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SPECIAL PULLOUT – Pharmacy Technician Regulation Update

readlinks

Pharmacists Preparing to Provide Immunizations



The Regulation allows for qualified pharmacists to administer a drug (Schedule I, IA or II) or substance (Schedule III) by intradermal, intramuscular or subcutaneous injection for the prevention of disease, disorders or conditions and for the treatment of anaphylaxis.

Back in July the provincial government announced proposed changes to regulations governing the scope of practice for pharmacists to include administering certain injections to patients, including vaccinations. Under the new *Regulation* and in accordance with the related *HPA Bylaws and Standards, Limits and Conditions*, qualified pharmacists will be able to administer an injection for the prevention of disease, disorders or conditions and for the treatment of anaphylaxis.

The *Regulation* and *HPA Bylaws* require the College to establish an inter-professional committee, consisting of physicians, nurses and pharmacists as well as government representation, to establish the specific *Standards, Limits and Conditions* required for the administration of injections by pharmacists.

Given the immediate need to increase the number of qualified healthcare professionals able to assist with vaccinations for seasonal flu and H1N1 influenza A (swine flu) the committee held a preliminary meeting to establish the necessary *Standards, Limits and Conditions* for recommendation to the College Board. These recommended *Standards, Limits and Conditions*, along with the related *HPA Bylaw* revisions, were 'approved in principle' by the College Board at their September 24th Board meeting.

Final government approval, which are required prior to the College being able to grant qualified pharmacists their authority to administer injections, is expected later this month.

Pharmacists who wish to be granted authority to administer injections must make an application to the College (available under key initiatives on the College website: www.bcpharmacists.org) which includes the following:

- Verification of successful completion of a College approved accredited Administration of Injections Program
- Verification of current certification in CPR and first-aid*

Applications will be reviewed by the College as they are received and qualified applicants will be notified of their authorization. **Pharmacists must receive this authorization from the College prior to providing immunization services.**

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The Many Options of Pharmacy Practice



Marshall Moleschi,
Registrar

With so much focus and attention these days around the ‘imminent changes’ happening in pharmacy practice, it’s easy to lose sight of the here and now. This recent issue of *ReadLinks* is a perfect example with articles on: pharmacists expanded scope to include administering injections, the latest progress on the road to regulating pharmacy technicians (pullout) and even an announcement of a new ‘state-of-art’ facility at UBC that is set to graduate ‘more and better-educated’ pharmacists focused on ‘patient-centered care’.

Although there is little doubt that over time all of these ‘changes’ will find a way of evolving the practice of pharmacy, it’s important to remember that this is an ‘evolution’ not a ‘revolution’. Pharmacists’ expanded scope, both prescription adaptations and now injections are voluntary and as we have seen from our colleagues in Alberta, who have had these expanded scopes for more than two years, the adoption by pharmacists is slow and gradual.

Similarly, the regulation of pharmacy technicians, which is progressing under a national process, is also voluntary and is expected to result in a number of viable and varying business models well into the future. A regulated pharmacy technician will be a new healthcare professional with a distinct scope of practice and it is not intended or expected that all current technicians will want to, or be able to, become regulated technicians.

Many pharmacies will continue to operate as they do today with either a sole pharmacist or a combination of pharmacists and pharmacy assistants (the likely new name for current technicians once regulation occurs). Other pharmacies will choose to add regulated pharmacy technicians to their pharmacy teams and may or may not also employ pharmacy assistants. Regardless of the model chosen a pharmacist will continue to be at the forefront of the pharmacy team and

ultimately responsible for ensuring the appropriate drug therapy for their patients.

Over the past several months, in my travels throughout the province, I have heard the concerns and felt the trepidation expressed by some pharmacists over these ‘changes’. I understand that it is normal to feel apprehension towards change and I am not only empathetic but in many ways, share these feelings. In my further conversations however, I have discovered that much of the initial reactions are based on misinformation or misunderstanding rather than facts and realize that the College must do much more to communicate the realities of these important initiatives to registrants.

To this end, I encourage pharmacists to read the information being put out by the College through publications such as this and through ongoing updates to our website and e-blasts. I would also encourage anyone who has specific questions or concerns to bring them to the College’s attention and invite you to email me directly at marshall.moleschi@bcpharmacists.org.

Finally, it’s important to remember that in the end... “the more things change, the more they stay the same”.



