



Stony Brook University



Stony Brook
School of Health Professions

FAR BEYOND

Orientation
May 20, 2024

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STONY BROOK UNIVERSITY

- West Campus
- South Campus
- East Campus- Health Sciences Center
- Southampton Campus

HEALTH SCIENCES

- School of Medicine
- School of Nursing
- School of Social Welfare
- School of Dental Medicine
- School of Health Professions

WHAT YOU NEED TO KNOW

- Communication from SBU vs. SHP
- SBU- may be interesting but check with us
 - SHP-important
 - AHI - important
 - Graduate School - except for admissions is less relevant
- Academic requirements
 - Health Sciences Bulletin
 - SHP and Program Academic Policies and Procedures Handbook



WHAT YOU NEED TO KNOW

- Academic Calendar
- Email accounts - you must use your stonybrook.edu email account
- ID Badges are required for hyflex students
- Outstanding conditions of admission- must be submitted a.s.a.p. but no later than next week
- Student Health History and Examination Forms

EMERGENCY COMMUNICATION

Voice, Email and Text Messages

- A mass notification system is used to provide voice, email and text messages to members of the campus community.
- Log into SOLAR and use the phone and email menu selection to enter your data (If you do not provide a preferred email address the system will use your campus EPO address.)

*Please note that your wireless carrier may charge you a fee to receive messages on your wireless device.

ENROLLMENT, TUITION AND FEES

- All enrollment is done via SOLAR
- Students must enroll prior to the first day of the term
- Refer to the Health Sciences Academic Calendar for specific enrollment dates:
<http://www.stonybrook.edu/commcms/hsstudents/recordsandregistration/calendars>
- Tuition liability: Refer to the Bursar/Student Accounts website for specific information <http://www.stonybrook.edu/bursar/>
Tuition and Fees: (Click tuition and fees link)

POLICIES AND PROCEDURES

- Independent Study
- Course Waivers
- Challenge Exams
- Academic Standing
- Academic Dishonesty

ACADEMIC INTEGRITY

- Honor Code
- Students are held to the highest standards as future health care team members

Policies on Non-Discrimination and Sexual Harassment

- Learning environment:
 - in which a diverse population can live and work in an atmosphere of tolerance, civility and respect
 - that is free from all forms of inappropriate and disrespectful conduct that may be deemed as sexual harassment
- TITLE IX
 - Title IX of the Education Amendments of 1972 states that: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.....

To Do:

[School of Health Professions Community](#)



Joanie Schreiber
as Learner


[Home](#) [Content](#) [Assignments](#) [Discussions](#) [Learner Resources](#) [Library](#)



Orientation 2024

 Print

Welcome to the Orientation module! In this folder, you will find a series of welcome videos, presentations, maps, and directions for our new students to review and watch in advance of your SHP orientation or afterward, for a refresher.

 Download



To Do 

 Checklist

Presentations 

 Web Page 

Videos 

 Web Page 

SHP Handbooks 

 Web Page 

Finding Your Way Around 

 Web Page 

Health Sciences Library 

 Link

To Do:

- Access, ID
- Health Form
- Financial Aid
- Health Science Compliance Training
- Outstanding Conditions of Admissions
- Register
- Castlebranch
- Policies
- Communication Micro-Course

Communication Module

Email is coming from: support@mg1.edapp.com

Email message title: 2024 Orientation Training Modules with EdApp



Stony Brook University



Stony Brook
School of Health Professions

FAR BEYOND

CASTLEBRANCH

Teresa Ann Blaskopf, Admissions and Student Affairs Administrator

Incoming Students

1. [You will need to complete the four page Health History Examination Form](#)
2. Once the form is completed the student would submit on the Wolfie Portal which is “Wolfie Portal”.
3. This should be completed before the start of Orientation in June.

Documents Required for the University

To ensure a healthy and safe campus community, if you plan to enroll in at least one in-person class, live on campus, or access in-person services or facilities on Stony Brook's campuses, you are required to comply with mandatory immunization requirements. Evidence of MMR immunity includes any of the following as long as the first dose is administered on or after the first birthday and the second dose is administered at least 28 days after the first dose:

