

**AMERICAN PHARMACY SERVICES CORPORATION (APSC)**

**PHARMACY RELIEF SERVICE (PRS)**

**PHARMACIST APPLICATION**

**Please Type or Print:**

Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Address \_\_\_\_\_

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

SS # \_\_\_\_\_ Ky. License # \_\_\_\_\_

States Applicant is Currently (or ever) Licensed: \_\_\_\_\_

**PROFESSIONAL STATUS**

Is your Kentucky license in good standing? Yes/No If no, attach explanation.

Have you ever received any disciplinary action from a State Board of Pharmacy? Yes/No If yes, attach explanation.

Have you ever been convicted of a crime involving drugs or controlled substances? Yes/No If yes, attach explanation.

Have you ever been convicted of a crime? If yes, attach explanation.

**PROFESSIONAL EXPERIENCE**

**Please Check Areas of Experience:**

Retail \_\_\_\_\_ Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Long-Term Care \_\_\_\_\_

Other \_\_\_\_\_

**PRACTICE PREFERENCE**

**Please Check All Areas You Are Willing to Work:**

Retail \_\_\_\_ Hospital \_\_\_\_ Clinic \_\_\_\_ Long-Term Care \_\_\_\_

**PROFESSIONAL SKILLS**

**Please Check Areas of Special Training or Experience:**

Computer \_\_\_\_\_ If yes, which systems? \_\_\_\_\_

IV Admixture \_\_\_\_\_ Hyperalimentation \_\_\_\_\_ Chemotherapy Prep \_\_\_\_\_

LTC Consult \_\_\_\_\_ Nurs. Home Disp \_\_\_\_\_ Resuscitation Code Call \_\_\_\_\_

**AVAILABILITY**

Are you currently employed on a full/part time basis?

Please Indicate Your Availability:

__ Sunday	Hours _____
__ Monday	Hours _____
__ Tuesday	Hours _____
__ Wednesday	Hours _____
__ Thursday	Hours _____
__ Friday	Hours _____
__ Saturday	Hours _____

Are you willing to work outside your "home area"? Yes/No If yes, please circle the areas of the state you would be willing to work.

Louisville   Lexington   Northern KY   Eastern KY   Western KY

Central KY   S. Cent. KY   S. East. KY   Central KY   N.E. KY.

In these areas, would you be willing to work for \_\_ only one day, \_\_ 2-3 days, \_\_ week, \_\_ month?

## **EDUCATION**

**Please List Your Educational Accomplishments, Including Name of College/University, Degrees Earned and Dates Graduated. Use Additional Paper if Necessary.**

## **HEALTH HISTORY**

Do you have any physical limitations that need to be considered that could interfere with your professional responsibilities? Yes/No If yes, attach explanation.

Do you have any allergies? Yes/No If yes, please list.

In case of an emergency, whom should we notify?

## **PROFESSIONAL EXPERIENCE**

Please provide the APSC PRS with a background of your professional work experience, beginning with your current employer. Include the name of the employer, address, phone number, contact person if possible, and the dates you worked for the company. Use additional paper if necessary.

## **INFORMATION RELEASE**

I hereby agree to allow the APSC PPRS to make inquiries into my records relating to my education, work experience and licensure status. I understand that the potential for any cooperative effort is contingent on the truth and accuracy of the information contained in this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this application, a photocopy of your Kentucky License, a photocopy of your mal-practice insurance policy, and a \$5.00 Enrollment Fee to: APSC PPRS, 102 Enterprise Drive, Frankfort, Kentucky 40601. The APSC telephone number is (800) 928-2228.

**AMERICAN PHARMACY SERVICES CORPORATION (APSC)**

**PHARMACY RELIEF SERVICE (PRS)**

**PHARMACIST AGREEMENT**

This agreement is made between the Professional Pharmacy Relief Service (PRS), a division of American Pharmacy Services Corporation (APSC), and the member pharmacist.

**SCHEDULING**

The PRS will work to provide the Pharmacist with temporary work assignments in member pharmacies. Assignments will be offered and confirmed by telephone and agreement by the pharmacist to accept a placement constitutes a binding contract.

**COMPENSATION**

The pharmacist will be compensated \$50.00 per hour in central Kentucky and \$60 per hour in far eastern and western Kentucky, based on professional time spent at the pharmacy and travel time to and from the work site. Payment will be made on a regular semi-monthly basis by PRS. Time will be calculated on the 15<sup>th</sup> and 31<sup>st</sup> of the month with payment forthcoming within 5 days.

**ASSIGNMENT ACCEPTANCE**

The pharmacist will be responsible for determining availability for a specific assignment.

If assignment changes from originally agreed upon with PRS, a written statement from the pharmacist to PRS will be required before payment can be rendered.

Cancellation of an assignment by a member pharmacy less than 72 hours prior to the scheduled time will result in the Pharmacist receiving compensation in an amount equal to potential earnings for the first 24 hour period of the assignment.

In the event the Pharmacist is more than 15 minutes late, PRS reserves the right to penalize the Pharmacist for the equivalent of 1 hour's pay.

The Pharmacist agrees, after initial scheduling with a pharmacy, to schedule all subsequent assignments with that pharmacy through PRS.

## **STATUS**

The relationship between the Pharmacist and PRS shall at all times be as follows:

- A. The Pharmacist is an independent contractor.
- B. The Pharmacist has no authority to act on behalf of PRS, nor bind PRS without prior approval by a program representative.
- C. The Pharmacist is not an employee of APSC.

This Agreement calls for the performance of the services of the Pharmacist as an independent contractor and the Pharmacist will not be considered an employee of APSC or PRS for any purpose. The Pharmacist shall be solely and personally liable for all labor and expense in connection with this Agreement and for any and all damages which may be occasioned on account of the operations of this Agreement, whether the same be for personal injuries or damages of any other kind. APSC and PRS are interested only in the results obtained under this Agreement. The manner and means of conducting the work are within the sole control of the Pharmacist. None of the benefits provided by APSC or PRS to their employees, including but not limited to compensation insurance and unemployment insurance, are available from APSC or PRS to the Pharmacist. The Pharmacist will be solely and entirely responsible for his/her acts during the performance of this Agreement.

## **RESPONSIBILITIES OF THE PHARMACIST**

The Pharmacist agrees to abide by the Kentucky Pharmacists Association Code of Ethics and all laws and regulations pertaining to the practice of pharmacy.

The Pharmacist will indemnify PRS from any and all liability, loss or damages PRS may suffer as a result of any and all claims, demands, or judgements of any nature arising from conduct or actions of the Pharmacist.

The Pharmacist agrees to hold PRS harmless for any injuries the Pharmacist may sustain in the course of performance of duties undertaken pursuant to said Pharmacist's contractual agreement with PRS.

The Pharmacist agrees to be responsible for:

- A. Reporting income from PRS to the IRS.
- B. Paying any and all applicable income and self-employment taxes on income earned by the Pharmacist.

