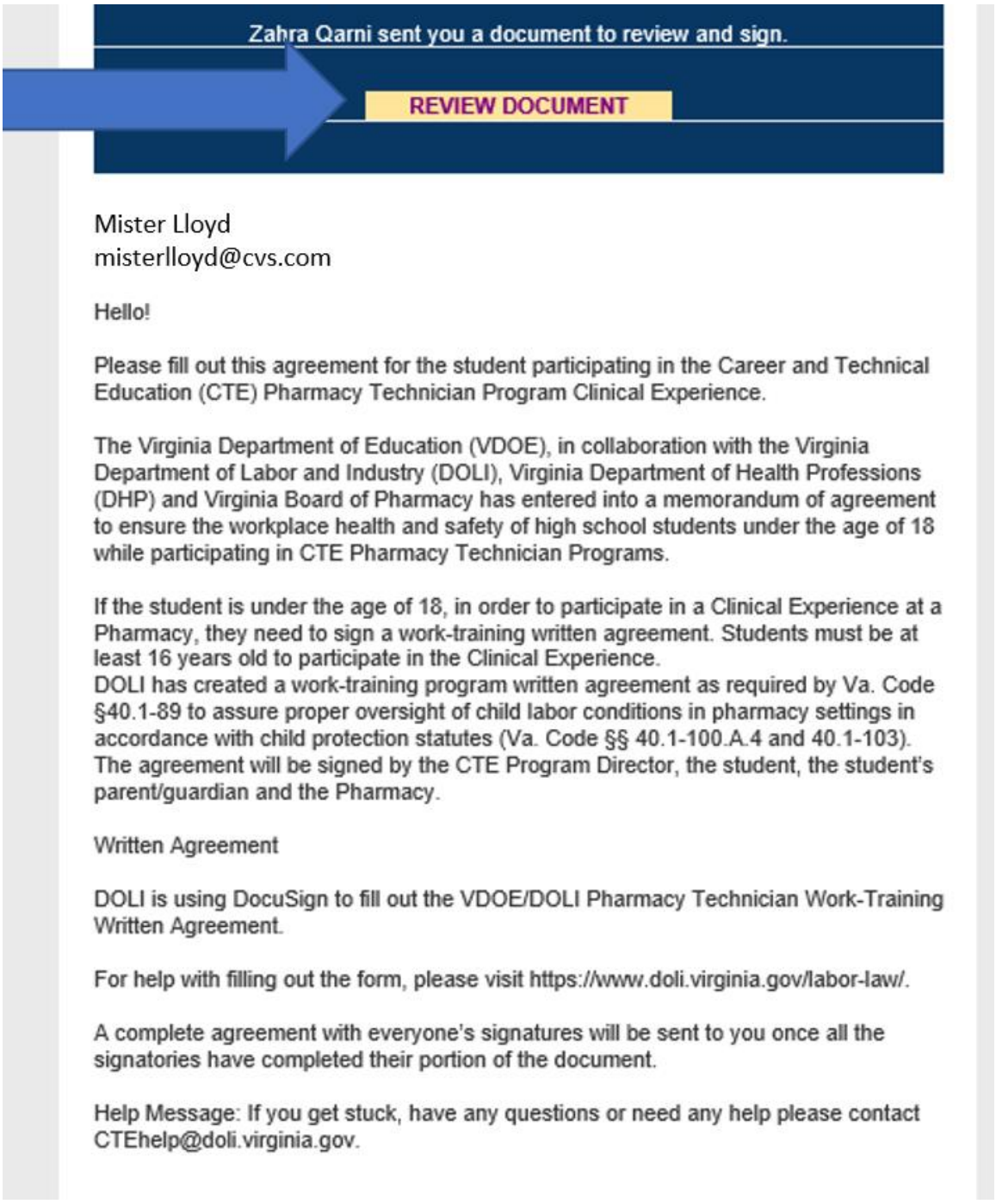
Instructions for Licensed Pharmacists/Nationally Certified Pharmacy Technicians: How to use DocuSign for the Written Agreement