TWO DOSES of MEASLES/MUMPS/RUBELLA (MMR) VACCINE

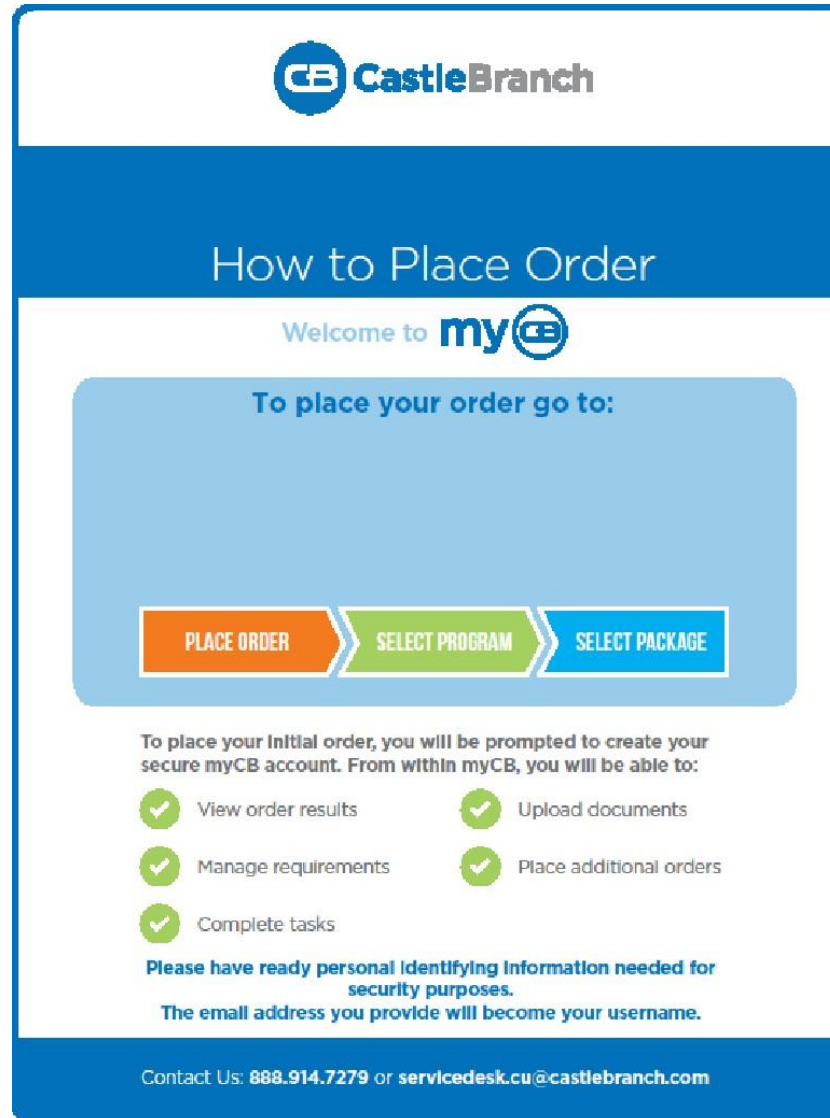
TWO DOSES of MEASLES VACCINE, ONE DOSE OF MUMPS VACCINE AND ONE DOSE OF RUBELLA VACCINE

TWO DOSES OF MEASLES, MUMPS, RUBELLA, VARICELLA (MMRV) VACCINE

In lieu of (not in addition to) an acceptable combination of vaccines above, a positive blood test (a quantitative titer only) showing protective antibodies to measles (rubella), mumps and rubella is acceptable to prove immunity. A copy of the official lab report must be provided.

For Clinical Rotations

For students to participate in clinical rotations, it is the students' responsibility to have all required documents uploaded to CastleBranch® and to check that they are in compliance with their individual program requirements before attending any clinical rotation. Any student out of compliance will not be allowed to attend any clinical activities.



The screenshot shows the CastleBranch website interface. At the top is the CastleBranch logo. Below it is a blue header with the text 'How to Place Order'. Underneath is a white section with 'Welcome to myCB' and a light blue box containing the instruction 'To place your order go to:' followed by three colored arrows: 'PLACE ORDER' (orange), 'SELECT PROGRAM' (green), and 'SELECT PACKAGE' (blue). Below this is a list of capabilities for a myCB account, each preceded by a green checkmark. At the bottom of the white section is a note about providing personal identifying information. The entire page is framed by a blue border.

CastleBranch

How to Place Order

Welcome to **myCB**

To place your order go to:

PLACE ORDER **SELECT PROGRAM** **SELECT PACKAGE**

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

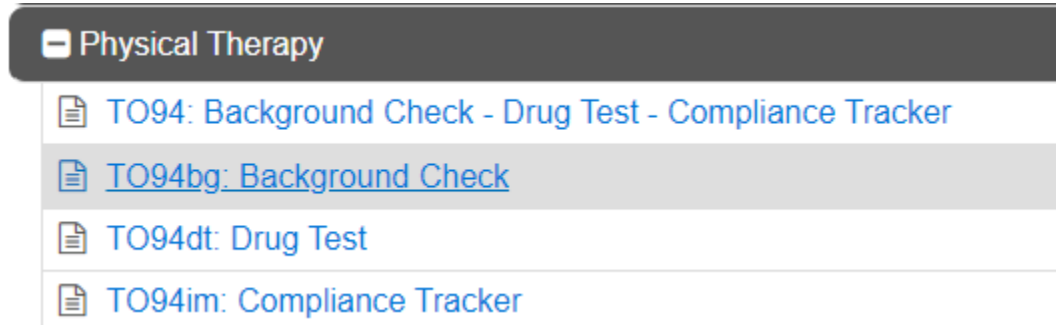
Please have ready personal identifying information needed for security purposes.
The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

Making an Account on CastleBranch

CastleBranch

1. Once you are at the CastleBranch website, click Place Order.
2. Then click “Please Select (It is a drop-down menu. Click your specific program.)”
3. You will see 4 items to choose from.
 - a. If you need a Background Check, Drug Test, and Health Compliance, as instructed by your program, you can click the first Tracker.
 - b. If you only need the Health Compliance, then click the last Tracker.
 - c. You can do the Background Tracker and Drug Test Tracker separately if instructed, by your program.



Prices for CastleBranch

- a. Health Compliance \$43
- b. Background Check \$140
- c. Drug Screening \$40

This may change



Uploading Documents



Physical Examination- Page 2

HSC School/Program: [REDACTED] Stony Brook ID No.: [REDACTED]

PART I-HEALTH HISTORY
 Students Please complete all sections on pages 2 and 3 according to your health profession's certification

Name: [REDACTED] Date of Birth: [REDACTED]
 Sex: Male Female Medical Status: Deaf Sighted Blind

Home Address: [REDACTED] Apartment: [REDACTED]
 Local Campus Address (if known): [REDACTED] Building: [REDACTED]

Person to be Notified in Case of An Emergency: [REDACTED] Relationship: [REDACTED]
 Address: [REDACTED] Apartment: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Name and address of parent, guardian, or spouse, if applicable: [REDACTED]
 Address: [REDACTED] Apartment: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Physician: [REDACTED] Address: [REDACTED] Apartment: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Where have you lived most of your life? (check one)
 United States Canada Mexico Central America South America Caribbean Europe
 Africa Middle East India Oceania Far East Australia/Oceania Other

RELEASE OF INFORMATION AUTHORIZATION
 I give authorization for the release of my Student Health History and Examination Record to the Office of Student Services, the Dean of the School of Health Professions and the Office of Student Health Services, Stony Brook University, 100 Hall Avenue, Stony Brook, New York 11790-8000 and other health care providers who may be involved in my clinical education as part of my academic training at the Health Professions schools of Stony Brook University.
 Signature: [REDACTED] Date: [REDACTED]

PERMISSION FOR TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE
 When seeking medical advice, diagnosis, or treatment, I will be made fully and voluntarily aware of my rights. On occasion, we may provide such services to you. To avoid delay in treatment, we reserve the right to accept the signed legal consent, legal guardian, or consent of emergency personnel if there is no legal authority to do otherwise. (This is not a release of liability.)
 Signature: [REDACTED] Date: [REDACTED]

2



Uploading Documents



Physical Examination- Page 3

Lauren Russo 1/8/98

HEALTH HISTORY

A. FAMILY HISTORY

Relationship	Age	Sex	Occupation	Education	Marital Status	Health Status	Notes
1. Father	61	Good	Teacher	N/A	N/A		
2. Mother	60	Good	Teacher	N/A	N/A		
3. Brother	34	Good	Accountant	N/A	N/A		
4. Sister	28	Good	Teacher	N/A	N/A		
5. Sister	27	Good	Teacher	N/A	N/A		

B. PERSONAL HEALTH HISTORY - PLEASE ANSWER ALL QUESTIONS

Question	Yes	No
1. Current or former smoker		
2. Current or former alcohol drinker		
3. Current or former drug user		
4. Current or former sexually transmitted infection		
5. Current or former tuberculosis		
6. Current or former HIV/AIDS		
7. Current or former hepatitis		
8. Current or former malaria		
9. Current or former syphilis		
10. Current or former meningitis		
11. Current or former encephalitis		
12. Current or former stroke		
13. Current or former heart disease		
14. Current or former hypertension		
15. Current or former diabetes		
16. Current or former thyroid disease		
17. Current or former asthma		
18. Current or former chronic obstructive pulmonary disease		
19. Current or former epilepsy		
20. Current or former multiple sclerosis		
21. Current or former rheumatoid arthritis		
22. Current or former osteoarthritis		
23. Current or former osteoporosis		
24. Current or former autoimmune disease		
25. Current or former cancer		
26. Current or former kidney disease		
27. Current or former liver disease		
28. Current or former gallbladder disease		
29. Current or former pancreas disease		
30. Current or former thyroid disease		
31. Current or former hearing loss		
32. Current or former vision loss		
33. Current or former dizziness		
34. Current or former tinnitus		
35. Current or former vertigo		
36. Current or former migraines		
37. Current or former depression		
38. Current or former anxiety disorder		
39. Current or former bipolar disorder		
40. Current or former schizophrenia		
41. Current or former personality disorder		
42. Current or former eating disorder		
43. Current or former substance use disorder		
44. Current or former self-harm		
45. Current or former suicidal thoughts		
46. Current or former suicidal behavior		
47. Current or former suicidal ideation		
48. Current or former suicidal ideation with suicidal ideation		
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78. Current or former suicidal ideation with suicidal ideation		
79. Current or former suicidal ideation with suicidal ideation		
80. Current or former suicidal ideation with suicidal ideation		

C. MEDICATION

Are you currently taking any medications? Yes No (List including both medical and OTC)

None (None)

COMMENTS:

None

Physician Signature: *Q. Russo*
 (Typed name of the physician)
 MOUNT SINAI SCHOOL OF HEALTH
 LONG ISLAND
 59 Southern Blvd.
 Nassauville, NY 11767



Uploading Documents



Physical Examination- Page 4

STUDENT'S NAME: [REDACTED] SMILEY CODE: [REDACTED]

DATE OF BIRTH: [REDACTED]

Major Program (check one from below):
 J.D. J.D./M.D. J.D./M.D./Ph.D. M.D. M.D./Ph.D. M.D./Ph.D./Ph.D. M.D./Ph.D./Ph.D./Ph.D.

PART II - PHYSICAL EXAMINATION

To the Examining Practitioner:
 Please advise the Student's Probity and complete responsibility in the examination. Please indicate on all previous versions THIS STUDENT HAS BEEN ADVISED OF HIS RIGHTS. If the student is not a citizen of the United States, please indicate the country of birth on the back of this document. If the student is a foreign citizen, please indicate the country of birth on the back of this document. If the student is a foreign citizen, please indicate the country of birth on the back of this document. If the student is a foreign citizen, please indicate the country of birth on the back of this document.

