone ____-____-____ Evening phone ____-____-____

4. Experience you completed: _____

5. NTPD Rotation you are requesting PE credit for _____

6. Date range of experience: _____

7. Location of experience: _____

8. Medical Practitioner-in-charge at the experience site: _____

9. Brief statement of clinical outcomes of this experience: _____

10. Attach a thorough description of the experience on additional pages.

11. Include with this form:

- Cover letter **clearly** outlining your request
- Clerkship goals and objectives (see next page)
- Thorough description of the clinical experience
- Reference letters
- Additional documentation supporting the request (include samples of interventions when possible)

Applicant Signature: _____

Date: _____

Clerkship Goals and Objectives

UPON COMPLETION OF AN NTPD EXPERIENTIAL ROTATION, STUDENTS SHOULD BE ABLE TO MEET THE FOLLOWING GOALS AND OBJECTIVES. TO REQUEST EXPERIENTIAL ROTATION CREDIT, EXPLAIN HOW YOUR CLINICAL EXPERIENCE MET THESE GOALS AND OBJECTIVES. PLEASE FILL OUT THIS SECTION AS COMPLETELY AS POSSIBLE.

1. **Understand** symptoms, pathophysiology, laboratory tests, diagnosis, and prognosis of acute and chronic disease commonly seen in this site.

*What are the diseases you participated in the management of at the requested site?
How did you accomplish this objective?*

2. **Understand** physical examination techniques for acute and chronic diseases commonly seen in this site.

How did you accomplish this objective?

3. **Formulate**, on a prospective basis, a therapeutic management plan for each disease state of the patient. This includes monitoring patients for therapeutic and adverse outcomes, assessing progress and modifying therapeutic plans as needed, and providing patient education.

How did you formulate a therapeutic management plan?

How did you monitor patients in the requested site?

How did you assess patient progress?

4. **Understand** the pharmacokinetic and pharmacodynamic properties, the MOA, side effects, AE, CI, and drug interaction of all drugs you encounter and recommend.

What resources did you use for this and how did you convey this understanding to patients and other health care workers in this site?

How did you document interventions?

5. **Provide** drug information to health care professionals in an effective and efficient manner using both written and verbal communication skills.

How did you meet this objective in this site?

Where did you obtain the drug information?

What did you use for written info?

6. **Use** primary literature and reference sources to effectively answer questions and provide information.

What was your source of primary literature?

7. **Participate** in pharmacy and/or institutional programs/activities in drug utilization, drug information, adverse drug experience monitoring, therapeutic monitoring, etc. (As directed by, or in collaboration with, the preceptors).

How did you meet this objective in this site?

8. **Identify and Gather** subjective and objective data necessary to monitor medication therapy for efficacy and toxicity for at least 10, and no more than 30, clinical portfolios (80 in all rotations).

How did you accomplish this objective?

9. **Assess** patient medication teaching needs and communicate medication information to the patient, including why drug changes are made, and when the patient should expect to notice results from therapy changes for at least 10, and no more than 30, clinical portfolios (80 in all rotations).

How did you accomplish this objective?

10. **Develop** a formal working relationship with the health care team and attend collaboration meetings with other health care professionals at the rotation site on a regular basis.

How did you accomplish this objective?

11. **Communicate** the following information to other health care professionals involved in the patient's care:

⇒ Patient's current medication use.

⇒ Observed subjective or objective signs of efficacy or toxicity.

⇒ Prospective therapeutic management plans for patient problems (e.g., change of therapy, discontinuation of a drug, change in pain medication, use of prophylactic antibiotics, identification of therapeutic alternatives).

How did you complete these activities?

Deleted: '

12. **Document** therapeutic interventions performed with outcomes (and savings incurred, if any).

What forms did you use to provide documentation?

PROFESSIONAL EXPERIENCE CREDIT FOR CERTIFICATE COURSES

If you have successfully completed an ACPE-approved certificate program within 5 years of the date of your Prior Professional Experience request and wish to have it count in lieu of one clerkship, complete (and attach) the following information. If the course was a **KU-sponsored certificate** program, you need only complete questions 1-6 (attachments other than the certificate are NOT necessary).

Your request will not be considered if this information is omitted or incomplete.

1. **Attach a copy of your certificate!!**

2. Your name: _____

3. Title of the program: _____

4. ACPE-provider of the program: _____

5. Location : _____ Date(s) attended: _____

6. Total number of CE hours obtained: _____

7. Briefly list course textbooks, resources, and reference material used in the course:

8. Circle what instructional method(s) was (were) used to assure that you could apply the course material? ****Please note that for non-KU-sponsored certificate programs, you may also be required to complete 12 patient-focused portfolios to satisfy the experiential component of certificate programs.****

Case studies

Patient simulations

Documented patient interaction at your practice site

In-class practice of specific techniques

Other (please explain): _____

9. After you completed the course, how did you apply your gained competencies in your practice? (Use the back, if necessary.)

Required Attachments

Attach the following documentation:

- Copy of the program brochure. This **must** include course objectives, faculty, and requirements for successful completion
- Copy of statement of continuing education
- Copy of course Certificate of Achievement or Certificate of Completion (#1 above)

ACPE-ACCREDITED SCHOOL OF PHARMACY PRECEPTOR CREDIT

If you are a preceptor for an ACPE-accredited School of Pharmacy and wish to apply for credit for one clinical rotation complete and submit the following form.

Your request will not be considered if this information is omitted or incomplete.

1. **Attach a letter documenting your appointment!!**
2. Your name: _____
3. For what school do you serve as a preceptor? _____
4. What dates have you served as preceptor? _____
5. How many years have you served in this capacity?
6. How many students have you precepted in the last 5 years?
7. What is the average number of hours **you** instruct students per week?
8. Are you responsible for completing the student evaluation and grading? **Yes** **No**

List the educational objectives you have for the clerkship:

Describe the discussions, activities, and readings you assigned to the clerkship student.

Week 1:

Week 2:

Week 3:

Week 4: