**The Pharmacy Professionals Externship Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to conduct myself as a professional throughout my externship and to comply with the externship expectations listed below.

***Please read each statement and initial after reading. Sign and date below.***

\_\_\_\_\_ I agree to exhibit professional, motivated behavior at all times throughout my externship.

\_\_\_\_\_ I understand that if I am dismissed from my externship due to my own unprofessional behavior, I will be dismissed from the program, will not earn a certificate of completion, nor will I be eligible to apply for my State License.

\_\_\_\_\_ I understand that externship placements are subject to change.

\_\_\_\_\_ I agree to only attend an APPROVED externship facility to complete my hours.

\_\_\_\_\_ I agree to communicate any issues or concerns I am having with my externship site with The Pharmacy Professionals. I agree that I will not act reactively, rather, proactively to ensure that I get the best experience possible.

\_\_\_\_\_ I have reviewed and fully understand the externship policies and procedures.

\_\_\_\_\_ I understand that violating any externship policies and procedures could result in dismissal from the program.

\_\_\_\_\_I understand that if I am tardy more than twice during my externship that I will be subject to dismissal.

\_\_\_\_\_I understand that if I am absent more than once that I will be dismissed from the program and not have the opportunity to complete my externship.

\_\_\_\_\_ I agree to notify The Pharmacy Professionals of my externship schedule along with ANY changes to my schedule as soon as possible.

\_\_\_\_\_ I understand and agree to adhere to the highest level of personal hygiene and to the dress code as indicated by my site.

\_\_\_\_\_ I agree to meet all additional requirements set forth by my externship site (drug screening, background checks, immunizations, interviews, online modules, orientations, etc.) before I begin my hours.

\_\_\_\_\_ I agree and understand that The Pharmacy Professionals has 90 business days to place me once all paperwork has been submitted and if I am not available 40 hours a week or have a complicated schedule The Pharmacy Professionals has up to 180 business days to place me.

\_\_\_\_\_ I understand that I must complete all 160 hours of my externship.

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