1. Height: [REDACTED] 2. Weight: [REDACTED] 3. Temperature: [REDACTED] 4. Pulse: [REDACTED] 5. Blood Pressure: [REDACTED]

Record any abnormalities of the following systems in the space below:

System	Abnormal	Normal	Abnormal	Normal
1. Head, Eye, Ear, Nose, Throat				
2. Neck (with Carotid Auscultation)				
3. Heart				
4. Lungs				
5. Abdomen				
6. Rectum				
7. Genitalia				
8. Musculoskeletal				
9. Neurological				
10. Skin				
11. Psychological				
12. Other				

13. To the best of your knowledge, a student who has not been vaccinated against the following diseases is not eligible for graduation:
 14. Pertussis (whooping cough)
 15. Tetanus (lockjaw)
 16. Diphtheria
 17. Polio (poliomyelitis)
 18. Measles (rubeola)
 19. Mumps
 20. Rubella (German measles)
 21. Hepatitis B
 22. Meningococcal meningitis

PART III - IMMUNIZATION HISTORY

IMMUNIZATIONS REQUIRED	Date of Receipt	IMMUNIZER NAMED	WARRANTY
1. DTP (Diphtheria, Tetanus, Pertussis) (1st, 2nd, 3rd)			
2. Polio (Poliovirus) (1st, 2nd, 3rd)			
3. Hib (Haemophilus influenzae type b) (1st, 2nd, 3rd)			
4. Hepatitis B (1st, 2nd, 3rd)			
5. MMR (Measles, Mumps, Rubella) (1st, 2nd)			
6. Meningococcal (1st, 2nd)			
7. Tdap (Tetanus, Diphtheria, Pertussis) (1st, 2nd)			
8. Varicella (Chickenpox) (1st, 2nd)			
9. HPV (Human Papillomavirus) (1st, 2nd, 3rd)			
10. Pneumococcal (1st, 2nd)			
11. Shingles (1st)			
12. Hepatitis A (1st)			
13. Meningococcal (1st, 2nd)			
14. Tetanus (1st, 2nd, 3rd)			
15. Diphtheria (1st, 2nd, 3rd)			
16. Pertussis (1st, 2nd, 3rd)			
17. Polio (1st, 2nd, 3rd)			
18. Hib (1st, 2nd, 3rd)			
19. Hepatitis B (1st, 2nd, 3rd)			
20. MMR (1st, 2nd)			
21. Meningococcal (1st, 2nd)			
22. Tdap (1st, 2nd)			
23. Varicella (1st, 2nd)			
24. HPV (1st, 2nd, 3rd)			
25. Pneumococcal (1st, 2nd)			
26. Shingles (1st)			
27. Hepatitis A (1st)			

Examining Practitioner:
 Name: [Signature] Date of Examination: [REDACTED]
 Address: NORTH SHORE MEDICAL GROUP, 58 Southern Blvd., New Canaan, Connecticut, 06840 (631) 659-1700



Uploading Documents



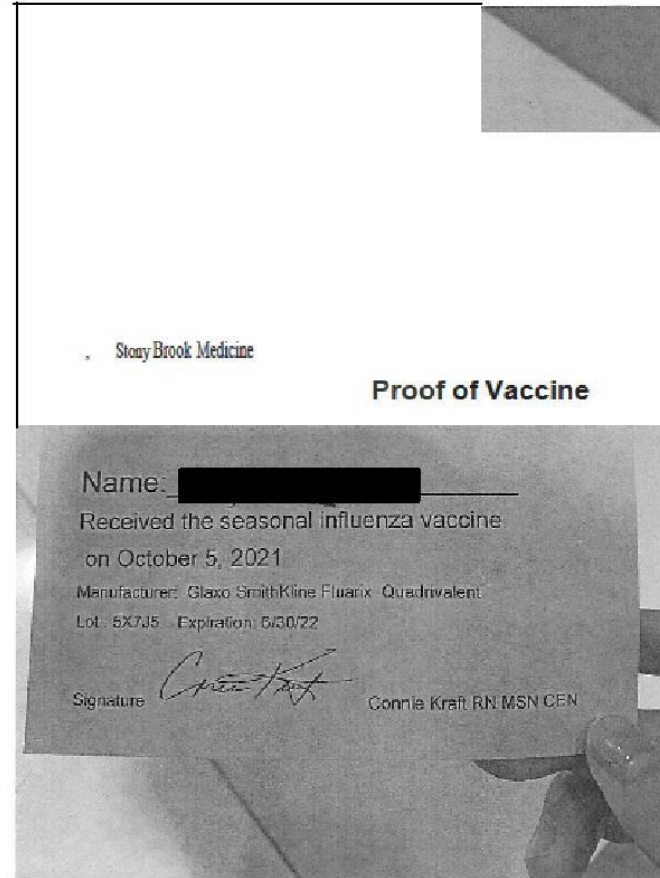
Physical Examination- Lab Results

ORDERED: 06/10/2021 12:00 AM-0400 GMT BY
 ENTERED: 06/15/2021 09:45 AM-0400 GMT BY OTHERLAB
 REPORT DATE: 06/14/2021 06:05 PM-0400 GMT
 OBSERVE DATE: 06/10/2021 10:17 AM-0400 GMT
 PROVIDER: 003 NASC, STACI
 TEST: VARICELLA ZOSTER ABS, IGG/IGM
 ACCESSION #: 161E0480670

