

## EXTERNSHIP AGREEMENT FORM

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Facility hours: \_\_\_\_\_ Facility permit number: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor license number: \_\_\_\_\_

State of licensure: \_\_\_\_\_ Expiration: \_\_\_\_\_

Supervisor e-mail address: \_\_\_\_\_

Number of facility staff members: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Names, titles, and license numbers of other staff members who may train the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark an  in front of each equipment item, designated area, or system that will be available for student use within your facility.

	Electronic health record system for patient-specific information
	Systems for drug distribution, inventory management, robotics, work-flow management, and patient billing
	POS system
	HIPAA-compliant signature capture system
	Automated dispensing cabinets
	Work-flow management systems
	Bar-code technology
	Maintenance and calibration protocols for automated systems
	Refrigeration and freezer equipment
	Designated space and equipment for compounding and packaging nonsterile drug products
	Area for storing and maintaining prescription records and logs
	Office and meeting areas for administrative, educational, and training activities
	Drive-up window for prescription drop-off/pick-up

### Certification by Student Extern Supervisor

I (or my qualified designee) agree to invest the time necessary to assist in demonstrating the skills required by this externship. I agree to allow the student to use equipment as required by the externship. I agree to allow the student the opportunity to practice skills in the pharmacy as needed to complete the requirements of the externship. The student and the student extern supervisor understand that

- The practicum encompasses a minimum of 160 hours of observation and hands-on training at the externship site.
- The student extern supervisor (or qualified designee) is responsible for supervising the activities of the student and ensuring the student's completion of the externship requirements as designated by the New York Institute of Career Development.
- The student extern supervisor is responsible for signing and dating the Externship Skills List included in this booklet after each skill is demonstrated.
- The student extern supervisor is responsible for maintaining a log of the student's time at the pharmacy site using the Time Sheet included in this booklet.
- The student extern supervisor, staff members, and externship facility won't receive compensation from the student or the New York Institute of Career Development for participating in this externship experience.
- The externship experience doesn't constitute the student's employment at the site. However the pharmacy site may retain the student as an employee following the completion of the externship without any compensation being due to the school.
- The New York Institute of Career Development is acting only as the facilitator of the externship and isn't acting as an agent, principal, contractor, or employer for this student.
- The student isn't covered by the externship site's liability insurance and must obtain his or her own liability insurance.
- The student assumes all risks and hazards associated with his or her completion of the externship requirements.
- The student and the externship site agree to hold harmless New York Institute of Career Development, its affiliates, officers, directors, employers, agents, representatives, insurers, and successors, and assigns from and against any claims, liabilities, or damages which may result from the student's participation in the externship.
- Either party can terminate the agreement at any time without liability.
- This agreement terminates on the last day of the student's enrollment in the externship.
- Ensure that this required document is submitted to the New York Institute of Career Development within 7-10 business days.

Student Extern Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (printed): \_\_\_\_\_

Student Number: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_