Pharmacists Preparing to Provide Immunizations

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Although there may be other providers, such as individual corporations, the BC Pharmacy Association (BCPhA) was the first to offer pharmacists a College approved accredited Administration of Injections Program. The BCPhA program includes two components: an online pre-study component (approximately 8 hours) followed by a full-day, live workshop.

Online Pre-Study Component: Immunization Competency Program for BC Health Professionals

- Comprised of 15 modules (taking approximately 8 hours to complete)
- Assigned 7.0 Continuing Education Units (CEUs), by the Canadian Council on Continuing Education in Pharmacy (CCCEP)
- Pharmacists must achieve at least 70% on the pre-study test prior to being enrolled in the full-day, live workshop

Full-Day, Live Workshop: Practical Administration of Injections for BC Pharmacists

- Facilitated by a Registered Nurse and a Pharmacist
- Includes practical training in administering subcutaneous, intradermal, and intramuscular injections
- Pharmacists must successfully administer an intramuscular and a subcutaneous injection to receive certification of completion

More information, including how to register for both components of the BCPhA's Administration of Injections Program, is available through their website: www.bcpharmacy.ca.

For ongoing updates regarding this important initiative be sure to frequently check the Key Initiatives – Medication Management (Administering Injections) section found on the homepage of the College website at www.bcpharmacists.org.

**Current certification in CPR and first-aid must be from a recognized provider such as St. John Ambulance or the Canadian Red Cross. It is up to individual registrants to determine the specific course(s) based on their individual competence and practice needs.*



Rite of Passage

Over 150 first-year UBC Faculty of Pharmaceutical Sciences students along with 8 first-year Doctor of Pharmacy (PharmD) students participated in the 2009 White Coat Ceremony held at the Life Sciences Institute at UBC on Thursday September 17th, 2009. The White Coat Ceremony, which is witnessed by family, friends, special guests and faculty members, is an important rite of passage symbolizing a student's induction into the study of pharmacy. The ceremony emphasizes the importance of professionalism and affirms the students' commitment to the highest standards of ethics and patient care.

H1N1 Protection Tips for Patients

- Wash your hands often and thoroughly in warm, soapy water or use hand sanitizer
- Cough and sneeze in your arm, not your hand
- Keep common surfaces and items clean and disinfected
- Stay home if you're sick, unless directed to seek medical care

Handwashing Tips

1. Remove all rings and wet your hands with warm soapy water
2. Put a small amount of liquid soap in the palm of one hand (bar soap is not as hygienic however if the only option should be stored on a rack so it doesn't sit in water)
3. Rub your hands together for 20 seconds so you produce lather (be sure to scrub between your fingers, using your fingernails)
4. Rinse your hands well with clean running water for at least 10 seconds (use a paper towel to turn off the faucet)
5. Dry your hands with a single use paper towel (if you use a hand towel, change daily)
6. Use hand lotion to put moisture back into your hands if they are dry
7. Model good handwashing technique to your children (hint; have them sing a song like Twinkle, Twinkle Little Star to teach them the amount of time they should spend rubbing their hands together)

For the most up-to-date information for health professionals and the public, visit www.gov.bc.ca/h1n1.



The new website has a dedicated page for pharmacists. Just click on the 'Information for Health Care Providers' button, then select 'Information for BC Pharmacists'.

The information available includes clinical information about antiviral medication, in-pharmacy infection control, and printable information for patients about antiviral treatments. You can even sign-up to be notified whenever the website is updated with new information.

Board Election Candidates Confirmed

Mail-in Ballots Due October 21st

For this year only, as a result of the College's transition to the *Health Professions Act*, all 7 electoral districts are required to participate in the 2009 Board Election. Previously, elections were done on a rotation basis with odd numbered districts one year and even numbered districts the next. The odd/even rotation will return to the Fall 2010 elections as a result of even numbered districts (2, 4 & 6) being elected this fall to a 1-year term and odd numbered districts (1, 3, 5 & 7) to a 2-year term.

