

TECHNICAL STANDARDS FOR OHIO NORTHERN UNIVERSITY COLLEGE OF PHARMACY

The Accreditation Council for Pharmacy Education Accreditation Standards and Guidelines for the Professional Program in Pharmacy articulates the requirements for professional degree programs in pharmacy. As an accredited program in pharmacy, the Ohio Northern University College of Pharmacy is responsible for student selection and matriculation, curriculum design, implementation and evaluation, and determination of who should be awarded a degree in fulfillment of these requirements. Decisions related to all levels of student engagement from admission to graduation are both academic and non-academic in nature, and must ensure that candidates complete the essential functions of the program required for graduation, and ultimately for practice.

Because graduates are eligible to become pharmacists without practice restrictions, the college must require that students complete all core components and not allow achievement in only a limited set of activities.

The primary role of the pharmacist is to provide safe and effective healthcare to patients. In addition to patient safety, the College of Pharmacy has an obligation to ensure, to the extent possible, the safety of the students and the practice settings in which students participate in experiential education.

Candidates for the Doctor of Pharmacy degree must be able to perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavior/Social. However, it is recognized that degrees of ability vary among individuals. Complete descriptions of these requirements and expectations are described in the complete standards.

Individuals are encouraged to discuss their disabilities with the Director of the Counselor Center and consider technological and other facilitating mechanisms needed in order to train and function effectively to become a pharmacist. The Raabe College of Pharmacy is committed to enabling its students by reasonable means or accommodations to complete the course of study leading to the Doctor of Pharmacy degree.

I acknowledge with my signature below that I have read and understand the provided information about technical standards for studies in the Doctor of Pharmacy curriculum.

Name (print clearly): _____ ID#: _____

Signature: _____

Parent/Guardian (if under 18)

Name: _____

Parent/Guardian Signature: _____ Date: _____