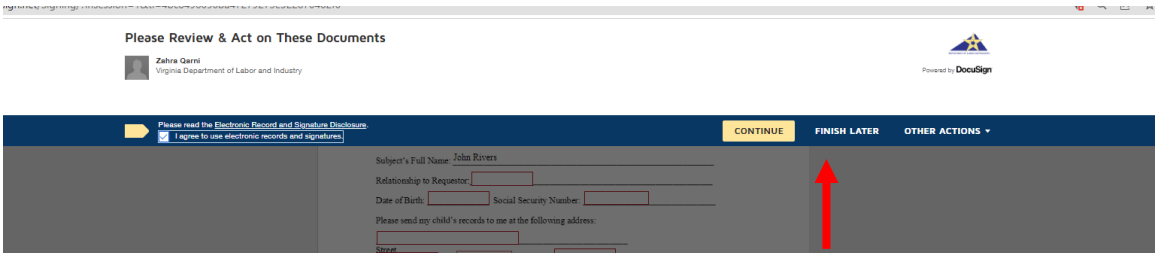
You will receive the link for the written agreement document in your email.

The email's subject line will read "Complete with DocuSign: CTE Pharmacy Technician Program Agreement – STUDENT'S NAME"



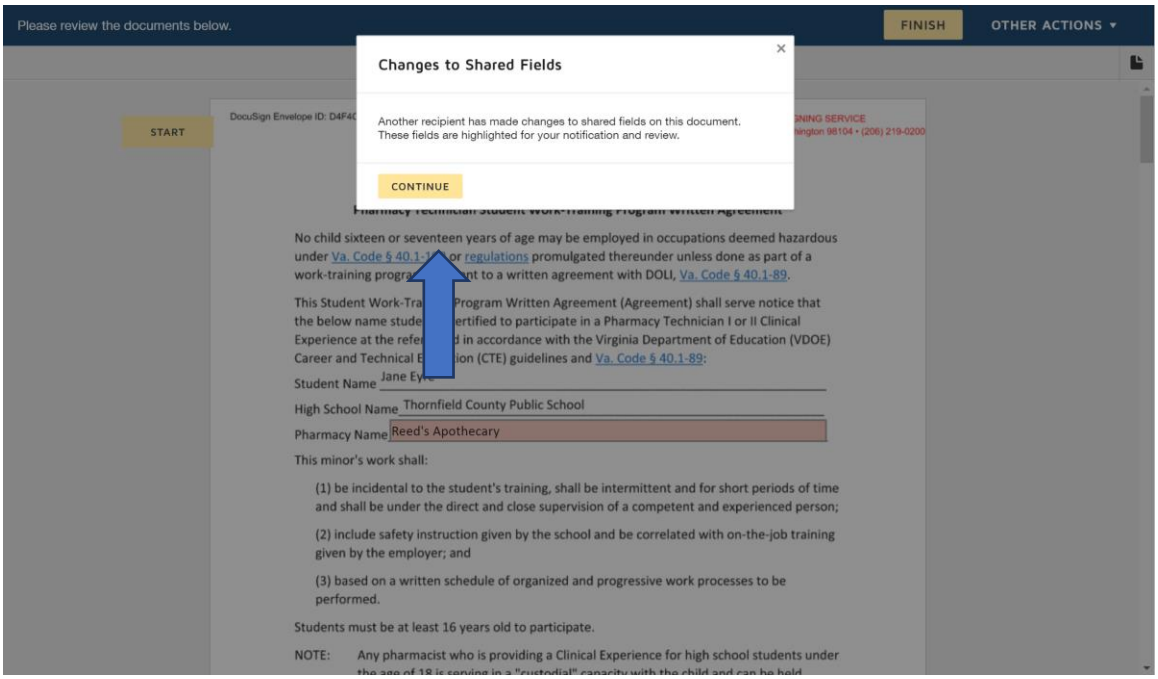
When you receive this email, click on the yellow button that says ‘Review Document’. This will help us kickstart the process of signing the agreement.

You will be taken to a new page. At the top, there will be a banner asking you to agree to using electronic records and signatures.