The College is pleased to confirm the following candidates, listed alphabetically by district, for the upcoming College of Pharmacists of BC Board Election:

**District 1 – Metropolitan Vancouver
(to be elected to a 2-year term)**

- Randy Konrad
- Mona Kwong
- Billy Lee

**District 2 – Fraser Valley
(to be elected to a 1-year term)**

- Bev Harris*
- Chris Lewis
- Parveen Mangat

**District 3 – Vancouver Island/Coastal
(to be elected to a 2-year term)**

- Allan Greene – Elected by Acclamation
(as per HPA Bylaw Part 1 – 6(1))

**District 4 – Kootenay/Okanagan
(to be elected to a 1-year term)**

- Doug Kipp*
- Curtis Omelchuk
- Matt Swankhuizen

**District 5 – Northern BC
(to be elected to a 2-year term)**

- Robert Craigie
- Chris Hunter*

**District 6 – Urban Hospitals
(to be elected to a 1-year term)**

- John Hope – Elected by Acclamation
(as per HPA Bylaw Part 1 – 6(1))

**District 7 – Community Hospital
(to be elected to a 2-year term)**

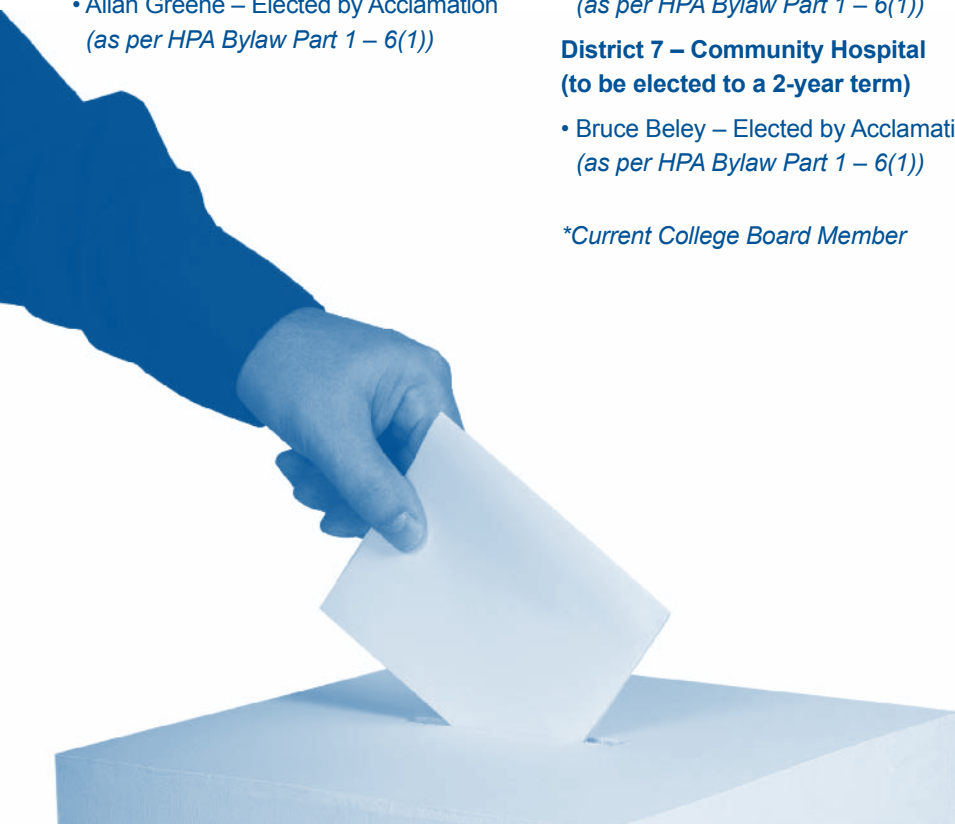
- Bruce Beley – Elected by Acclamation
(as per HPA Bylaw Part 1 – 6(1))

*Current College Board Member

As a result of the nominations received, elections will be held in Districts 1, 2, 4, & 5, with Districts 3, 6 & 7 elected by acclamation. Elections are conducted by mail-in ballot and all full pharmacists in good standing (as defined in HPA Bylaw Part 1 - 6(2)), in each of the respective districts, are eligible to vote.

Personalized ballots including a self-addressed return envelope and district specific candidate biographies, were mailed out from the College to registrants in each of the four electoral districts on Monday September 14th, 2009. If you are in one of the electoral districts and have not received your ballot, please contact the College offices at (604) 733-2440 or 1-800-663-1940.

Each eligible registrant is entitled to one ballot and may vote in favour of one candidate in their respective district. Completed ballot envelopes must be received by the College office in Vancouver by 5pm, Wednesday October 21st, 2009. Ballots received after this date and time will not be counted. The Election tally will be held on Friday October 23rd, 2009 at 2:00pm. The candidate receiving the most votes on the return of the ballots is elected. The first meeting of the new Board will start at the beginning of the November Board meeting (as outlined in the HPA bylaws 7(1)) scheduled for Friday November 20, 2009.



