

Student Professionalism Concern Notification

Please complete this note if you have any concerns about the professional behavior of a pharmacy student. This concern notification is to be submitted to the Regional Dean or Associate Dean of Professional Affairs for further recognition.

Student Name _____
Campus: _____
Date: _____

Person originating the notification of concern:

(print name) (signature)

Title/role of individual originating the notification of concern: _____

Please mark the area that best describes your concerns about this student. Provide comments in the space provided on the back.

Integrity and Personal Responsibility: The student
does not fulfill responsibilities reliably
does not represent actions and/or information reliably
does not accept responsibility for his/her actions
does not respect patient confidentiality

Instructions for submission :

1. Meet with the student to review/discuss the concerns.
2. Sign below; if you meet with the student, ask the student to complete the student section below.
3. Forward this Notification of Concern to the respective Regional Dean

I have reviewed the contents of this Notification of Concern with the student

Signature _____ Date _____

For completion by the student:

I have read this evaluation and discussed it with the originator. My signature on this form is intended to verify that I have reviewed the form with the individual submitting it.

Student Signature _____ Date _____

Student Comments (optional) _____

