

## **Cleveland Clinic Pharmacy Residency - ASHP Required Policies 2023-2024**

1. Licensure in Ohio Policy
2. Duty Hour SOP and Appendix
3. Leave of Absence Procedure
4. Dismissal Policy
5. COVID-19 Vaccination Policy

## Pharmacy Residency Policy- Licensure in Ohio

<b>Target Group:</b> Cleveland Clinic health system (Ohio only)- Department of Pharmacy Residents		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 5
<b>Approved by:</b> Board of Directors- Main	<b>Date Last Approved/Reviewed:</b> 08/01/2022	<b>Prepared by:</b> Mandy Leonard (Senior Director Pharmacy)	<b>Effective Date</b> 10/07/2019
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## Purpose

To support the [Licensure/Certification/Clinical Competency Policy](#), this document outlines the Ohio Pharmacy Licensure expectations for all pharmacy residents during post-graduate 1 (PGY1) and post-graduate 2 (PGY2).

## Definitions

**Cleveland Clinic health system (Ohio sites only)** - Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

**ACPE** - Accreditation Council for Pharmacy Education

**NAPLEX** - North American Pharmacy Licensure Examination

**MPJE** - Multistate Pharmacy Jurisprudence Examination

## Policy Implementation

All pharmacy residents must successfully be licensed by the Ohio State Board of Pharmacy in a timely manner, including reciprocity.

1. All pharmacy residents must have graduated from an Accreditation Council for Pharmacy Education (ACPE) accredited School of Pharmacy, and be licensed in the State of Ohio.
2. Residents should contact the Ohio State Board of Pharmacy as soon as possible after the match to determine licensure requirements. Residents are responsible for determining and completing Ohio intern hour requirements necessary to be eligible to sit for Licensure Examinations.
3. Residents must obtain an Ohio Pharmacy Intern License if currently does not hold a Pharmacist License in Ohio or in another state.
  - a. Residents do not need Ohio Intern License if currently holds a current/active Pharmacist License in another state while waiting for reciprocity to be determined by Ohio State Board of Pharmacy.
    - i. Reciprocity should be done as soon as possible (July of residency year)
4. Residents must maintain Ohio Pharmacy Intern License until obtaining a Pharmacist License in Ohio.
  - a. Failure to obtain or maintain Ohio Pharmacy Intern License while waiting for Ohio Pharmacist License will result in suspension from work/residency
5. Until the resident is licensed in Ohio, they must work under the direct supervision of a licensed pharmacist.
6. All pharmacy residents should obtain their Ohio Pharmacy License prior to orientation or as soon as possible after starting orientation.
7. Residents must be licensed within the first 90 days of start date.

- a. Residents should complete initial licensure examinations by July 15 and shall complete no later than July 31, to allow adequate time for re-testing in the event the resident does not pass the initial examinations.
  - b. For NAPLEX, after a failed attempt, please refer to NAPLEX standards regarding waiting period for next attempt.
  - c. For MPJE, after a failed attempt, there is a 30 day waiting period for next attempt at the MPJE.
  - d. Failure to obtain license by August 1 may impact resident's staffing and clinical rotations (e.g, decrease in number of electives, attendance at local, state, and national conferences), and may extend the residency program length to meet requirements as outlined in the Successful Completion of Residency Policy.
8. Failure to pass Ohio State Board of Pharmacy Licensure requirements within the first 90 days of start date or two failed attempts of the same examination (i.e., NAPLEX or MPJE) occurring within the first 90 days of start date will result in termination from the residency program. Exceptions (e.g., medical leave of absence in accordance with Pharmacy Residency- Leave of Absence) will be considered on an individual basis. If exception approved, the residency will be extended by the amount of time as the extension (e.g., up to 12 weeks based on Pharmacy Residency Policy- Leave of Absence) to ensure that the resident completes 12 months of training and completes two-thirds of the residency as a licensed pharmacist. Managers or designee are responsible for performing primary source verification of a resident's license within first 90 days of start date.
- a. Manager or designee is responsible for performing primary source verification of renewal no later than the expiration of the credentials.
  - b. Manager or designee will retain a copy of the website screen print, dated no later than the expiration date in the resident's departmental file, and submit to Human Resources.
9. PGY2 pharmacy residents must show proof of certificate of completion for a post-graduate Year 1 (PGY1) residency within the first 30 days of hire. Failure to produce certificate of completion for a post-graduate Year 1 (PGY1) residency will result in dismissal from the residency program.
- a. PGY2 residents must bring in a copy of the certificate of completion for a post-graduate Year 1 (PGY1) residency (e.g., graduation certificate).
  - b. Pharmacy manager or designee will contact PGY1 residency program to verify the primary source.
10. Residents are responsible to maintain current licensure, certification, and/or clinical competencies as required by their position as outlined in the Licensure/Certification/Clinical Competency Policy. Continued employment is contingent upon maintaining current credentials.

## **Regulatory Requirement/References**

Ohio Licensure as a Pharmacist by Examination. Available from <https://pharmacy.ohio.gov/Licensing/Pharmacist.aspx> (Accessed May 25, 2017).

NAPLEX- <http://www.nabp.net/programs/examination/naplex> (Accessed May 15, 2017).

## **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

## Pharmacy Residency SOP- Resident Duty Hours

<b>Target Group:</b> Cleveland Clinic health system locations- Pharmacy residents		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 2
<b>Approved by:</b> Board of Directors- Main	<b>Date Last Approved/Reviewed:</b> 08/01/2022	<b>Prepared by:</b> Mandy Leonard (Senior Director Pharmacy)	<b>Effective Date</b> 10/07/2019
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## **Purpose**

To outline duty hour requirements for all pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2).