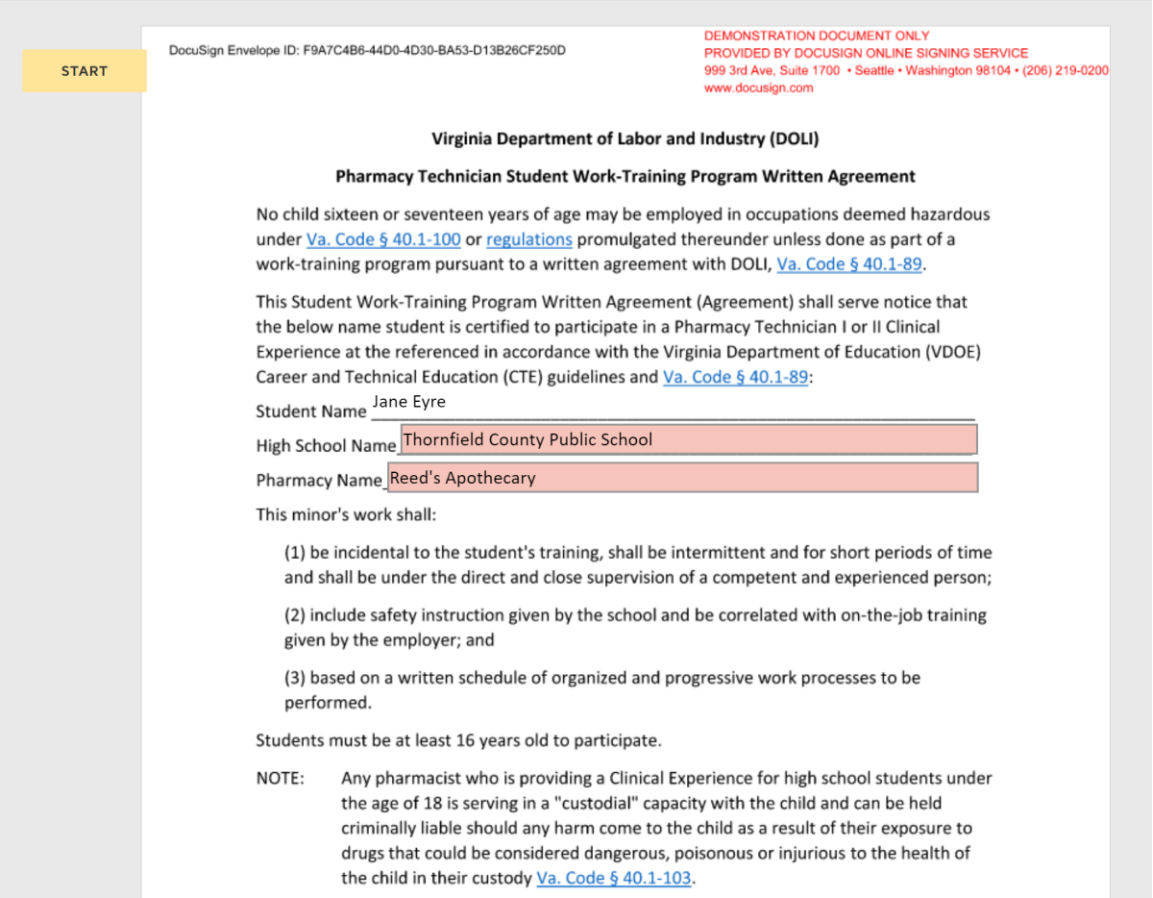
Once you check agree, click on the ‘continue’ button.

On the first page, this pop-up will appear as the ‘High School Name’ and ‘Pharmacy Name’ field in the agreement is one that any one of the signatories can fill.



Click ‘Continue’.

You will notice that your name has already been pre-filled. That is because this information is taken from the PowerForm you filled out.


START

DocuSign Envelope ID: F9A7C4B6-44D0-4D30-BA53-D13B26CF250D

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Virginia Department of Labor and Industry (DOLI)

Pharmacy Technician Student Work-Training Program Written Agreement

No child sixteen or seventeen years of age may be employed in occupations deemed hazardous under Va. Code § 40.1-100 or regulations promulgated thereunder unless done as part of a work-training program pursuant to a written agreement with DOLI, Va. Code § 40.1-89.