3-Minute Intervention Can Help Smokers Quit!

Helping smokers quit can take time. But, did you know that even a brief intervention (less than 3 minutes) can help smokers to quit? In spite of this evidence however, a recent survey suggests that only 50% of persons visiting a healthcare provider, including pharmacists, in the preceding 12 months received any smoking cessation advice.

Pharmacists, as one of the most trusted and accessible of all members of a patient's healthcare team, definitely have a role to play in helping patients quit smoking. In addition to practicing the "5 A's for Brief Interventions" (see sidebar) and

discussing the benefits of tobacco cessation pharmacotherapy with their patients, pharmacists can also assist by facilitating the faxing of referrals to QuitNow By Phone (QNBPN). Behavioural counseling doubles a smoker's chance of quitting and QNBPN, which provides patients with free 24/7 tobacco cessation counseling, can spend the time needed to help patients quit.

QuitNow Services, funded through the Ministry of Healthy Living and Sport and managed through the BC Lung Association, has improved its services and is

quitnow 
1-877-455-2233

pleased to introduce the QNBPN Fax Referral Forms. Pharmacists continue to make fax referrals to QNBPN on behalf of their patients but will now receive a return fax from the QNBPN staff to inform them of the outcome of their fax referral. This quality service improvement will help provide the feedback loop to capitalize on the important role that pharmacists have in helping people quit.

Between now and March 2010 QuitNow Service team members will be promoting the fax referral program by having face-to-face meetings with pharmacists. If you have any questions, suggestions, or would like one of the QuitNow Service team members to visit you, please contact the Director of QuitNow Services, Jack Boomer at 1-800-665-5864 or by email at quitnow@bc.lung.ca. Moreover, you may order QuitNow fax referral pads and other material, like pens, brochures, posters, magnets, and bookmarks online at www.quitnow.ca at any time.

AGM Set for Saturday November 21st

Just as the College of Pharmacists of BC (CPBC) has done in the past, this year's Annual General Meeting (AGM) will be held in conjunction with the AGM's of the Canadian Society of Hospital Pharmacists (CSHP) and the BC Pharmacy Association (BCPhA).

The event will take place at the Morris J. Wosk Centre for Dialogue located at 580 West Hastings Street, Vancouver, BC (corner of West Hastings and Seymour), on Saturday November 21st, 2009. In order to ensure a quorum for the AGM pre-registration is strongly recommended and now available online through eServices at www.bcpharmacists.org (*note: registration instructions can be found by clicking 'Annual General Meeting' in the Events section found on the homepage*).

Proposed Program:

12:00 – 1:00pm	CSHP AGM
2:15 – 3:15pm	BCPhAAGM
3:15 – 4:15pm	Keynote Speaker (to be announced)
4:15 – 5:15pm	CPBC AGM
5:15 – 7:15pm	Reception (cash bar and complimentary appetizers)

5 A's for Brief Interventions

1. **Ask** about tobacco use
2. **Advice** to quit
3. **Assess** willingness to make a quit attempt
4. **Assist** in quit attempt
5. **Arrange** follow up

Key 2009 Election Dates:

- Aug 31: Deadline for nominations and biographies (5:00pm)
- Sep 14: College mails ballots and nominee bios to registrants in the respective electoral districts
- Oct 21: Deadline for ballots received at the College office (5:00pm)
- Oct 23: Election tally (2:00pm)
- Nov 20: 1st Board meeting of the new Board



On Call



Q: Does BC permit out-of-province prescriptions for methadone?

A: Yes. BC follows the federal regulations in this regard which allows a pharmacist to dispense a prescription from any physician licensed to practice in any other province as long as the physician and prescription is authentic and prescription is appropriate for the patient.

The onus is on the pharmacist to verify the identity of the physician, and in the case of methadone, ensure that the physician is authorized to prescribe methadone and that the prescription follows the guidelines for the province in which the physician is licensed (as an example, BC has the 'triplicate/duplicate/controlled prescription program form').

In order to do this the pharmacist is advised to check the appropriate College of Physicians and Surgeons website to confirm the authenticity of the physician, by referring to their register, and to use the contact information from the website to contact the physician directly to verify the prescription itself. (Caution: pharmacists should not rely on the information provided on the prescription itself or from the patient directly)

Q: I'm interested in applying to the College for authorization to administer injections, what level of CPR and first-aid do I need to have?