## **Definitions**

**Cleveland Clinic health system:** Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

**ASHP:** American Society of Health-System Pharmacists

**Duty Hours:** Defined as all hours spent on scheduled clinical and academic activities, regardless of setting, related to the pharmacy residency program that are required to meet the educational goals and objectives of the program.

- Duty hours *includes*: inpatient and outpatient patient care (resident providing care within a facility, a patient’s home, or from the resident’s home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as conferences, committee meetings, classroom time associated with a master’s degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours *excludes* reading, studying, and academic preparation time (e.g. presentations, journal clubs, closing knowledge gaps); travel time (e.g., to and from work, conferences); and hours that are not scheduled by the residency program director or a preceptor.

**Continuous Duty:** Defined as assigned duty periods without breaks for strategic napping or resting to reduce fatigue or sleep deprivation.

**Moonlighting:** Defined as **any** voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

## **Instructions**

Pharmacy residents must not violate duty hour requirements approved by the American Society of Health-System Pharmacists (ASHP) Commission on Credentialing.

### *Maximum Hours of Work per Week and Duty Free Times*

- Duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of internal and external moonlighting.

### *Mandatory Duty-Free Times*

- Residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
- At-home call cannot be assigned on these free days.
- Residents must have at a minimum of 8 hours between scheduled duty periods.
- Residents are not permitted to work more than two consecutive weekends in a row (i.e., both Saturday and Sunday).
  - Before a resident trades/switches weekend staffing with another resident, it must be approved by the respective Residency Program Directors (RPD). Once the RPD approves the trade/switch, the schedule can then be updated by responsible party.

### *Continuous Duty*

- Continuous duty periods for residents should not exceed 16 hours.
- If a program exceeds 16 hours of continuous duty periods, the “In House Call Program” limitations apply as described in the corresponding section.

Tracking of Compliance with Duty Hours

- Programs must have a method in place to track compliance with the Duty Hour Requirements for Pharmacy Residencies Policy (*See Appendix for how each individual CCHS Hospital will track duty hours*)
- Review of tracking method must be completed on a monthly basis
- Any instances of non-compliance with this policy identified should be assessed and actions taken, as needed, to avoid future instances of non-compliance.

### *Moonlighting*

Moonlighting (internal or external) must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program, and must not interfere with the resident's fitness for work nor compromise patient safety.

- It is at the discretion of the residency program director (and/or Residency Committee) whether to permit or to withdraw moonlighting privileges.
  - The RPD may, at any time and without notice, prohibit the resident from moonlighting if his/her assessment indicates that resident performance is being compromised or the moonlighting arrangement is in violation of this procedure or the Duty Hours standard.
- All moonlighting hours must be counted towards the clinical experience and educational work 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours.
- Programs that allow moonlighting must have a documented structured process that includes at a minimum (*See Appendix for what each individual CCHS Hospital allows for moonlighting*):
  - The type (internal only, external only, or both) and maximum number of moonlighting hours allowed by the program per week, pay period or month.
  - Requirement for the resident to receive approval for moonlighting hours and to inform the residency program director of their completed moonlighting hours.
    - If the resident elects to pursue moonlighting activities, he/she will be required to get approval by RPD prior to accepting the moonlighting activity (i.e., extra internal shifts or external shifts).
    - The program director will only approve the moonlighting activity if the resident is satisfactorily meeting all residency program goals and objectives, and if the activity is not in violation of the Duty Hours standard.
    - For extra internal shifts, the RPD will contact the appropriate Pharmacy Manager/Assistant Director with decision (approval or denial of extra internal shift).

### *Call Programs* (applicable to only CCHS Hospital residency programs that have on-call component)

If the program implements any type of on-call program (i.e., in-house, at home), there must be a documented structured process that includes:

- Level of supervision a resident will be provided based on the activities the resident is expected to perform during the on-call period, the level of resident training (i.e., PGY1 versus PGY2) and timing during the residency year.
- Identification of a backup system if the resident needs assistance to complete the responsibilities required of the on-call program.
- Method of evaluating the impact of the call program to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.
- Hours worked with in-house on-call programs and hours that meet the criteria below for at-home or other call programs must be included in the tracking of hours.
- A plan for how proceed if residents' participation in the call program affects their performance during duty hour
- In-House Call Program (*applicable to only CCHS Hospital residency programs that have in-house on-call component*)
  - Residents must not be scheduled for in-house call more frequently than every third night averaged over a four-week period.
  - The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation.
    - Strategic napping is defined as short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.
  - Programs that have in-house call programs with continuous duty hours beyond 16 hours, and up to 24 hours, must document how the program will support strategic napping or other strategies for fatigue and sleep deprivation management.



- Residents must have at least 14 hours free of duty after the 24 hours of in-house hours.
- At-Home or Other Call Programs (*applicable to only CCHS Hospital residency programs that have at-home or other on-call component*)
  - At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - The frequency of at-home call must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. No at-home call can occur on the day free of duty.
  - At-home or other call hours are included in the maximum of 80 hours a week calculation and included in the tracking of hours only if they meet the following criteria:
    - If a resident is called into the hospital/organization from at-home or other call program, the time spent in the hospital/organization by the resident must count towards the 80-hour maximum weekly hour limit.
    - Only the time spent by the resident on on-call related work activities during their assigned on-call hours, taking calls from home and utilizing electronic health record related to at-home call, count towards the 80 hour maximum weekly hour limit.
- Please see On-Call SOP for Main Campus Pharmacy Residency Program

### **Statement on Well-Being and Resilience**

A. Residents are at an increased risk for burnout and depression due to the nature of the healthcare environment and psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient pharmacist.