This Student Work-Training Program Written Agreement (Agreement) shall serve notice that the below name student is certified to participate in a Pharmacy Technician I or II Clinical Experience at the referenced in accordance with the Virginia Department of Education (VDOE) Career and Technical Education (CTE) guidelines and Va. Code § 40.1-89:

Student Name Jane Eyre

High School Name Thornfield County Public School

Pharmacy Name Reed's Apothecary

This minor's work shall:

(1) be incidental to the student's training, shall be intermittent and for short periods of time and shall be under the direct and close supervision of a competent and experienced person;

(2) include safety instruction given by the school and be correlated with on-the-job training given by the employer; and

(3) based on a written schedule of organized and progressive work processes to be performed.

Students must be at least 16 years old to participate.

NOTE: Any pharmacist who is providing a Clinical Experience for high school students under the age of 18 is serving in a "custodial" capacity with the child and can be held criminally liable should any harm come to the child as a result of their exposure to drugs that could be considered dangerous, poisonous or injurious to the health of the child in their custody Va. Code § 40.1-103.

The first page of the agreement may have two fields for you to fill out, the ‘High School Name’ and the ‘Pharmacy Name’ field, if this has not been filled out, please type in the name of the student’s high school and the pharmacy they will be going to for their clinical experience. If you do not know the name, leave this field blank. If the field has been filled in already move on.

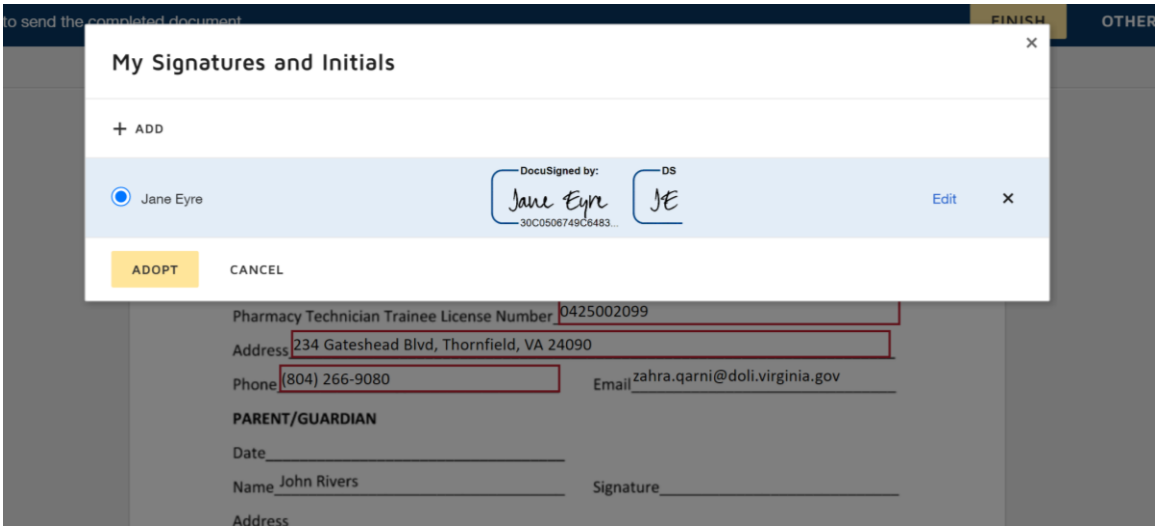
Once you are done reading the agreement, you will see the last page has lots of spaces for everyone's contact information and signatures. You only need to focus on the information under 'LICENSED PHARMACIST/NATIONALLY CERTIFIED PHARMACY TECHNICIAN'.

You will notice that the fields for your name and email are pre-filled – this information was pulled from the form the School Program Director filled out and cannot be changed.