A: Given that there are a wide variety of courses and programs in both CPR and first-aid available and that pharmacists have varying degrees of previous experience as well as anticipated practice needs, the College has not specified particular programs. The College's position regarding this is as follows:

"Pharmacists must possess current certification in CPR and first-aid from a recognized provider such as St. John Ambulance or the Canadian Red Cross. It is up to individual registrants to determine the specific course(s) based on their individual competence and practice needs."

8-1-1 and HealthLink BC

For trusted health advice, BC residents can dial 8-1-1 or visit www.HealthLinkBC.ca, for non-emergency health information and services available 24/7. By dialing 8-1-1 individuals can access pharmacists, nurses, and dieticians to help manage health concerns for themselves and their family safely at home.

The Pharmacist Service at HealthLink BC (HLBC), created and managed by Network Healthcare, works with pharmacists from London Drugs, Shoppers Drug Mart, Pharmasave, and Save-on Foods who are available to provide medication advice when many community pharmacies are closed between the hours of 5:00pm-9:00am each day. All calls are initially answered by a Health Service Representative (HSR) who starts an electronic chart for the caller and then directs the call to the appropriate healthcare provider based on their needs. All participating pharmacies are linked to the HealthLink BC (HLBC) call centers through a virtual network and pharmacies are paid each time their pharmacist handles a call.

People seeking health advice can also visit HLBC online at www.HealthLinkBC.ca, which offers medically-approved information on over 4,000 topics in a searchable database. Reliable information on prescription and non-prescription drugs is available in an extensive medication library and an interactive system allows users to check their symptoms, the health risks involved and to determine if urgent care is needed. Should resources be required, the search function helps users find publicly funded health services close to their home.

Translation services are available in over 130 languages on request. Any time of the day or night, every day of the year, HealthLink BC is as close as the phone or web 24/7.



HealthLinkBC



Practice Matters

Differences in Nomenclature Convention of Mixed Insulin Could Have Dire Consequences

Earlier this year, First Data Bank (FDB), the drug data supplier to the PharmaNet database, undertook a project to review and correct the strength representation of all the mixed insulin products such as Novolin 40/60, Humulin 30/70, etc. FDB had previously entered these products according to the USA nomenclature convention with the strength in reverse order (e.g. 70/30) instead of using the Canadian labelling standard showing the short acting insulin component first and the intermediate acting insulin last (e.g. 30/70).

The College of Pharmacists would like to thank those astute pharmacists who noticed the discrepancy and brought it to our attention so that the problem could be corrected to help prevent potential medication errors from occurring with diabetic patients.

However, even though these FDB changes have resolved the medication display issue on PharmaNet, pharmacists and other healthcare professionals still need to be on the lookout for insulin mixups for two other reasons:

1. Different Nomenclature/Labeling Convention in the USA & Other Countries

Since the nomenclature and labeling convention in the USA (and possibly other countries) is the reverse of what we use in Canada, (e.g. 70/30 instead of 30/70), patients from the USA or other foreign countries presenting to pharmacies, hospitals and physician's offices may state their insulin dose in the opposite format to what we use in Canada and/or have insulin products with them that show the strength that way on the packaging and/or prescription labels.

In addition, physicians and other health professionals who relocate to Canada from the USA or other countries may be accustomed to seeing or writing prescriptions for mixed insulin in the opposite strength format.

2. American Nomenclature Used in Drug References

Many of the drug references used by clinicians in the hospital are American publications (e.g. AHFS, Micromedex, etc.) and therefore list products using the USA nomenclature (e.g. Humulin 70/30). This has caused confusion as physicians, who consult those references, have inadvertently written orders for insulin using the USA strength format. A number of near miss incidents of accidental insulin overdose have resulted.

Some physicians may also have prescription writing software which contains American product listings which use the USA nomenclature. The result, if one of these drugs is accidentally selected, is an electronically produced prescription with a strength format that is incorrect and if filled as written could have dire consequences.

In light of these realities pharmacists are advised to use extra caution when interpreting orders and filling prescriptions for insulin, and to always confirm doses of individual insulin components before dispensing to their patients.

Drug Repackaging Must Meet Federal Requirements

The College has received questions about the legality of repackaging doses of injectable drugs from vials that are designed, manufactured and approved for single use. This practice is sometimes referred to as 'vial splitting.'