SPECIMEN TYPE:
 COLLECTION DATE: SPECIMEN COND.:
 SPECIMEN ACTION CODE:

OBSERVATION	RESULT	UNITS	REF. RANGE	ABNORMAL FLAG	STATUS
VARICELLA ZOSTER IGG	<135		Immune >165	I	F
			Negative <135		
			Equivocal 135 - 165		
			Positive >165		
A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.					
VARICELLA-ZOSTER AB, <0.91 IGM			0.00-0.90		F
			Negative <0.91		
			Borderline 0.91 - 1.09		
			Positive >1.09		

Flu Vaccine





Uploading Documents

Elu Vaccine

Vaccine Name: Flu (Inactivated)

First Name: _____ Date: _____

I have read and understand the Patient Information Sheets and/or Vaccine Information Statements regarding the vaccine. I voluntarily assume full responsibility for any reactions or consequences that may result from the administration of this vaccine. I understand that the vaccine may be given to me or the person previously named or with whom I am authorized to make this request. State of _____

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: Notwithstanding anything previously set forth, I agree that I am responsible for and will promptly pay on demand any and all charges for services not covered or disallowed by my insurance carrier (For non-COVID-19 vaccines).

DISCLOSURE OF RECORDS: Under the California Privacy Act, I understand that CVS may be required to or may voluntarily disclose my health information with respect to this vaccine to my health care providers, my insurance plan, health systems, and local, state or federal agencies. I understand that CVS will not disclose my health information to the California Immunization Registry (CAIR) unless I have given my consent. I understand that CVS will not disclose my health information to the State of California unless I have given my consent. I understand that CVS will not disclose my health information to the State of California unless I have given my consent. I understand that CVS will not disclose my health information to the State of California unless I have given my consent.

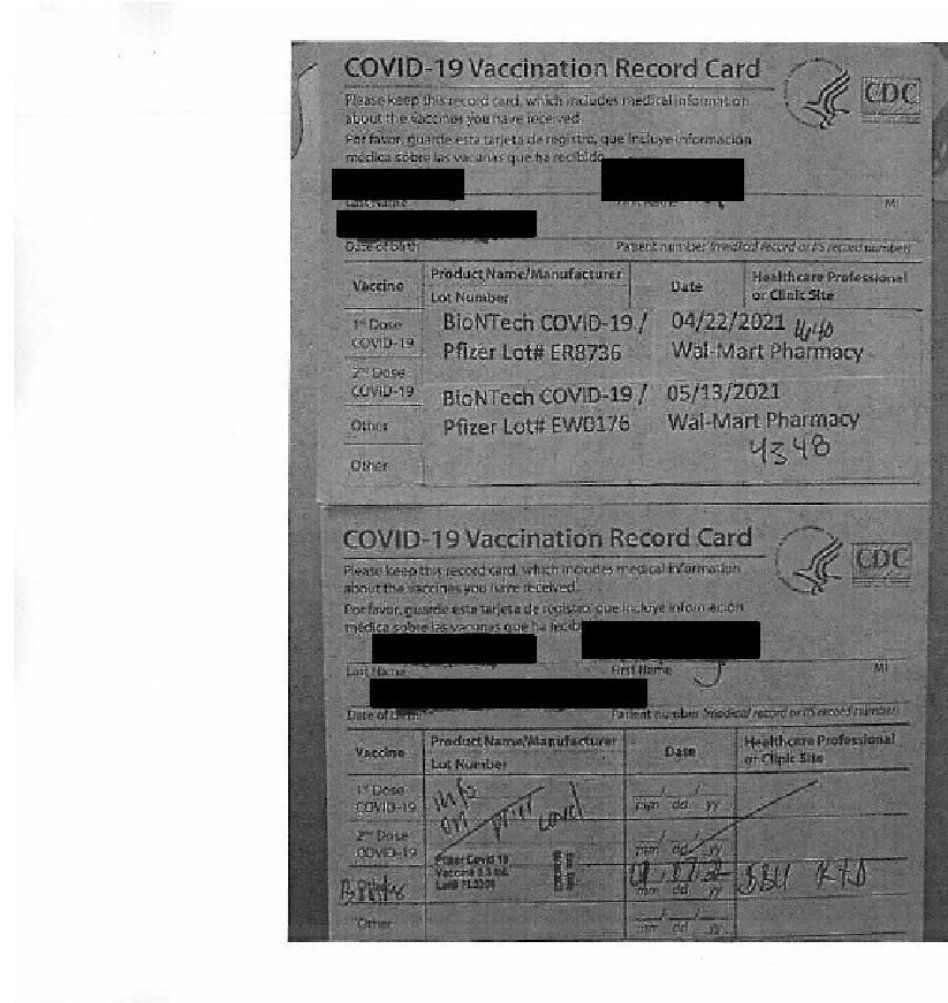
Date: _____

Vaccine Administration Information:

Administration Date: 10/07/2021	Vaccine: FLUCELVAK QUAD 2021-2022 BYR	Manufacturer: SEQRUS, INC.
Lot #: 305450	Exp. Date: 06/30/2022	Route: IM
Volume (ml): 0.5	VIS version Date: 08/15/2019	Date VIS Given to PI: 10/07/2021
Verifying Pharmacist:	Dose: 1 of 1	
Administering Immunizer Name & Title: _____	CVS PHARMACY 2306 139 MILLER PLACE, NY 11764	