In this section you will be asked to fill out:

- Today's date
- Your pharmacy technician/pharmacist license number
- Your pharmacy permit number
- The address of the pharmacy where you work and where you will be supervising the CTE Pharmacy Technician Trainees
- Your phone number

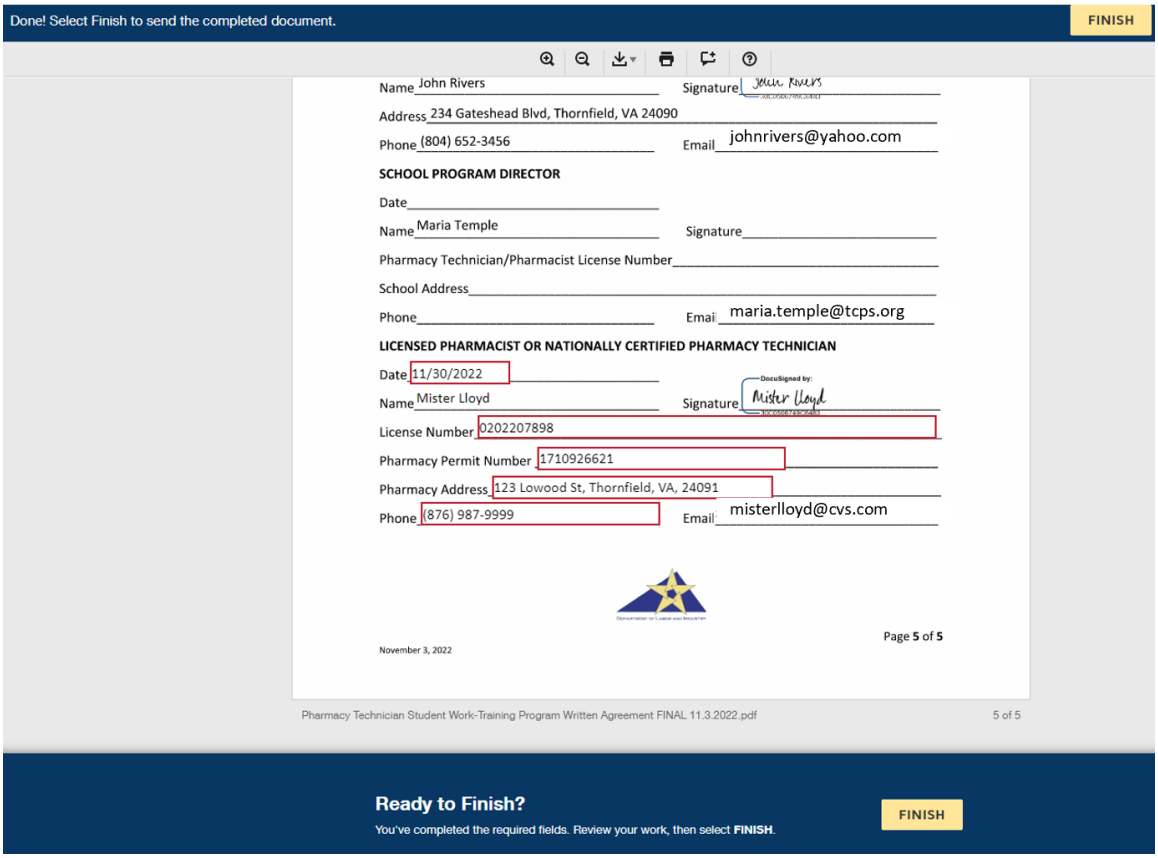
When you are ready to sign, click on the 'Sign' icon and this pop-up will appear:



You can click on 'Edit' on the right-hand side of the 'My Signatures and Initials' pop-up to choose from different styles of signatures.

