

College of Pharmacy and Nutrition
PROGRAM PROFESIONALISM CONCERN FORM

Minor Incident: This form records >3 minor incidents as reported by any person ("the reporter") in contact with a pharmacy or nutrition student in any official capacity. The reporter would typically be a faculty member, lecturer, laboratory coordinator, practicum coordinator, preceptor or another pharmacy or nutrition student. The purpose of reporting a minor incident is to initiate a meeting between a student and the reporter.

Major or Critical Incident: This form may record a major incident or critical incident. The reporter would typically be the Associate Dean Academic. The purpose of reporting a major or critical incident is to document more serious concerns of unprofessional behaviour that requires documentation on the student's Professionalism File and submission to either the Academic Affairs Committee (major incident) or College Academic Misconduct Committee/ University Secretary (critical incident).

Student involved in (check one):

Multiple Minor Incidents

Major Incident

Critical Incident

Student Name: _____

Year: _____

Date incident occurred: _____

Form completed by (please print): _____

Signature: _____ Date: _____

A pharmacy or nutrition student of University of Saskatchewan College of Pharmacy and Nutrition is expected to demonstrate in her/his behaviours as a student: a) Respect for others; b) Honesty and integrity; c) Compassion and empathy; d) Duty and responsibility.

In my opinion, the student named above has demonstrated behaviour(s) that fall below the expected standards of professionalism of our College of Pharmacy and Nutrition. Following is a brief description of the incident, the response/action taken, and any further comments:

Description of incident:

This incident was discussed with the student (check one):

YES

NO

Student response:

The student chose not to respond

A copy of the form will be provided to the student by the Associate Dean Academic.

This form should be sent in confidence to:

Associate Dean Academic

College of Pharmacy and Nutrition

(Insert contact information)

This section for use by Associate Dean Academic

Forwarded to College Academic Misconduct Committee/University Secretary for review:

Signature: _____ Date: _____

For Professionalism File

For Academic File

Signature: _____ Date: _____

Student notification of Appeal Process

Signature: _____ Date: _____