Page 5 of 5

COVID Vaccine and Booster

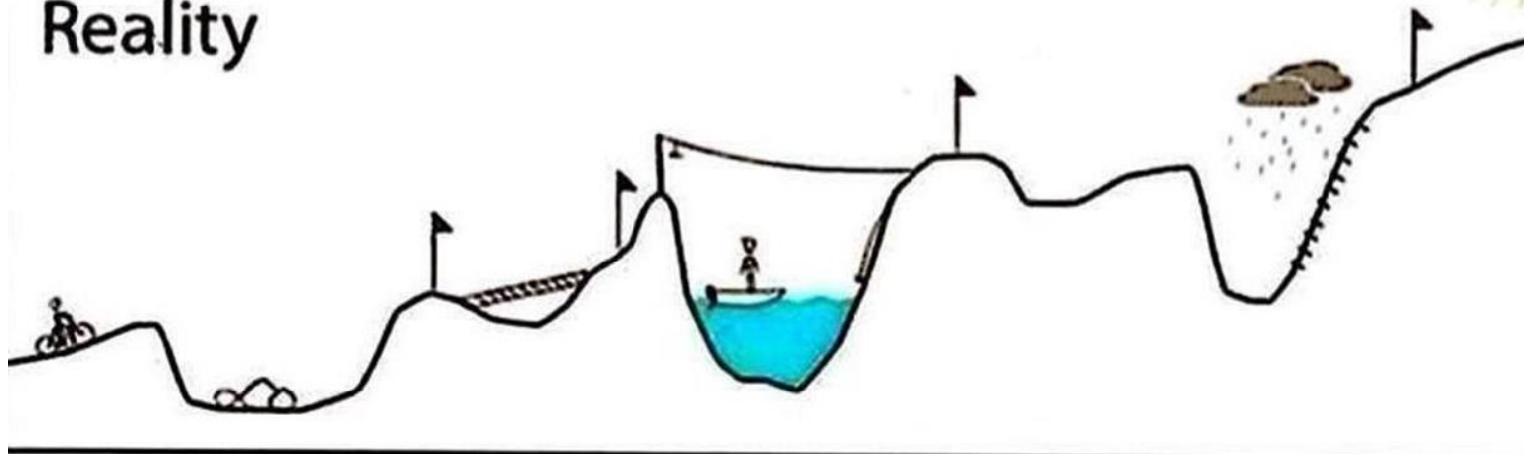


Questions

Your plan

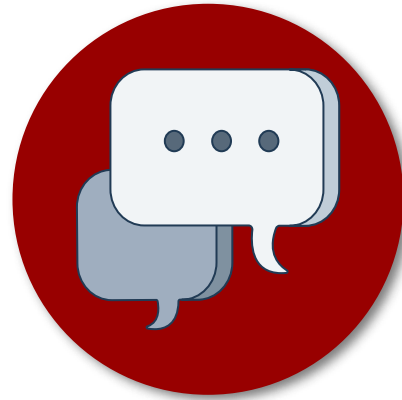


Reality



Student Health, Wellness & Prevention Services (includes)

- **Center for Prevention and Outreach (CPO)**
- **Counseling and Psychological Services (CAPS)**
- **Student Health Services**
- **Student Accessibility Support Center (SASC)**
- **Recreation and Wellness**
- **Student Support Team**



CAPS

Counseling and Psychological Services

stonybrook.edu/caps



(631) 632-6720

Services Offered

- Individual Therapy
- Group Therapy
- Workshops
- Psychiatry and Medication Management
- Care Manager Resources

All services are Free and Confidential

Scheduling an Appointment

To get started at CAPS, visit CAPS website
<https://www.stonybrook.edu/caps/>

Click on the tab that says “**Schedule Initial Consultation**” to schedule a brief initial consultation with a CAPS counselor

Important: If the self-scheduler does not have a time option that fits, or you need to speak to a counselor immediately, please call CAPS at 631-632-6720 to speak with someone that can assist you

CAPS CRISIS LINE



Counselors are available to speak
24 hours a day,
7 days a week, 365 days a year

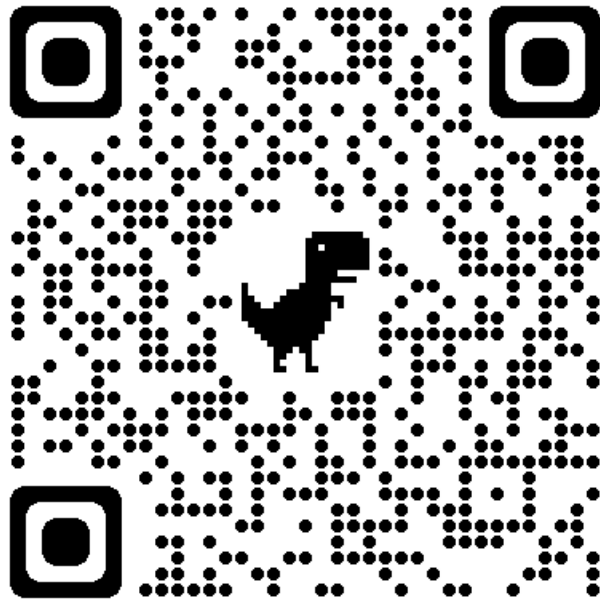
If you are in crisis
or need to speak with a counselor
after hours please call

**631) 632-6720 or (855)-
509-5742**

Care from Anywhere (Expanding Options)



timely care
Telehealth for
SBU Students



Services Offered

Mental Health

- **Schedule Counseling** a virtual appointment with a licensed counselor of your choice in the day & time that best fits you, including after business hours or weekends.
- **Talk Now** Connect virtually 24/7 with a counselor on-demand (unlimited)

Medical Care & Treatment (unlimited)

Scheduled Medical: video chat with a clinician on your phone or computer anytime, 7 days a week. Plus, they can prescribe medication.

