

University Health Services Student PHARMACY Volunteer Program



Application for SUMMER 2009

The University Health Services (UHS) Student Pharmacy Volunteer Program provides students with the opportunity to be introduced to the pharmacy profession and exposed to the dynamics of a clinic pharmacy serving students in a university setting. Student volunteers are utilized in a clerical capacity for **three hour shifts each week** during the summer semester. **NOTE:** All students shall have specific health clearances before they start working at the pharmacy. Please see the following pages for more information.

Important Dates	
Friday, May 1 st , noon	Application, Transcript(unofficial), Resume, and Personal Statement due in person at the Pharmacy.
May 13 th	Selection Notifications via email
May 15 th by 5:00 pm PST	Email Acceptance/Confirmation from selected volunteers
TBA, week of May 25 th	Pharmacy Volunteer Training
Monday, June 1 st	Pharmacy Volunteering Begins
Week of August 10 th	Pharmacy Volunteering Ends

How are applicants chosen?

- Students are selected based on their interests, goals, and availability.
- Personal Statement (Maximum of 1 page, 10 point font, Times Roman, 1 – inch margins) stating:
 - Objectives/goals for the volunteer program
 - Projected career path/choice and rationale for the selection
 - Short – term goals (1-2 years)
 - Long – term goals (5-10 years)
- Interview, if deemed necessary.
- Returning volunteers have priority, but no guarantees.

What can applicants expect?

- Students should be proactive in advancing their knowledge in the field of pharmacy by interacting with pharmacists, technicians, and staff.
- To gain knowledge regarding opportunities in the field of pharmacy, pharmacy rules and regulations, issues surrounding the field, and the past, present, and future of pharmacy.
- On – the – job experience and observations working with pharmacy personnel and patients:
 - Pharmacy workflow/logistics.
 - Roles of pharmacy personnel (i.e. Clerks, Technicians, Pharmacists, Volunteer).
 - Pharmacy Benefit Management (limited to SHIP) and Drug Education.
- An opportunity to contribute to the UHS and the UCB community.

What is expected of student applicants?

- Enthusiasm, Commitment, and Dedication.
- Commit to a 3 hour weekly shift for the entire summer semester. Weekly attendance is highly expected.
- Arrive within 10 minutes of the scheduled shift unless otherwise arranged.
- Adhere to the attendance policies of the pharmacy program. Failure to follow the policies will result in the immediate forfeiture of the position. Informing the coordinator of any absences in advance of scheduled shift.
- Keep student/staff medical information confidential as set by the Statement of Confidentiality, and your supervisor. Failure to do so could result in loss of position and prosecution within the court system. Confidentiality forms are signed and returned by the designated date. Copies are kept on file for five years.

For more information on this program, contact UHS Pharmacy 642-3249, or Pharmacy@berkeley.edu



UNIVERSITY HEALTH SERVICES Tang Center
People. Campus. Community.

University Health Services Volunteer Program

HEALTH CLEARANCE GUIDELINES

To protect your health, and that of our staff and patients, UHS requires ALL volunteers to have the following clearances, **PRIOR** to starting in the Volunteer Program.

--Tuberculosis (TB)

--Rubeola (Red Measles)

--Rubella (German Measles)

Medical questions? Call a Clinic Advice Nurse at 643-7197.

TO MEET THESE REQUIREMENTS, You must...

Ask your health care provider to complete the *form* included on the Volunteer Application (last page). The form must be signed by the clinician and include their office stamp.

OR

Provide a **copy** of your *immunization records*; these must clearly show that you have received the proper clearances. (*TB tests must be repeated yearly*).

OR

If you are unsure about your immunization status, or don't have records, *have your immunity checked* or immunizations done at UHS for a fee. (See info below.)

IMMUNIZATION AND TESTING INFORMATION: SUMMER 2009

Tuberculosis (TB) Clearance (Do not do test until AFTER you have been notified!)

This is done through a simple skin test that is valid for one year. TB tests must be read 48-72 hours after planting, so you must be available for two visits. See below for testing schedule. Cost: None for volunteers.

<i>TB Testing: Dates & Times to be arranged.</i>	<i>Positive TB Tests: If you've had a <u>prior positive TB</u> reading, or if you get a positive reading this time, you need to see a clinician. Call 642-2000 and ask for a Nursing Appointment with the Nurse in Clinic 4.</i>
---	---

Rubeola and Rubella Clearance

The measles and rubella vaccines are frequently given in combination with each other (MR), or as **measles, mumps, and rubella (MMR)** to confer immunity to these diseases. You are considered immune only if you:

- Have had documented immunization (two doses), or
- Have had a documented, clinician-diagnosed case of measles, or
- Were born before 1957, or
- Have laboratory evidence of immunity based on a blood test.

If you don't have documentation, you should choose to take the vaccine. Make an **appointment** at **643-7177**. Cost: \$16 (\$3 with SHIP). It may take up to a week or so to get an appointment, so do this as soon as possible.

***Your health clearance should be complete when you turn in your application. However, if there is a delay in obtaining clearances, you can turn in the documentation no later than the first day of volunteering. Keep all your original records, you will need to provide them if you volunteer in the future!**

UHS Pharmacy Volunteer Program
APPLICATION & HEALTH CLEARANCE
SUMMER 2009

Last Name:	First Name:	SID#
Campus Address (include street address, apt #, city and zip)		Contact Phone# for interview, if needed:
Date of Birth:	Major/Year in School:	<u>E-mail Address for Notification:</u>
Emergency Contact Info (name, phone number, address, and relationship)		

HEALTH CLEARANCE (to be completed by clinician--or you may attach documentation on a separate sheet)

<u>TUBERCULOSIS (TB) TESTING</u>				
TEST	STRENGTH	DATE GIVEN	DATE READ	RESULTS
<input type="checkbox"/> PPD	5 TU	_____	_____	_____ MM INDURATION
<input type="checkbox"/> INTERMED				
IF CHEST X-RAY DONE: DATE _____		READING _____		
HISTORY OF INH PROPHYLAXIS _____				

CLINICIAN SIGNATURE/TITLE (PLEASE USE OFFICE STAMP) DATE				
<u>RUBEOLA AND RUBELLA DOCUMENTATION</u>				
DATE(S) GIVEN		DATE(S) GIVEN		
MMR _____		MR _____		
(MEASLES, MUMPS, RUBELLA)				

CLINICIAN SIGNATURE/TITLE (PLEASE USE OFFICE STAMP) DATE				

Check here if you are a returning Tang Center volunteer, and indicate which semester you last volunteered: _____, and what department: _____.

RETURN Application and Time Availability Form to:
UHS Tang Center PHARMACY
2222 Bancroft Way, Room 1115

Volunteer Time Slot Availability

Using the chart below, select and prioritize three time slots that best fit your schedule using a numerical scale of 1 (most desirable) to 3 (least desirable). We will attempt to accommodate your most desirable time slot, but no guarantees.

Candidate Name (Last, First): _____

	Monday	Tuesday	Wednesday	Thursday	Friday
11am – 2pm					
2pm – 5pm					