B. As part of the development of the resident, it is the responsibility of the pharmacy leaders to ensure residents are educated on wellness and resilience, including education on burnout syndrome, the risks, and mitigation strategies as part of the orientation to the residency.

C. It is also the responsibility of pharmacy leaders to ensure preceptors are educated on burnout syndrome, including the risks and mitigation strategies, in order to help identify and provide resources for at-risk residents, and to recognize when it may be in the best interest of patients to transition care to another qualified, rested pharmacist.

D. As part of promoting a culture of wellness, pharmacy leaders must ensure that there is not excessive reliance on residents to fulfill service obligations that do not contribute to the educational value of the residency program or that may compromise residents' fitness for duty and endanger patient safety. However, as members of the healthcare team, residents may be required to participate in departmental coverage in times of unusual circumstances/state of emergency situations (e.g., mass-casualty, downtime, and natural disasters, pandemic) that go beyond the designated duty hours for a limited timeframe

### **Regulatory Requirement/References**

American Society of Health-System Pharmacists (ASHP)

Pharmacy Specific Duty Hours Requirements for the ASHP Accreditation Standards for Pharmacy Residencies. Available from:

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

[Accessed July 1, 2022].

### **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

**Appendix 1: Moonlighting**

<b>Hospital</b>	<b>Internal Moonlighting (Y/N)?</b>	<b>External Pharmacist Moonlighting (Y/N)?</b>	<b>External Non Pharmacist Moonlighting (Y/N)?</b>	<b>3rd shift/overnight Moonlighting (Y/N)?</b>	<b>Duty Hour Moonlighting Cap/Week (Hours)</b>	<b>Mechanism for tracking</b>
Akron General (Except PGY2 Emergency Medicine)	Yes	No	No*	No	16	<i>Pharmacademic attestation</i>
Akron General PGY2 Emergency Medicine	Yes	No	No*	Yes	16	<i>Pharmacademic attestation</i>
Avon	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Euclid	Yes	No	No*	No	16	<i>Pharmacademic attestation</i>
Fairview	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Hillcrest	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Indian River	Yes	Yes	Yes	No	8	<i>Pharmacademic attestation</i>
Lutheran	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Main Campus (except PGY1 Community)	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Main Campus PGY1 Community	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Martin Health	No	Yes	Yes	No	16	<i>Pharmacademic attestation</i>
Mercy	Yes	No	No*	No	16	<i>Pharmacademic attestation</i>
Marymount	Yes	No	Yes	No	16	<i>Pharmacademic attestation</i>
Medina	Yes	No	Yes	Yes	16	<i>Pharmacademic attestation</i>
South Pointe	Yes	Yes	Yes	No	16	<i>Pharmacademic attestation</i>

Weston	Yes	No	No	No	16	<i>Pharmacademic attestation</i>
<p align="center"> <b>*Except where protected by federal law</b>  <i>Per ASHP, military reservist hours are counted towards duty hours and included in external moonlighting definition</i>  <i>Updated July 2022 for 2022-2023 Academic Year</i> </p>						

## Pharmacy Residency Procedure- Leave of Absence

<b>Target Group:</b> Cleveland Clinic health system locations- Department of Pharmacy residents		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 3
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<b>Lutheran Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>Marymount Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>Medina Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017		<b>South Pointe Hospital:</b> Board approval date: 9/20/2017 Effective Date: 9/20/2017	
<b>CCCHR:</b> MEC approval date: 1/3/2020 Board approval date: 1/3/2020 Effective Date: 1/3/2020			

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## Purpose

To support the [FMLA- Family and Medical Leave of Absence Policy](#) this document outlines the leave of absence procedures for all CChs pharmacy residents during post-graduate year 1 (PGY1) and postgraduate year 2 (PGY2).

Pharmacy residents must follow Human Resources policies and procedures for Leave of Absence requests.

## Definitions

**Cleveland Clinic health system-** Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

## Procedure

### Leave of Absence Requests

1. Per residency year, each resident has 14 “time off” days.
  - a. a “Time off” days may be used for 1) illness or personal time, 2) licensure requirements [reciprocity hearing or taking the North American Pharmacist Licensure Exam (NAPLEX) and/or jurisprudence exam(s) for licensure in Ohio], or 3) interviewing for PGY2 residencies or jobs.
2. Each resident has up to 12 weeks for a leave of absence.
  - a. All requests for Leave of Absence must be submitted in writing to the respective Residency Program Director (RPD) and Human Resources. The RPD shall notify the appropriate pharmacy leadership (e.g., Pharmacy Manager/Pharmacy Director). Please refer to individual Human Resources Policies and Procedures for specific processes and documentation requirements based on type of leave.
  - b. The resident will need apply to take unpaid leave up to 12 weeks, unless eligible for Short Term Disability pay, per Human Resources Benefits eligibility guidelines.
  - c. If a Leave of Absence is approved, and the resident has used all “time-off” days, the below will be followed to ensure the residency program is a minimum of 12 months in length (per American Society of Health-System Pharmacy Residency Standards).
    - i. Residents taking leave greater than paid leave allowed (i.e., 14 “time-off” days) cannot be awarded a residency certificate unless additional leave is made up.
    - ii. For example, if a resident needs to take a leave of absence and they have 10 days of “time off” remaining out of the 14 “time off” days, they use the 10 “time off” days remaining and then will need to make up the remaining days taken on the leave of absence [i.e., a resident takes 4 weeks leave or 20 work calendar days leave of absence, they will be required to make-up 10 work calendar days for the residency at the end of the year and any required staffing shifts missed (e.g., weekends)].

