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| muHeader2.gifwww.marshall.eduSchool of Pharmacy | **Professionalism Evaluation Form (PEF)** |

This form is an addendum to Marshall University School of Pharmacy Policy and Procedure 200.006 – Ethical and Professional Conduct. Please complete this form if you believe meaningful, specific feedback (positive or negative) is warranted regarding the professional behavior of an MUSOP pharmacy student. *This form is to be submitted to either the* ***Associate Dean for Academic and Curricular Affairs or the Assistant Dean of Student Affairs*** *for further recognition and action.*

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| Student Name: |  |
| Specific location where observed behavior occurred: |  |
| Date of incident: |  |
| Name of person originating PEF (Print): |  |
| Title/role of individual originating the notification of concern: |  |

**This PEF is a/an (please check one):**

**[ ]  Commendation for exemplary professional service**

**[ ]  Notification of professional concern**

Please describe the commendation or professionalism concern on page 2.

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Signature of reporting individual Date:

*PEF Page 1 to be completed by reporting individual. Student will not be provided a copy.*

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| **Detailed description of the events leading to the commendation or notice of concern (a separate sheet may be attached):** |

*Page 2 is to be completed by reporting individual. Student will be provided a copy for their response.*

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| **Student response (if applicable)** |

I have read this evaluation and discussed it with the Associate Dean. My signature on this form is intended to verify that I have reviewed the form and is not an admission of guilt.

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Student Signature Date:

*PEF page 3 to be completed by student.*

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| **Remediation Plan (if applicable)** |

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| **For Official Use:**Date PEF received by Student Affairs OfficeDate student was notified of PEFDate student met with advisor (if applicable)Date student response was received by Student Affairs Office (if applicable)Date student met Associate Dean of Academic and Curricular Affairs (if applicable)Date a decision was made for the PEF (if applicable)Date student fulfilled requirements of remediation plan (if applicable) |

*PEF page 4 to be completed by Assistant Dean of Student Affairs*