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| **Organization Name and Address:** (type all information) |
|  |
| **PGY2 Pediatric Residency Program ASHP 5 digit code:** |
| **Residency Program Director (RPD) (full name, title and credentials):** |
|  |
| **RPD BPS credential type(s), certification number(s), and expiration date(s):** |
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| **Criteria** | **Primary Verification** | **Additional Information** | **Notes** |
| Accredited PGY2 Pediatric Residency Program | Program provides most recent accreditation letter indicating minimum of a 4 year accreditation. Four year to full cycle will be accepted. | N/A |  |
| Level IV NICU | <https://neonatologysolutions.com/nicu-directory> | N/A |  |
| Level 1 Pediatric Trauma Center\* | <https://www.facs.org/hospital-and-facilities/> | \*Will consider state verified Level 1 Trauma Center if hospital meets remaining criteria. |  |
| Extracorporeal Life Support (ECLS) | <https://www.elso.org/membership/centerdirectory.aspx> | Indicate level of excellence (silver, gold, platinum) |  |
| Pediatric Cardiothoracic Surgery | STS Reporting  <https://publicreporting.sts.org/chsd>  Society of Thoracic Surgeons Public Reporting | N/A |  |
| Transplant Services | Program submits data: (minimum of 2 different solid organs required)   * List organs transplanted at institution * Number of transplants for each organ for last 3 years | N/A |  |
| Pharmacist Code response team member | Program submits data:   * Hours per day and days per week of pharmacy participation in codes * Number of codes per year * % codes with pharmacist in attendance (Goal 90%) |  |  |

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| **Any additional narrative the organization wishes to provide:** |
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| **Required Services** | **Name, Credentials and Job Title of Primary Preceptor for Learning Experience** | **Coverage: hours per day/days per week**  **(e.g. 8/5)** | **# of beds** | **Notes** |
| PICU |  |  |  |  |
| NICU |  |  |  |  |
| CVICU |  |  |  |  |
| ED |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other:  ­­­­­­­­­ |  |  |  |  |

PGY2 Residency Program Director (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Pharmacy (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| FOR ASHP USE |  |
| Date Received |  |
| ASO Reviewer Name |  |
| COC Reviewer Name |  |
|  |  |
| Approved/date |  |
| Denied/date |  |
|  |  |

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| --- | --- |
| Reporting: | Date |
| Decision to Site |  |
| National Matching Services |  |
| PharmAcademic™ |  |
| ASO Office (place review in Content Manager) |  |
| COC meeting |  |