Health Coaching Services:

- Make a virtual appointment with a health coach about wellness, nutrition, healthy behaviors etc.
- Participate in live and on-demand voaa. meditation and wellness sessions.



MEDICAL



TALKNOW



**SCHEDULED
COUNSELING**



**HEALTH
COACHING**

Highlights

- Diverse Network of Providers that students can choose from
- Available 24/7/365 (after hours, weekend and holidays)
- Increasing access to services for all students
- Decreases visits to emergency rooms/urgent care (money saved)
- Achieve continuity of care for students even when they leave NY
- Providers are trained explicitly in college health

Student Accessibility Support Center

Student Accessibility Support Center

Stony Brook Union, Suite 107

sasc@stonybrook.edu

**FAR
BEYOND**

About Student Accessibility Support Center

- The Student Accessibility Support Center is the designated support service center to help enable students with disabilities to develop their academic potential, by making their academic experience accessible. In addition to arranging accommodations, a major part of the mission of SASC is to encourage students with disabilities to achieve a high level of autonomy at Stony Brook and *far beyond*.

What does SASC do?

- Academic Accommodations
- Dietary Accommodations
- Classroom Accommodations
- Medical Housing Accommodations
- Para-transit
- Faculty/Staff Consultations
- Mentoring
- Supportive Education Counseling
- Programing
- Advocacy

Registering with SASC

1. Download and complete the required documentation

(<https://www.stonybrook.edu/commcms/studentaffairs/sasc/Students/forms.php>)

All students need to submit a Student Intake Form and a documentation form, depending on their needs:

- i. Documentation of Disability: Academic Accommodations
- ii. Documentation for Residence Hall Room Adjustments: Housing Accommodations
- iii. Other Request Forms

2. Submit this documentation by emailing it to SASC@stonybrook.edu

3. Have an appointment with one of our counselors

4. Use your accommodations!

*Once students are registered with our office, they will need to renew their accommodations every semester, including winter and summer sessions. The renewal process just requires another appointment with your counselor.

*Any questions about documentation should be directed to the SASC at SASC@stonybrook.edu or at 631-632-6748.

Student Accessibility Support Center



Stony Brook Union Suite 107.



sasc@stonybrook.edu



631-632-6748



Monday- Friday, 8:30-5:00 p.m



<https://www.stonybrook.edu/sasc/>

Office of Diversity, Inclusion and Intercultural Initiatives (D13)

<https://www.stonybrook.edu/diversity/>

Multicultural Affairs

<https://www.stonybrook.edu/commcms/studentaffairs/oma/>

LGBTQ* Center

<https://www.stonybrook.edu/commcms/studentaffairs/lgbtq/>

Office of Equity and Access

<https://www.stonybrook.edu/commcms/oea/>

HSC Library

<https://library.stonybrook.edu/healthsciences/>

IT Support

<https://it.stonybrook.edu/>

Career Center

<https://www.stonybrook.edu/career-center/>

Writing Center

<https://www.stonybrook.edu/writingcenter/>



Have a concern? Don't know where to go? Or, just need information?

There's never a wrong reason to come to the [Ombuds Office](#).

Services are available for *students, faculty and staff*. The ombuds provides *confidential and impartial assistance*, listens to your concerns, explores options and helps to resolve problems fairly.

Visit the website for resources such as [Quick Tips](#), [Library](#) or [Workshops](#).

Call 632-9200 or email donna.buehler@stonybrook.edu

Appointments available in person at East or West Campuses, Zoom or telephone.

GSEU - The Graduate Student Employees Union (GSEU) represent all grad student employees. Available to speak with grad student employees about their rights and benefits as members of that bargaining unit.

<https://www.cwa1104gseu.com/gseu-stony-brook>

Interprofessional Education

Kathleen McGoldrick, MLS
Director, Interprofessional Education
Clinical Associate Professor