Repackaging activities must meet the requirements for 'compounding' as defined in Health Canada's Policy on Manufacturing and Compounding Drug Products in Canada:

- Compounding should only be done if there is a therapeutic need or lack of product availability and should not be done solely for economic reasons.
- The compounded product must provide a customized therapeutic solution to improve patient care without duplicating approved drug products.
- When there is a shortage or no supply of a commercially available product and the healthcare professional has determined a medical need for the product, the product may be compounded only during the period of shortage or no supply.

If repackaging activities do not meet the requirements for 'compounding,' they are considered to be 'manufacturing' and the full range of federal requirements for drug manufacturers come into play.

Repackaging of vials of ophthalmic preparations, which (unless required as a result of a shortage or no supply) is contrary to the federal requirements listed above, is of particular concern to the College. This is primarily due to the possibility of contamination, especially when the manufacturer's product is intended for single use within the limits of tested expiration dates. In addition to sterility issues, there are other concerns such as accuracy, stability and storage when the sterility seals of vials and other containers are broken.

Double-Check Those Numbers!

There have been several recent cases where a pharmacist has inadvertently entered an incorrect registration number into the local pharmacy system. This can potentially happen when a new pharmacist is either being added to the pharmacy staff roster for the first time, or when pharmacist information is being re-entered due to a change to new pharmacy software.

In some cases, this erroneous registration number has coincidentally corresponded to the registration number of another pharmacist. This has resulted in all prescriptions, profile accesses and other PharmaNet transactions being transmitted under the wrong ID and attributed to the wrong pharmacists on the PharmaNet record. These errors often go unnoticed in the pharmacy because the local system record will still appear to show the correct pharmacist's name or initials.

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Double-Check Those Numbers!

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To ensure that all current information is correct and to minimize this happening in the future the College would appreciate the following actions by Pharmacy Managers:

- Check your local pharmacy systems, and any records at head offices and software support desks, to ensure that you have the correct pharmacist ID numbers entered for each of your staff
- Ensure the pharmacists' ID's are checked in both the pharmacists roster files and the "doctor files" where pharmacists have themselves set up as 'prescribers' for the purposes of filling prescriptions under their own name (e.g. for emergency supply and adapted prescriptions)

(note: please notify the PharmaNet Coordinator at the College immediately if any discrepancies are found – cory.cyr@bcpharmacists.org)

Finally, Pharmacy Managers should consider implementing a cross-check procedure when entering or re-entering pharmacist ID numbers, or any other manual identifiers such as, new DINS, physician ID's etc. into your local system.

UBC to Get a New Pharmaceutical Sciences Building!

Premier Gordon Campbell officially announced, at a well attended 'who's who of pharmacy' event held in the West Atrium of the UBC Life Sciences Centre on Friday September 4th, 2009, the construction of a new state-of-the-art UBC Pharmaceutical Sciences Building. The province is investing \$86.4 million towards the total project cost of \$133.3 million, with the building scheduled to open in 2012.

Robert Sindelar, Dean of Pharmaceutical Sciences at UBC, responded to the announcement by saying, "a bold investment by the people of British Columbia deserves a bold commitment in return.

Our #1 goal is to graduate more and better-educated healthcare practitioners – pharmacists. Other tangible outcomes will include province-wide intellectual leadership across the full spectrum of pharmacy issues, new pharmacy practice paradigms, better medicines and progress toward disease prevention and wellness."

The new building will allow the professional pharmacy degree program to expand 47% in enrolment. An additional 72 students will be able to start the program by 2011 for a total of up to 224 new pharmacists by 2015. The faculty's masters, doctoral and Pharm.D. graduate programs will also expand during the same period and the building will provide space for 896 undergraduates.

The 18,382 square-metre building, which will be built to Leadership in Energy and Environmental Design (LEED) gold certification, features five acres of floor space that will house research and teaching spaces, as well as the Centre for Drug Research and Development (CDRD). The Faculty and CDRD's proximity will enable students to participate in pharmaceutical research and learn in an environment of innovation and discovery.



Pictured here with an architectural drawing of the new facility (left to right), Parkash Ragsdale, Deputy CEO, BCPHA, Marshall Moleschi, Registrar, CPBC and Robert Sindelar, Dean, UBC

readlinks

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The ReadLinks newsletter provides important college and pharmacy practice information. All pharmacists are expected to be aware of these matters.



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