



May 15, 2009

Dear PharmD Class of 2013,

Welcome to Ohio State's College of Pharmacy! We are delighted to have you as a new member of our college family. To help you prepare for autumn classes, we want to update you on important pending events pertinent to your enrollment in the Doctor of Pharmacy program.

1. Scheduling of summer and autumn coursework

If you are taking courses at OSU or another institution this summer, please be sure to keep us up to date with grade reports and final transcripts. All remaining prerequisites after your admission to our PharmD program must be completed with a C or higher. You will not be able to begin coursework in the PharmD program until proof of completion of your Bachelor's Degree including all prerequisites is received. Also remember to mail us final transcripts if you have taken courses after your PharmCAS application was submitted. Final transcripts for OSU courses are not required.

Whether you are currently an OSU student or a non-OSU student, **directions for registering for autumn quarter will be mailed to your permanent address by the end of June.** You will be able to register as soon as the packet arrives. Students will register using the web registration system and directions for using this system will be provided. Should you have any questions about registration for autumn quarter, please contact us.

2. OSU Internet Username

All students at OSU use a username and password for access to their email and registering for classes. If you have yet to activate this account, please do so immediately. Please see the following website for details: <http://8help.osu.edu/34124.html>.

3. Orientation

PharmD student orientation (mandatory) will begin on **September 21**, two days prior to the beginning of Autumn Quarter, and will continue on September 22. Autumn classes will begin Wednesday, September 23, 2008. More details about locations and times will follow soon. (Plan on moving to Columbus no later than the weekend prior to orientation.)

4. Internship Licensure

Students must wait until they actually begin PharmD classes to receive their intern license in Ohio. You will receive the necessary paperwork to be a registered pharmacy intern during the first week of classes. Also, we have enclosed information about Background Checks which are now required for your intern license for the State of Ohio.

5. Financial aid

Your Financial Aid Notification will be sent by the end of June. If you have questions regarding your financial aid, please contact Joe Orozco, 614-688-3772. Joe is also available for personal consultations during the week 7:30 AM- 4:30 PM, in Parks Hall, rm 150 during the summer months. If you are taking summer classes at OSU and are interested in financial aid, contact Joe immediately.

6. Tuition Costs

Current PharmD tuition and fees for 2008-09
Ohio resident per quarter: \$5259
Non-Resident per quarter: \$10,529
(5%-8% increase is forecasted for next school year)

7. Name/Address changes

Please make sure the College of Pharmacy has your current name, mailing address and phone number so that we can communicate with you as necessary.

8. Review of Organic Chemistry

As mentioned during your interview days, the faculty recommends that you review your organic chemistry prior to Autumn Quarter. This is particularly important for Pharmacy 601 (Biopharmacy I) and Pharmacy 605 (Medicinal Chemistry I), two courses in which you will enroll in the fall. One resource which has been mentioned that you could review:

Review of Organic Functional Groups – Introduction to Medicinal Organic Chemistry
Fourth Edition, 2003

Author: Thomas L. Lemke
Lippincott Williams & Wilkins)
ISBN number: 0-7817-4381-8

9. Parking Permits

Representatives from Transportation and Parking will be at orientation to issue permits. If you want to purchase one earlier, visit: <http://tp.osu.edu/students/index.shtml> for details. Our students typically purchase "C" parking passes although you are able to enter the garage lottery.

10. Information from the Experiential Office

Experiential coursework is an essential element of the PharmD curriculum. All students must complete certain healthcare tasks prior to beginning their P1 year. All the prerequisites of the Program are deemed necessary to ensure the health and safety of students and of the health professionals and members of the general public who they encounter. Information about these health prerequisites and the form that should be used as a cover sheet for submitting documentation is enclosed. Please direct questions or concerns to the Experiential Office via email to Thallia Blight at blight.3@osu.edu.