Team Approach to Health Care

Clinical Laboratory Scientist

Applied Health
Informatics

Respiratory
Therapist

Physician Assistant

Speech Language
Pathologist

Occupational Therapist

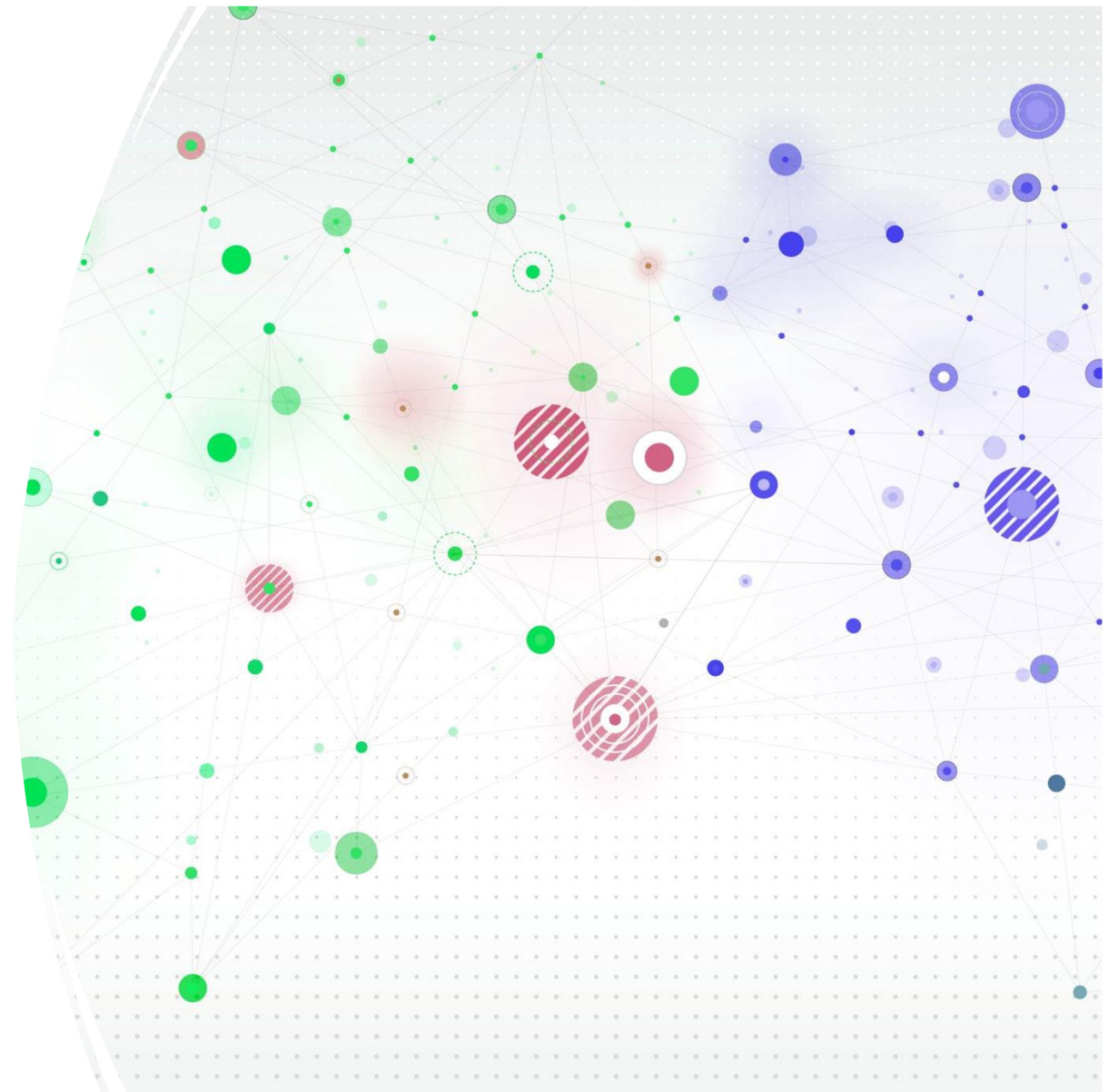
Physical Therapist

Athletic Trainer



What is IPE?

Interprofessional education:
“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” (WHO 2010)



Interprofessional Education (IPE)

- IPE has been recognized by the World Health Organization (WHO) as a necessary step in preparing a “collaborative practice-ready” health workforce.

Interprofessional Collaborative Practice (ICP)

- Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, client’s families, caretakers and communities to deliver the highest quality of care.





Dean's Advisory Board

The Student Advisory Committee to the Dean is composed of one student from each class of the SHP professional programs (one from the first year, one from the second year, and, if relevant, one from the third year classes), representatives from each section in the Health Science program, Stacy Jaffee Gropack, and Associate and Assistant Deans. Each class should elect its representative as soon as possible after the beginning of classes for the new academic year. The Dean's Advisory Committee meets regularly, usually once a month, according to a schedule chosen by the members. It may meet more often as required by student needs.





Office of Diversity, Equity, and Inclusion (DEI)

Mission:

- Work collaboratively with faculty, staff, students, and other stakeholders to promote a broadened individual and collective understanding of diversity, equity, and inclusion.
- Create a culture of inclusion and social justice within the School, by recognizing its diversity and addressing mechanisms of systemic bias that affect marginalized groups.
- Foster growth and advocacy for ALL members of the School.
- Advises and recommends policies, professional development, and pedagogical practices as is consistent with the mission of the SHP.

DEI Leadership



James Pierre-Glaude, PT, DPT, ATC, OCS, CSCS
Clinical Assistant Professor (Physical Therapy)
DEI Director
School of Health Professions

DEI Working Group

Teresa Blaskopf	Dean's Office
Deb Brown	Public Health Ed.
Elisabel Chang	SLP
Rasheed Davis	PA
Paul Dominguez	Dean's Office
Cathy Gropper	Clinical Lab Science
Carmen Hall	Alumna
Lisa Johnson	Respiratory Care
Robbye Kinkade	Health Science
Lisa Komnik	Athletic Training
Margaret Sheryll	Dean's Office

Save the Date!

SHP Diversity Day

Wednesday, October 23, 2024
8:00 AM - 12:00 PM



Stony Brook
School of Health Professions

QUESTIONS



WELCOME SEAWOLVES



**FAR
BEYOND**