

**DOCUMENT CHECKLIST**

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| **Document**  **\* Items noted with an asterisk should be the same for all programs at a multiple-program site and submitted as part of a COMMON PACKET. See OVERVIEW AND INSTRUCTIONS- PREPARING FOR YOUR SURVEY VISIT** | **Please mark “Submitted” or “N/A” in this column for each listed document. For items that are included in the Residency Manual (e.g., Program Policies), please indicate “Manual” and note the relevant page numbers.** |
| Document Checklist |  |
| Pre-survey Self-Assessment |  |
| Accreditation/  Reaccreditation Application |  |
| Survey Itinerary |  |
| **Standard 1: Recruitment and Selection of Residents** |  |
| Recruitment and Selection Procedures |  |
| Resident Roster |  |
| **Standard 2:**  **Program Requirements and Policies** |  |
| Leave Policies\* |  |
| Non-traditional Program Structure |  |
| Duty-Hour, Moonlighting, and On-call (if applicable) Policies\* |  |
| Requirements for Licensure\* |  |
| Program Completion Requirements |  |
| Remediation / Disciplinary Policy\* |  |
| Procedures for Verifying Completion of PGY1 program (PGY2 Programs Only) \* |  |
| Information and Policies Provided to Applicants Invited to Interview (LIST ONLY)\* |  |
| Documentation of Acceptance of the Match |  |
| Documentation of Review and Acceptance of Program Policies |  |
| Residency Manual\* |  |
| Documentation of Residents’ Completion of Program Requirements |  |
| List of Residents’ Major Projects |  |
| Residency Certificate |  |
| Multi-organization Agreement\* |  |
| **Standard 3:**  **Structure, Design, and Conduct of the Residency Program** |  |
| Program Structure |  |
| Promotional Materials |  |
| Evidence of Residents’ Completion of CAGO Requirements | (Please note here how the materials will be submitted - emailed as a separate PDF OR uploaded to PharmAcademic™) See INSTRUCTIONS for Options to Submit Evidence of Residents’ Completion of CAGO (Competency Areas, Goals, and Objectives) Requirements |
| Patient Care Activity tracker (MANAGED CARE PROGRAMS ONLY) | Managed Care Programs Only |
| **Standard 4: Requirements of the Residency Program Director and Preceptors** |  |
| RPD’s APR Form |  |
| Program Oversight Committee Meeting Minutes\* *(see Table 1 Required Documents for instructions for multi-program surveys)* |  |
| Annual Program Evaluation |  |
| Preceptor Selection\* |  |
| Preceptor Development\* |  |
| Preceptor Roster - Single Program OR \*Multi-program |  |
| Preceptors’ APR Forms\* |  |
| Privileging Policies\* |  |
| Individualized Preceptor Development Plans (if applicable) |  |
| **Standard 5:**  **Pharmacy Services\*** |  |
| Scope of Services |  |
| Pharmacy Service Grids |  |
| Organizational Charts |  |
| Pharmacy Department Plan |  |
| Medication-use System Committees- List and Membership |  |
| High Risk/High Alert Medications Policy |  |
| Look-Alike, Sound-Alike Policy |  |
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| Controlled Substances Policy |  |
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| Management of Medications in Automated Systems Policy |  |
| Management of Hazardous Medications Policy |  |
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| Compliance Reporting |  |
| Medication Safety |  |
| Quality Assessment Reports |  |
| P&T Committee Minutes |  |
| Collaborative Practice Agreements, Scopes of Practice, and/or Protocols |  |
| Transitions of Care Policy |  |