Congratulations again and welcome to the College of Pharmacy! If you have any questions about this letter, please contact us at the phone numbers or addresses below. We look forward to seeing you in September.

Warm regards and happy summer,



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614-292-7255
deters.12@osu.edu



Joe Orozco
Assistant Director of Admissions/Financial Aid
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Professional Experience Programs [Experiential Program]
 OSU College of Pharmacy
 Parks Hall 204, 500 W. 12th Avenue
 Columbus OH 43210

PHARM D CLASS OF 2013 EXPERIENTIAL PROGRAM HEALTH PREREQUISITES EXPLAINED

Experiential coursework is an essential element of the PharmD curriculum. All students must complete certain prerequisite tasks prior to beginning and during their experiential coursework.

All the prerequisites of the Program are deemed necessary to ensure the health and safety of students enrolled in the PharmD program and of the health professionals and members of the general public with whom they encounter.

 Students who fail to comply with the prerequisites by the appropriate deadlines may be subject to academic penalties (i.e. receiving a grade of Unsatisfactory) and/or be prohibited from further participation in experiential coursework/activities until the prerequisites are met.

Class of 2013 Deadlines for submitting documentation of health prerequisites:

August 3, 2009	<i>Deadline for students wishing to be considered for a hospital rotation. See information on page 3.</i>
September 21, 2009	Deadline for all students enrolled in the Class of 2013.

All documentation should be mailed to the Experiential office or submitted in person. If you wish confirmation that your materials were received, mail them by Return Receipt or by UPS/Fedex. ***No faxes will be accepted.***

Be sure to keep a copy of all materials submitted for your own records.



Submit documentation to:
 Experiential Program
 OSU College of Pharmacy
 Parks Hall 204
 500 W. 12th Ave.
 Columbus OH 43210

Questions or concerns regarding this information or the Experiential Program component of the PharmD program should be directed to our office via email to

Blight.3@osu.edu

No phone inquiries please.

Health Prerequisites and Documentation for PharmD1 Students

What constitutes documentation?

1. Each student shall complete and submit the *Health Prerequisites Summary Form* by the deadline.
2. In addition to this form, each student shall submit documentation in English (or translated into written English) of their medical record(s) indicating the calendar date of each health prerequisite completed and marked clearly with their name and the name of the healthcare provider. Legible copies are acceptable.
3. Students who work in healthcare settings where health prerequisites are updated on a regular basis may submit documentation from their workplace. The documentation must clearly show the student's name and the name of the healthcare facility along with its business address and the signature of the staff person providing the report.

Health Prerequisites

- A. **TB Skin Test**: All students engaged in experiential rotations will complete yearly tuberculosis (TB/PPD) skin tests and submit appropriate documentation of a negative result **unless**:
 - Student has tested positive in the past. The student should submit a letter indicating a negative xray results within the past four years.
 - A student who has been vaccinated for Tuberculosis shall submit a letter that a chest xray was completed within the past four years and the results were negative.
- B. **MMR/Measles, Mumps, Rubella**: All incoming P1 students will submit documentation of immunity for Measles, Mumps and Rubella as indicated by:
 1. Documentation of **two (2)** MMR vaccinations **OR**
 2. Documentation of a positive titer for Measles, Mumps and Rubella
- C. **Tetanus**: All students completing experiential coursework shall maintain a current Tetanus vaccination -- current being within the immediate 10 years – and submit documentation as needed.
- D. **Varicella (chicken pox)**: All incoming P1 students will submit documentation of immunity for varicella as indicated by:
 1. Documentation of a positive titer for varicella **OR**
 2. Documentation of **two (2)** Varicella vaccinations

Personal history of having the illness is insufficient. A student who has received only one Varicella vaccination must complete a titer or receive a booster vaccination.

Should a student have a negative titer result, they must complete the first of two vaccinations by September 30th. The second vaccination is to be completed within eight weeks of the first and documentation presented by November 30th.