### **Make-up Time for Absences**

1. Leave of absence(s) may extend the training period to reach an acceptable level of performance in order to graduate from the program. The resident must complete 12 months of residency.
2. Leave of absence time must be completed within 6 months of the date the program was scheduled to be completed, or the resident forfeits the privilege of receiving a residency graduation certificate and is dismissed from the residency program. In other words, for a leave of absence, the residency position will be held for 6 months after the end date of the residency in the Acceptance Letter.
3. When returning from a leave of absence, all Successful Completion Requirements must be met in order to obtain a residency graduation certificate. For example, the resident must complete all required rotations as outlined in the Successful Completion Requirements; therefore, any required rotations and deliverables missed during the leave of absence would need to be made up upon the residents return and done within the allowable period of the extension.
4. Upon returning from leave, hours will be paid and must be: worked under the guidance of a preceptor, equal to the hours missed, and used to complete the Successful Completion Requirements not yet achieved.

### **Regulatory Requirement/References**

Family and Medical Leave Act (FMLA)

Cleveland Clinic- Human Resources Policies and Procedures:

- Bereavement Leave
- FMLA – Family and Medical Leave of Absence
- FMLA – Military Family Leave of Absence
- Jury Duty/Witness Leave
- Leave of Absence - Medical
- Leave of Absence - Military
- Leave of Absence – Personal
- Religious, Cultural, Ethical Accommodation

Each CCHS Hospital has own Successful Completion Requirements.

### **Oversight and Responsibility**

The Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this procedure to maintain compliance with regulatory or other requirements.

## Pharmacy Residency Dismissal Policy

<b>Target Group:</b> Cleveland Clinic health system locations		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 2
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<b>Medina Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018		<b>South Pointe Hospital:</b> Board approval date: 12/19/2018 Effective Date: 12/19/2018	
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## **Purpose**

To define the dismissal procedure for all Cleveland Clinic Health System pharmacy residents during post-graduate year 1 (PGY1) and post-graduate year 2 (PGY2) in the Pharmacy Residency program who fail to meet the required standards for completion set forth by the American Society of Health-System Pharmacists (ASHP).

## **Policy Statement**

To graduate and receive a pharmacy residency certificate, pharmacy residents must meet all the requirement set forth by the Pharmacy Residency Program. Residents will be evaluated according to the ASHP Standard under Standard 1 (Requirements and Selection of Residents; specifically 1.6) and Standard 2 (Responsibilities of the Program to the Resident; specifically 2.7, the Residency Program Director (RPD) will award a certificate of residency only to those who complete the program's requirements". Failure to meet the successful completion requirements will result in dismissal from the Pharmacy Residency Program.

## **Definitions**

**Cleveland Clinic health system:** Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

## **Policy Implementation**

1. PGY2 pharmacy residents must show proof of certificate of completion for a post-graduate Year 1 (PGY1) residency within the first 30 days of hire. Failure to produce certificate of completion for a post-graduate Year 1 (PGY1) residency will result in dismissal from the residency program.
2. Performance deficiencies can be identified by personal interactions with the resident, by formative and summative evaluations (located in Pharmacademic), and quarterly development plans (located in Pharmacademic).
3. To address the performance deficiencies, the Residency Program Director (RPD) will conduct a performance management discussion, review the resident's current performance and work with him/her to create a plan to achieve the required standards for completion by ASHP.
4. If the resident continues to not meet the required standards for completion, the RPD will notify the hospital specific Director of Pharmacy, System Director of Residency Programs, and Cleveland Clinic HR business partner(s) or designee.



5. If it is determined the resident may not be able to meet the requirements to successfully complete the residency (See hospital specific Successful Completion of Residency document), a Resident Improvement Plan will be created by the RPD and Director of Pharmacy or designee and will include input from preceptors.
6. The Resident Improvement Plan will identify; measurable metrics, the current performance, desired performance, methods and timeframe for improvement and the consequences of successful and unsuccessful completion of the plan.
  - a. Examples of metrics include but are not limited to: a) select objectives from the residency specific ASHP competency areas, goals, and objectives and rating of specific objective (e.g., satisfactory progress or achieved); 2) presentation and/or project milestones and completion; 3) time management of work with specific dates for completion; and 4) professionalism (e.g., arriving and leaving rotation on time, and interaction with other health care professionals and patients).
  - b. The timeframe of the Resident Improvement Plan is typically four (4) weeks.
  - c. The resident and RPD will sign and date the Resident Improvement Plan.
7. If the resident meets the expectations of the improvement plan, the resident must maintain consistency of the expected improvements for the remainder of the residency program without any deviation or regression from the plan. Failure to achieve expected improvements of the plan or maintaining consistency of the expected improvements for the remainder of the residency program may result in unsuccessful completion of the residency program and termination of employment.
8. If the resident does not successfully meet all the metrics of the Resident Improvement Plan, but demonstrates progress, the Plan may be extended with updated metrics and timeframes.
  - a. The timeframe of a Resident Improvement Plan extension is typically four (4) weeks.
9. During the Resident Improvement Plan period, the resident will meet with the RPD on a regular basis, typically once a week (or more frequently as needed), to review progress of the plan.
10. If the resident is not successful in meeting the requirements outlined in the Resident Improvement Plan, he/she will be terminated from the residency program.

