

Co-curriculum After Service Learning Event Reporting Worksheet

The following information from the Service Learning Event or health fair will be entered online at <https://docs.google.com/forms/d/e/1FAIpQLSeR1ucr0wzcODR0mjO8sBD3EeoEYds4DISnOf14VKEp0KPSHg/viewform?vc=0&c=0&w=1> within 10 days after the event. This hard copy is provided to assist you in gathering and tabulating the data needed for the form to help you more efficiently submit the information online.

Email address: _____ Event ID (CoCID): _____

Event Name: _____

Event Date: ____/____/____ Event Address: _____

Please describe the population served by the event:

Which Pharmacy Student Organizations participated in or helped organize this event: (check all that apply):

<input type="checkbox"/> Pharmacy Council	<input type="checkbox"/> AMCP	<input type="checkbox"/> APhA-ASP	<input type="checkbox"/> CPFI	<input type="checkbox"/> IPhO
<input type="checkbox"/> IPSA	<input type="checkbox"/> KE	<input type="checkbox"/> KY	<input type="checkbox"/> MAPSA	<input type="checkbox"/> NCPA
<input type="checkbox"/> PDC	<input type="checkbox"/> PLS	<input type="checkbox"/> Rho Chi	<input type="checkbox"/> SCCP	<input type="checkbox"/> SNPhA
<input type="checkbox"/> SSHP	<input type="checkbox"/> VAPSS	<input type="checkbox"/> Class of 2020	<input type="checkbox"/> Class of 2021	<input type="checkbox"/> Class of 2022
<input type="checkbox"/> Class of 2023	<input type="checkbox"/> HOMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did any changes in location, date, start time or end time occur after the event was submitted for approval?

No Yes If yes: Location Date Start time End time

If yes, please describe the changes you indicated above a briefly describe how the change was handled.

Were there any changes in preceptor(s) from after the event was approved?

No Yes

If yes please list the preceptor(s) who attended the event and oversaw any patient care activities (Include TSBP license number(s))

Upload Supporting Documents.

This section of the Google form will allow you to upload any supporting documents such as sign in logs

Patient Care Activities / Screenings Delivered

Check if conducted	Patient Care Activity or Screening	# of individuals performed on	# of readings not within normal limits / requiring preceptor consult	# of PharmD students performing	# of stations where performed
<input type="checkbox"/>	Blood Pressure				
<input type="checkbox"/>	Blood Glucose				
<input type="checkbox"/>	Blood Cholesterol				
<input type="checkbox"/>	Diabetic Foot Exam				
<input type="checkbox"/>	Immunization Administration				

For Immunization Administration please specify the company or health system under whose protocol immunizations were conducted:

For Immunizations please indicate what immunizations were administered?

<input type="checkbox"/> Influenza	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Hep A	<input type="checkbox"/> Hep B	<input type="checkbox"/> HPV
<input type="checkbox"/> MCV	<input type="checkbox"/> Men B	<input type="checkbox"/> Zoster	<input type="checkbox"/>	<input type="checkbox"/>

Pharmacist may administer Influenza under protocol to age 7 and up. Pharmacist may administer all other immunizations to age 14 and up.

Please list any other PCA / screenings performed not listed above.

Patient Care Activity or Screening	# of individuals performed on	# of readings not within normal limits / requiring preceptor consult	# of PharmD students performing	# of stations where performed

Health Education Activities Delivered

Please list any Health Education Activities (HEA's) delivered at the event

Health Education Activity	# of individuals delivered to	# of PharmD students delivering HEA	Organization which developed the HEA	How HEA delivered?

For how HEA delivered please indicate (Pres = Presentation, Poster, Game, Video)

Review and Reflect: At the end of the Google form you be given the following prompt:

“Before you go, is there anything you'd like to tell us about this event that might be helpful for future student organizers to know? What worked well? What may need to be changed for next time?”