

## IMQ Professionalism Program

The IMQ Professionalism Program was developed to comply with the requirements established by the California Board of Pharmacy. The program centers on both the legal and ethical dimensions of pharmacy practice in California. It introduces participants to a range of resources to address present or future problems. Full participation and completion of all assignments are required for completion of the program. The Program is divided into three components.

***The pre-course component*** consists of a background assessment application, a baseline knowledge test and pre course reading. The purpose of this component is to determine the participant's knowledge/awareness of ethical/legal issues related to pharmacy practice in California, as well as information about the participant's knowledge of the legal and ethical issues related to the specific case(s) for which the participant has been referred to the program. Participants will prepare an assessment of their expectations of the program, recognition of need for change and commitment to change.

***The second component*** is the two-day ethics course, to be offered on a Saturday and Sunday. It includes a series of components that move from demonstration to practice and application. Issues covered include: what are ethical issues and when they arise, clarification of legal issues, resources to analyze situations and a decision making model. The course will be heavily interactive, and it is designed to provide participants with a full understanding of the ethical and legal aspects of their own violations and knowledge about how to access resources to deal with future issues.

***The third component*** is required assessments over a one-year period following the course. It consists of the post-course test on California law and ethics given at the end of the two-day course, and 6 month and 12 month follow-up assessments. At 6 months, participants will submit information regarding their practice during the period since the course and complete a skills review exercise. At 12 months they will provide a final report on changes in their practice profile and a self-assessment status report.

**COMPLETION:** On completion of the course, a report will be sent to the Board of Pharmacy and a Certificate of course completion will be provided to each participant.

The Ethics Program is limited to 12 attendees and will be offered on a Saturday and Sunday in Southern California. The courses are tentatively scheduled and confirmed based on meeting the required enrollment. The fee for the program is \$1995.

For additional information, please call Leslie Anne Iacopi at (415) 882-5167.



## PHARMACY PROGRAM APPLICATION

### PHARMACIST PROFILE

#### A. GENERAL INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

#### B. CONTACT INFORMATION

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Alternative / Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Mailing Address: Home \_\_\_ Alternative/Work \_

Preferred Phone Contact: Home \_\_\_\_\_ Alt/Work \_\_\_\_\_ Cellular \_\_\_\_\_ Pager \_\_\_\_\_

#### C. DEMOGRAPHIC INFORMATION

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Country of Birth: \_

Approximate population of city/town where you work: \_\_\_\_\_

Approximate population in surrounding area (referral population): \_\_\_\_\_

## EDUCATION PROFILE

### A. UNDERGRADUATE EDUCATION

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Institution / City / State	Degree	Graduation Year
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### B. PHARMACY SCHOOL

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Institution / City / State	Degree	Graduation Year
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### C. POST-GRADUATE TRAINING / ADVANCED DEGREES

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Institution / City / State	Degree	Graduation Year
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### D. PROFESSIONAL RESOURCE USE

1. What texts do you have and use in your practice?

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2. List the professional journals to which you subscribe and indicate for each whether you usually: A) read thoroughly, B) read only selected articles of interest, C) skim, or D) do not read each issue.

**Journal**

**Usual Use**

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3. How often do you use a medical/pharmaceutical library or request a literature search?

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4. Do you use any on-line or internet-based resources?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what do you use?

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### PROFESSIONAL PRACTICE HISTORY

Give a brief history of where you have practiced since completing your education.  
(Please complete this section in addition to attaching your CV.)

Employer	City / State	Dates from/To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CURRENT (MOST RECENT) EMPLOYMENT

#### A. Employer / Pharmacy

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Time \_\_\_\_ Number of pharmacists on site: \_

Part Time \_\_\_\_\_ Number of pharmacy techs on site: \_\_\_\_\_

Per Diem \_\_\_\_\_

Other \_\_\_\_\_ (please specify) \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Do you supervise any pharmacists or pharmacy tech? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

## LICENSE AND LIABILITY INFORMATION

### A. License

List the states where you are currently licensed to practice medicine and attach copies of licenses: Please state for each license whether your license is: A) active, no restrictions or stipulations; B) active with restrictions or stipulations; C) Inactive; or D) Revoked or suspended.

State \_\_\_\_\_ License # \_\_\_\_\_ Year \_\_\_\_\_ Status \_

State \_\_\_\_\_ License # \_\_\_\_\_ Year \_\_\_\_\_ Status \_

State \_\_\_\_\_ License # \_\_\_\_\_ Year \_\_\_\_\_ Status \_

### B. Malpractice Insurance

Do you currently carry malpractice insurance? Yes \_\_\_ No \_

If yes, Carrier Name \_\_\_\_\_

Amount of Coverage \_\_\_\_\_

## LICENSE / MALPRACTICE HISTORY

For any questions answered **yes**, provide a brief description, referring to appropriate question number, or allegations, actions and outcomes in the space below. Attach additional page(s) or write on back of page if needed.

1. To your knowledge, have you, or your pharmacy, been subject to investigation by a state licensing board?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

2. Has your license been suspended, revoked, or had any limitations or other stipulations placed upon it?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you currently on probation? If yes, when does the probation period end?

Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

3. Have you had any malpractice action(s) filed against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

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4. Has your malpractice insurance been revoked, limited or not renewed?

Yes \_\_\_\_\_ No \_\_\_\_\_

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Please attach a copy of your **Accusation and Decision** from the Pharmacy Board and a full payment of \$1995.

Please submit to:

Leslie Anne Iacopi  
IMQ Pharmacy Professionalism Program  
180 Howard Street, Suite 210  
San Francisco, CA 94105