11. Resident will also be dismissed from the residency program if the resident cannot make up time missed from a leave of absence within 6 months of the end date of the residency as outlined in the Acceptance Letter (see Pharmacy Residency- Leave of Absence Policy).

## **Workplace Conduct and Performance**

Cleveland Clinic has established standards of behavior and expectations governing performance and conduct as identified in the Cleveland Clinic Professional Conduct policy, Corrective Action policy, and other applicable policies. The purpose of this criteria is to assist with managing employee performance and conduct issues that interfere with safe, orderly, effective and efficient operation of the organization.

Conduct prohibited by these policies is unacceptable in the workplace or in any work-related setting outside the workplace such as during business trips or business meetings. Those individuals who engage in acts prohibited by Cleveland Clinic policies, regardless of status, position or title, will be subject to appropriate action, including but not limited to corrective action up to and including discharge.

## **Regulatory Requirement/References**

American Society of Health System Pharmacists (ASHP)  
Corrective Action Policy  
Professional Conduct Policy

Standard 1. [1.6] Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.

Standard 2. [2.7] The RPD will award a certificate of residency only to those who complete the program's requirements.

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy1-residencyaccreditation-standard-2016.ashx?la=en&hash=9FF7C76962C10562D567F73184FAA45BA7E186CB>

Main Campus Successful Completion of Residency Policy  
Successful Completion of Residency Policies for:

- Avon
- Euclid
- Fairview
- Hillcrest
- Lutheran
- Marymount
- Medina

South Pointe  
Weston  
MartinHealth  
Indian River

### **Oversight and Responsibility**

The Residency Program Director and Pharmacy Residency Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

## COVID-19 Vaccine Policy

<b>Target Group:</b> Cleveland Clinic health system locations		<b>Original Date of Issue:</b> Not Set	<b>Version</b> 4
<b>Approved by:</b> Board of Directors- Main, Donald Corpora	<b>Date Last Approved/Reviewed:</b> 03/31/2022	<b>Prepared by:</b> Amanda Hagen (STAFF)	<b>Effective Date</b> 04/04/2022
<b>Avon Hospital:</b> MEC approval date: 3/29/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022		<b>Euclid Hospital:</b> MEC approval date: 3/31/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022	
<b>Fairview Hospital:</b> MEC approval date: 4/1/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022		<b>Hillcrest Hospital:</b> MEC approval date: 4/1/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022	
<b>Lutheran Hospital:</b> MEC approval date: 3/30/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022		<b>Marymount Hospital:</b> MEC approval date: 3/31/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022	
<b>Medina Hospital:</b> MEC approval date: 3/30/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022		<b>South Pointe Hospital:</b> MEC approval date: 4/4/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022	
<b>CCCHR:</b> MEC approval date: 3/29/2022 Board approval date: 3/29/2022 Effective Date: 4/4/2022		<b>Mercy Hospital:</b> MEC approval date: 3/31/2022 Board approval date: 3/31/2022 Effective Date: 4/4/2022	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

## Purpose

To protect patients, the community, and all individuals covered by this policy from COVID-19 infection, and to comply with the rules promulgated by the Centers for Medicare and Medicaid Services (CMS), by requiring all Individuals to obtain a COVID-19 vaccine.

## Policy Statement

Cleveland Clinic is committed to promoting public health and complying with the rules promulgated by CMS.

### A. COVID-19 Vaccine Requirement

1. All Individuals must have received a complete primary COVID-19 vaccination series and provided proof thereof to Cleveland Clinic within previously established deadlines, subject to approved exemptions and extensions.
2. Individuals who are joining Cleveland Clinic or newly providing services on behalf of Cleveland Clinic are required to be Fully Vaccinated by completing a primary COVID-19 vaccination series or being granted an exemption consistent with this policy.
3. In the event that CMS or any other agency promulgates rules that extend current COVID-19 vaccination requirements to include booster shots or additional doses or series following completion of a primary COVID-19 series, this policy will incorporate any such additional requirements.

### B. Exemptions

1. Medical. Cleveland Clinic may grant exemptions from the COVID-19 vaccine requirement to Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students with recognized medical contraindications to COVID-19 vaccines.
2. Religious. Cleveland Clinic may grant exemptions from the COVID-19 vaccine requirement to Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students whose sincerely held religious observances, practices, or beliefs conflict with their receipt of the COVID-19 vaccine.

## Definitions

**Cleveland Clinic health system locations** – Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

**Individuals** – Any and all individuals who provide care, treatment, or other services to Cleveland Clinic or its patients. This includes, but is not limited to, all employees, all employed physicians and non-employed licensed independent providers both privileged at and/or affiliated with Cleveland Clinic or under contract with Cleveland Clinic, as well as trainees, students, volunteers, vendors/third parties/contractors, and contracted employees. This does not include

non-employed licensed independent providers who are privileged solely to provide remote/telehealth services and/or are affiliated with, but not privileged at, Cleveland Clinic and who are not providing any services at Cleveland Clinic locations.

**Employed Individuals** – All Cleveland Clinic employees, members of the Professional Staff, employed licensed independent providers, and trainees, regardless of worksite or location.