Health Prerequisites (continued)

E. **Hepatitis B:** All students enrolled in experiential coursework will acquire and maintain active immunity for Hepatitis B, regardless of the types of rotations to which they are assigned. All students will acquire active immunity for Hepatitis B as indicated by:

1. Documentation of three (3) vaccinations **OR**
2. Documentation of a positive titer for Hepatitis B

P1 students who have not been immunized for Hepatitis B prior to their admission should:

- a. complete the first Hepatitis B vaccination by September 18th
- b. complete the second vaccination November 30th
- c. and submit documentation of the third vaccination by May 30th of that academic year.

Health Prerequisites and PH664 Hospital Rotations
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The PH664 course may include the opportunity for students to complete a hospital practice rotation sometime during the 2009-2010 academic year. *This is not a guaranteed activity.* Hospital site placement requires that the student has completed all their course prerequisites in a timely manner.

Students who wish to have preferred scheduling for hospital rotations during the 2009-2010 academic year must:

Task	Deadline
1. Submit the completed <i>Health Prerequisite Summary Form</i> and complete documentation that they have completed the PH664 health prerequisites required by the Program for P1 students: <ul style="list-style-type: none"> • at least one Hepatitis B vaccination • a varicella titer with positive results or documentation of TWO vaccinations • documentation of two MMR vaccinations • a current Tetanus vaccination • a current (since April 2009) TB skin test or documentation of a negative chest xray where applicable 	August 3, 2009
2. Indicate their interest in a hospital rotation by completing the <i>PH664 Student Interest and Experience Survey</i> which will be emailed to students the week of June 1, 2009.	August 3, 2009
3. Must submit all elements of their Ohio Board of Pharmacy Pharmacy Intern License application.	September 25, 2009
4. Must be willing to abstain from taking any elective courses during the quarter they are assigned a hospital rotation.	
5. Should be prepared to complete an additional criminal background check (not covered by the one completed for intern licensure).	
6. Must attend a required orientation session for the particular rotation assigned.	

Questions or concerns regarding this information or the Experiential Program component of the PharmD program should be directed to our office via email to

Blight.3@osu.edu

No phone inquiries please.



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HEALTH PREREQUISITES SUMMARY FORM

*Use this form as a cover sheet for the copy of your medical records you are submitting.
 Write legibly in blue or black ink or type.*

Student Name: _____
 Class of: Class of 2013
 OSU email address: _____
 Current cellphone no. _____

I willingly provide a copy of this document in fulfillment of requirements for participation in the OSU College of Pharmacy Experiential Program (Experiential Office) and will attest that the information is correct to the best of my knowledge. I have included appropriate documentation for all titers, tests, and vaccinations performed or received, with the healthcare providers contact information included, and agree to provide an updated copy of immunization records when requested.

This document is submitted by: _____
Student Signature Date

HEALTH HISTORY	FULL CALENDAR DATE (month/day/year)
<input type="checkbox"/> Measles, Mumps, Rubella [MMR] – documentation of second vaccination or positive titer	
<input type="checkbox"/> Tetanus – vaccination within previous 10 years (since Jan. 1999)	
<input type="checkbox"/> Hepatitis-B #1	
<input type="checkbox"/> Hepatitis-B #2	
<input type="checkbox"/> Hepatitis-B #3 or positive titer	
<input type="checkbox"/> Varicella [Chicken Pox] – documentation of a positive titer or series of TWO vaccinations	
<input type="checkbox"/> PPD/TB Skin Test since April 2009- include documentation of negative test <i>(or documentation of negative xray as follow up to a positive test)</i>	

Attach documentation for each health prerequisite to this form, clearly showing the service and the date of completion. Be sure to keep a complete copy for your files.

Experiential Office Use		
Item	Yes/No	follow up
• documentation of a negative TB skin test		
• documentation of positive Varicella immunity		
• documentation of vaccinations		
• current record at OSU SHC??		