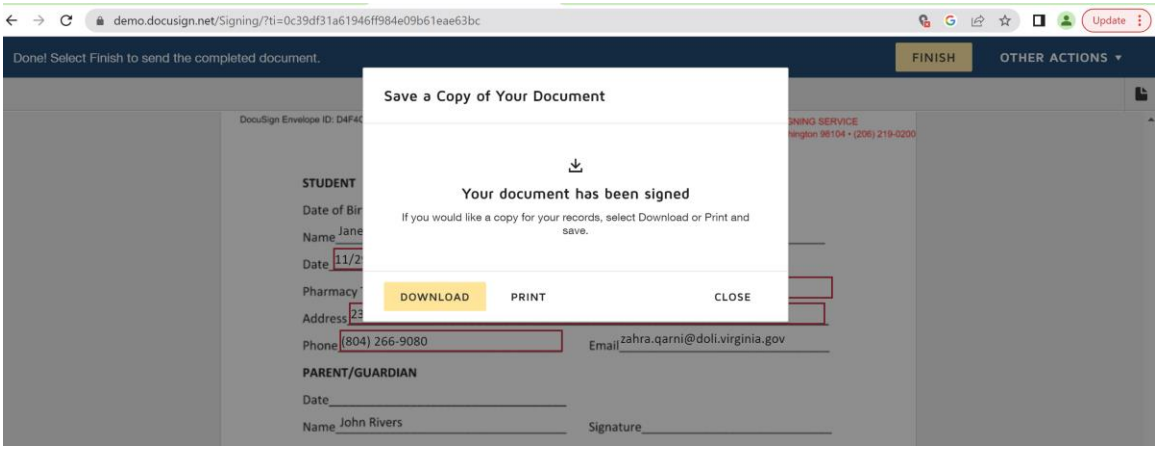
When you are satisfied with the signature design, click on ‘Adopt’.

You will notice the document now has your signature on it as well



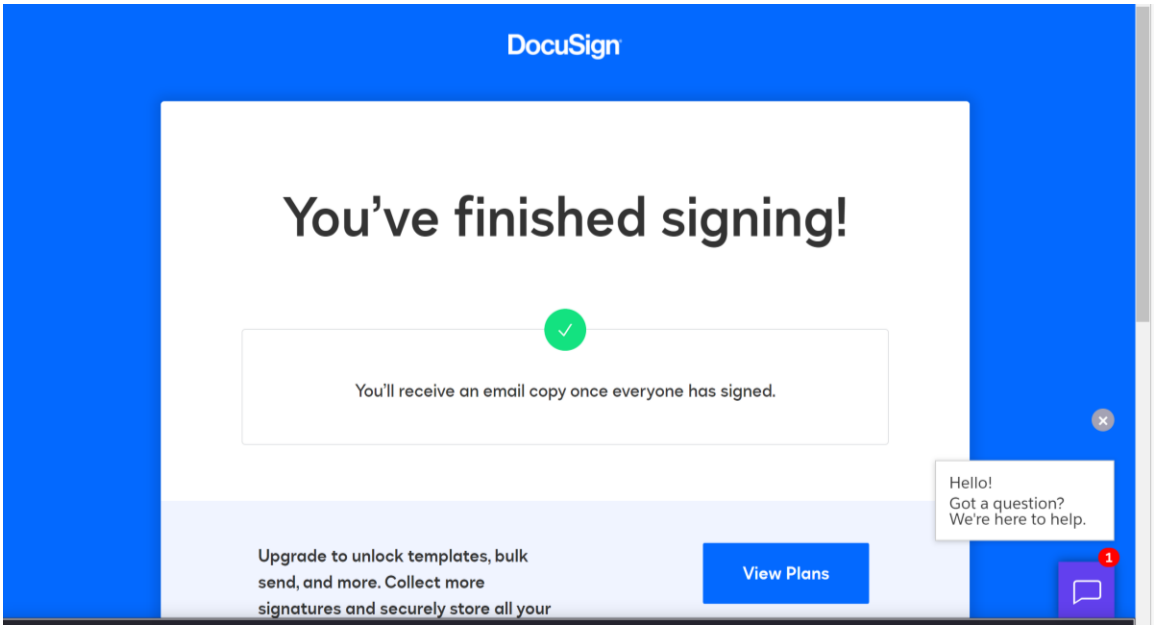
Click on ‘Finish’ when you are done filling out your information.

A pop-up will ask if you want to keep a copy of the document for your records



Please note that at this time, the document will only have the information you just filled in. Once everyone else who needs to fill in their information is done, you will receive a completed copy of the agreement for your records by email.

Once you click on ‘Close’ you will be redirected to this screen



That’s all - You are done filling out your portion of the agreement.

Note: You can save and close your document anytime, just click the link sent to your email initially when you wish to pick back up again. Remember, you need to complete the agreement for the student to be able to start their clinical experience.