**Cleveland Clinic Students** – All persons enrolled in a Cleveland Clinic educational program or activity who are not employed by Cleveland Clinic, as determined by the Education Institute. This term does not include students enrolled in an educational program through an institution with which Cleveland Clinic has an affiliation agreement.

**Fully Vaccinated** – Having received the Primary COVID-19 vaccination series as defined below, and any boosters or doses that may additionally be required.

**Non-employed Privileged Providers** – All licensed independent providers, privileged at and/or affiliated with Cleveland Clinic but who are not employed by, or under contract with Cleveland Clinic. This does not include non-employed licensed independent providers who are privileged solely to provide remote/telehealth services and/or are affiliated with, but not privileged at, Cleveland Clinic and who are not providing any services at Cleveland Clinic locations.

**Primary COVID-19 vaccination series** – Two doses of the Pfizer-BioNTech (COMIRNATY) (BNT162b2) vaccine, two doses of the Moderna (mRNA-1273) vaccine, or one dose of the Johnson & Johnson / Janssen (JNJ-78436735) vaccine and any other COVID-19 vaccine series approved by the FDA.

## **Policy Implementation**

### **A. COVID-19 Vaccine Requirement**

1. All Individuals must have completed a primary COVID-19 vaccination series and provided Cleveland Clinic with proof thereof or received an approved exemption or extension.
2. All Individuals who are joining Cleveland Clinic or who are newly providing services on behalf of Cleveland Clinic must complete a primary COVID-19 vaccination series and provide Cleveland Clinic with proof of their vaccination status before commencing their relationship with Cleveland Clinic, unless they receive approval for a medical or religious exemption as set forth below.
  - a. For Individuals who are part of an arrangement between Cleveland Clinic and another entity (not Employed Individuals or Cleveland Clinic Students), such as affiliate students, contractors, and Non-employed Privileged Providers, proof of receipt of the vaccine may be provided by either the Individuals or the Individuals' schools, employers, or other institutions, based upon the type of arrangement with Cleveland Clinic.
  - b. All newly Employed Individuals will be required to provide a copy of their vaccine card/other documentation of receiving the COVID-19 vaccine.
  - c. Cleveland Clinic Students must submit a copy of their vaccine card/other documentation of receiving the COVID-19 vaccine to the educational program or

activity in which they are enrolled.

3. Some Individuals may be unable to complete a primary COVID-19 vaccination series prior to commencing their relationship with Cleveland Clinic because their vaccination is temporarily delayed due to clinical precautions and considerations consistent with recommendations by the Centers for Disease Control and Prevention (CDC). To request an extension under these circumstances, Employed Individuals and Cleveland Clinic Students must submit a written request to Cleveland Clinic by filling out the form attached to this policy as Appendix A and submitting the completed form and letter from the attending provider to [COVID19RequestMedical@ccf.org](mailto:COVID19RequestMedical@ccf.org). **Non-employed Privileged Providers seeking a temporary delay should contact Medical Staff & Credentialing Services, at [credentialingservices@ccf.org](mailto:credentialingservices@ccf.org).** An Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student whose extension request is approved must complete a primary COVID-19 vaccination series and provide Cleveland Clinic with proof of their vaccination as soon as possible consistent with CDC recommendations. Individuals who are not Employed Individuals, Non-employed Privileged Providers, or Cleveland Clinic Students should submit a request for extension to their school, employer, or other institution.
4. Applicants for employment with Cleveland Clinic will be informed of the COVID-19 vaccine requirement and will have the option to receive the COVID-19 vaccine from Occupational Health as part of their pre-placement medical assessment. They must complete a primary COVID-19 vaccination series and provide Cleveland Clinic with proof of their vaccination before commencing their relationship with Cleveland Clinic, unless they receive an approved medical extension as set forth above or an approved medical or religious exemption as set forth below.

## B. Exemptions

1. All Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students who are joining Cleveland Clinic may request a medical or religious exemption from the COVID-19 vaccine requirement through Cleveland Clinic by submitting a written request. Individuals who do not fall into the categories of Employed, Non-employed Privileged Providers, or Cleveland Clinic Students are not eligible to process exemption requests through Cleveland Clinic.
  - a. Medical Exemptions.
    - i. To be eligible for a medical exemption from Cleveland Clinic, an Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student must have a recognized medical contraindication to all authorized COVID-19 vaccines.
    - ii. To request a medical exemption, an Employed Individual or Cleveland Clinic Student must submit a written request to Cleveland Clinic by filling out the form attached to this policy as Appendix B and sending the completed form and letter from the attending provider to [COVID19RequestMedical@ccf.org](mailto:COVID19RequestMedical@ccf.org). **Non-employed Privileged Providers seeking a medical exemption should contact Medical Staff & Credentialing Services, at [credentialingservices@ccf.org](mailto:credentialingservices@ccf.org).**
    - iii. A request for a medical exemption must be signed and dated by the

Individual's licensed provider who is acting within their scope of practice based on applicable state and local laws.

- iv. A licensed healthcare provider who is requesting a medical exemption may not sign the Healthcare Provider Attestation on their own exemption request form.
- v. To request a medical exemption, an Individual who is part of an arrangement between Cleveland Clinic and another entity (not an Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student) should submit a request to their school, employer, or other institution.

b. Religious Exemptions.

- i. Requests for religious exemptions are subject to the Religious Exemptions and Accommodations Policy.
  - ii. To request a religious exemption, an Employed Individual or Cleveland Clinic Student must submit a written request to Cleveland Clinic by filling out the form attached to this policy as Appendix C and submitting the completed form to [COVID19RequestReligious@ccf.org](mailto:COVID19RequestReligious@ccf.org). **Non-employed Privileged Providers seeking a religious exemption should contact Medical Staff & Credentialing Services, at [credentialingservices@ccf.org](mailto:credentialingservices@ccf.org).**
  - iii. To request a religious exemption, an Individual who is part of an arrangement between Cleveland Clinic and another entity (not an Employed Individual, Non-employed Privileged Provider, or Cleveland Clinic Student) should submit a request to their school, employer, or other institution.
2. Interdisciplinary committees will evaluate and make a determination regarding each exemption request received from Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students.
  3. Cleveland Clinic will notify each Employed Individual, Non-employed Privileged Provider, and Cleveland Clinic Student of the final decision concerning their request.
  4. Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students granted a religious or medical exemption or who have a temporary medical extension are required to comply with additional precautions to mitigate the potential spread of COVID-19, which precautions will be required even if not required for Fully Vaccinated Individuals. These additional precautions include wearing an ear loop or surgical face mask while on Cleveland Clinic property, maintaining appropriate physical distancing, appropriate hand hygiene, compliance with COVID-19 educational program(s), and being subject to COVID-19 testing per Cleveland Clinic's established practices. Failure to comply with these requirements may result in corrective action up to and including termination.
  5. The contingency plan for employees who have not completed their primary vaccination series is outlined in clauses A.1 to A. 4.

C. Accommodations

1. Employed Individuals, Non-employed Privileged Providers, and Cleveland Clinic Students who have received an exemption from the COVID-19 vaccine requirement will be required to comply with any assigned workplace accommodations as determined by Cleveland Clinic, including the additional precautions described in B.4



above.

2. Individuals who are not Employed Individuals, Non-employed Privileged Providers, or Cleveland Clinic Students and who have requested and received a documented exemption from the COVID-19 vaccine requirement from their school, employer, or other institution will be required to comply with any assigned workplace accommodations as determined by Cleveland Clinic, including the additional precautions described in B.4 above. The school, employer, or other institution will be required to provide Cleveland Clinic with documentation of the reason for the exemption.
3. Volunteers will be required to demonstrate proof of receiving the COVID-19 vaccine in compliance with this policy. No exemptions or accommodations are available to volunteers.

#### D. Record-Keeping

1. Cleveland Clinic, through Occupational Health, Human Resources, and Protective Services, will collect, monitor and securely manage all information that it receives regarding an Individual's COVID-19 vaccination status, including any additionally required boosters or doses and the status of all exemption and extension requests.
2. Cleveland Clinic, through Occupational Health, will utilize its occupational health/employee health record system to securely record and track the COVID-19 vaccination status and all approved exemption and extension requests of Employed Individuals.
3. Cleveland Clinic, through Human Resources and Protective Services, will utilize its applicant tracking/recordkeeping systems to securely record and track the COVID-19 vaccination status and all approved exemption and extension requests of Individuals who are not Employed Individuals.

## **Compliance**

Any Individual who fails to comply with this policy or who knowingly provides Cleveland Clinic with false information related to the COVID-19 vaccine requirement, including but not limited to their own vaccination status, will be subject to responsive action as appropriate and applicable under the circumstances and relevant to their role, including but not limited suspension of privileges, termination of employment, expulsion, removal from Cleveland Clinic premises or rescindment of an offer of employment with no Right of Review or Fair Hearing, or other right of appeal or due process rights under applicable policies or Medical Staff Bylaws.

## **Regulatory Requirement/References**

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

Occupational Safety and Health Administration

Federal Regulation, State and Local Laws, and FDA U.S. Food and Drug Administration

Religious Exemptions and Accommodations Policy

Corrective Action Policy

## **Oversight and Responsibility**

Human Resources, the Office of Professional Staff Affairs, the Medical Staff Office, the Title IX Coordinator, the Graduate Medical Education Department and/or the Law Department, as appropriate, in collaboration with Occupational Health, are responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

All institutes and services are responsible for adhering to the COVID-19 Vaccine Policy.

**Issuing Office:** Occupational Health, Human Resources

Attachment: Main Campus- Documentation and tracking of the process related to the COVID-19 Vaccination mandate (See bell icon upper right)

## **Appendices**

Appendix A REQUEST FOR MEDICAL EXTENSION OF TIME TO RECEIVE COVID-19 VACCINE

Appendix B REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE POLICY

Appendix C REQUEST FOR RELIGIOUS EXEMPTION AND ACCOMMODATION RELATED TO COVID-19 VACCINE POLICY

**APPENDIX A**  
**REQUEST FOR MEDICAL EXTENSION OF TIME TO RECEIVE COVID-19**  
**VACCINE**

To request an extension of time to receive the COVID-19 vaccine under Cleveland Clinic’s COVID-19 Vaccine Policy, please fill out Section I of this form, have your healthcare provider complete Section II of this form and separate letter on the provider’s letterhead, and then submit the completed form and letter to COVID19RequestMedical@ccf.org. **Non-employed Privileged Providers should email the form to [credentialingservices@ccf.org](mailto:credentialingservices@ccf.org).** To qualify for an extension, you must verify that your vaccination has been temporarily delayed due to clinical precautions and considerations consistent with recommendations by the Centers for Disease Control and Prevention (CDC).

**Section I.** To be completed by the Cleveland Clinic employee, Non-employed Privileged Provider, or student requesting a medical extension of time to receive the COVID-19 vaccine:

I am a Cleveland Clinic:  Employee  Non-employed Privileged Provider  Student

**I attest that I am a patient of the provider completing this form below.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cleveland Clinic ID

**Section II.** To be completed by a licensed healthcare provider:

If the above-named individual’s vaccination for COVID-19 should be delayed due to clinical precautions and considerations consistent with CDC recommendations, please answer the following questions:

1. Please identify the applicable clinical precautions and considerations.
  
  
  
  
  
  
  
  
  
  
2. If possible, please provide a date on which the above-named individual may receive the COVID-19 vaccine consistent with CDC recommendations.

**APPENDIX A**  
**REQUEST FOR MEDICAL EXTENSION OF TIME TO RECEIVE COVID-19**  
**VACCINE**

*Healthcare Provider Attestation*

Consistent with CDC recommendations, the COVID-19 vaccination of my patient named in Section I should be temporarily delayed due to clinical precautions and considerations as stated above. In making this determination, I am acting within my scope of practice under applicable state and local law.

\_\_\_\_\_  
Signature Specialty Date

\_\_\_\_\_  
Name Credentials

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**APPENDIX B**  
**REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE POLICY**

To request an exemption from Cleveland Clinic’s COVID-19 Vaccine Policy based on your allergy, medical condition, or disability, please fill out Section I of this form, have your healthcare provider complete Section II of this form and separate letter on the provider’s letterhead, and then submit the completed form and letter to [COVID19RequestMedical@ccf.org](mailto:COVID19RequestMedical@ccf.org). **Non-employed Privileged Providers should email the form to [credentialingservices@ccf.org](mailto:credentialingservices@ccf.org).** To qualify for a medical exemption, you must have a recognized clinical contraindication to receiving the COVID-19 vaccines.

**Section I.** To be completed by the Cleveland Clinic employee or Non-employed Privileged Provider or student requesting a medical exemption:

I am a Cleveland Clinic:  Employee  Non-employed Privileged Provider  Student

**I attest that I am a patient of the provider completing this form below.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cleveland Clinic ID

**Section II.** To be completed by a licensed healthcare provider:

1. Please identify all authorized COVID-19 vaccines to which the individual named in Section I has a clinical contraindication.

Pfizer-BioNTech (COMIRNATY) (BNT162b2)

Moderna (mRNA-1273)

Johnson & Johnson / Janssen (JNJ-78436735)

2. Please indicate the recognized clinical reasons for the contraindication to the vaccines identified above.

**APPENDIX B**  
**REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE POLICY**

*Healthcare Provider Attestation*

I have determined that my patient named in Section I has a recognized clinical contraindication to all authorized COVID-19 vaccines as stated above. On that basis, I recommend that the individual be exempted from Cleveland Clinic's COVID-19 Vaccine Policy. In making this determination and recommendation, I am acting within my scope of practice under applicable state and local law.

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Signature

---

Specialty

---

Date

---

Name

---

Credentials

---

Address

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Phone

**APPENDIX C**  
**REQUEST FOR RELIGIOUS EXEMPTION AND ACCOMMODATION**  
**RELATED TO COVID-19 VACCINE POLICY**

To request an exemption and accommodation related to the COVID-19 Vaccine Policy based on your sincerely held religious observance, practice, or belief (referred to below as an “exemption” and “accommodation” based on your “religious belief”), please fill out this form and submit it to [COVID19RequestReligious@ccf.org](mailto:COVID19RequestReligious@ccf.org). **Non-employed Privileged Providers should email the form to [credentialingservices@ccf.org](mailto:credentialingservices@ccf.org)** After reviewing your completed form, Cleveland Clinic may follow up with additional questions before determining whether you are entitled to an exemption and whether a reasonable accommodation will be provided to allow for the exemption. If you have any questions as you fill out this form, please contact [COVID19RequestReligious@ccf.org](mailto:COVID19RequestReligious@ccf.org).

1. Please identify whether you are a Cleveland Clinic
  - Employee
  - Applicant
  - Student
  - Non-employed Privileged Provider
2. Please describe the nature of your religious belief that conflicts with Cleveland Clinic’s COVID-19 Vaccine Policy.
3. Would complying with the COVID-19 Vaccine Policy substantially burden your religious exercise? If so, please explain how.
4. How long have you held the religious belief underlying this request?
5. As an adult, have you received any vaccines against any other diseases (such as the flu, shingles, or tetanus)? If so, to the best of your recollection, please indicate what vaccine you most recently received and when you received it.
6. Do you have a religious objection to the use of all vaccines? If not, please explain why your objection is limited to particular vaccines.
7. Have you previously requested an exemption or accommodation related to any other Cleveland Clinic requirement, policy or practice? If so, please indicate when and on what basis you made the previous request.

8. If Cleveland Clinic grants you an exemption from the COVID-19 Vaccine Policy, please describe the accommodation that you are requesting in lieu of compliance with the COVID-19 Vaccine Policy. Please identify all potential accommodations.
  
9. Please provide any additional information that you think may be helpful in reviewing your request.

By signing below, you declare that, to the best of your knowledge and ability, the information you have provided in this form is true and correct. Any intentional misrepresentation on this form will subject you to responsive action as appropriate under the circumstances and relevant to your role, including but not limited to removal, suspension (including suspension of privileges), expulsion, rescindment of an offer of employment, and corrective action up to and including termination.

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Print Name

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Signature

---

Date

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Cleveland Clinic ID