**PREPARING FOR YOUR SURVEY VISIT**

**PLEASE READ THE FOLLOWING INSTRUCTIONS IN THEIR ENTIRETY BEFORE BEGINNING TO PREPARE YOUR PRE-SURVEY PACKET AND ON-SITE DOCUMENTS.**

A complete and well-organized pre-survey packet will enable surveyors to become familiar with your program and

pharmacy services and maximize the effectiveness of the survey visit. The survey process is intended to be thorough in its evaluation, consultative in nature, and educational for all involved.

To assist in understanding the accreditation standards, ASHP has developed Guidance Documents for PGY1 Pharmacy, PGY1 Community-Based Pharmacy, PGY1 Managed Care Pharmacy, and PGY2 residency standards. These documents describe how individual standards are interpreted and how they will be surveyed. We strongly encourage you to consult the Guidance document as you compile your pre-survey materials and prepare for the survey visit itself. Please visit <https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors> and click on the link to the accreditation standard specific to your program type to access the most current Guidance Document.

**ITINERARY**

The lead surveyor assigned to review your program will be in contact to discuss the itinerary for the survey visit. Single program and single-site surveys are typically 1.5 days in length; multiple program and multi-site surveys vary in length based on the number of programs to be reviewed or the number of sites to be visited, respectively, and will be determined by the lead surveyor.

**REQUIRED DOCUMENTS**

In preparation for a survey visit, residency program directors are required to submit pre-survey documents; prepare other documents for on-site review; and, ensure all required documents uploaded to PharmAcademic™ are current. These documents represent required components of all residency programs and provide invaluable information to surveyors as they prepare for the survey visit. (*Note: The lead and practitioner surveyor(s) will have access to PharmAcademic™ prior to the survey visit.)*

**Required Pre-Survey Documents:** To be submitted 45 days in advance of the survey visit. A list of these documents can be found in **TABLE 1** and **TABLE 2.**

**PharmAcademic**™ **Documents:** These documents will be reviewed via access to PharmAcademic™ prior to surveyors’ arrival on-site: learning experience descriptions, completed Taught and Evaluated (TE) grid, formative and summative evaluations, resident(s) development plans, and graduate tracking. A list of these documents can be found in **TABLE 3.**

*Please note: Any changes to documents in in PharmAcademic™ must be finalized no later than 30 days prior to the survey. Changes made after this time will NOT be considered during the on-site visit, as the surveyors will have already reviewed the materials.*

**SUBMISSION PROCESS**

1. Follow the instructions in [Electronic Submission Guidelines and Tutorial](#ElecSubGuid) to compile the Required Pre-Survey Documents listed in **TABLE 1 and TABLE 2**
2. Once all Required Pre-Survey Documents have been converted to PDF format, combined, and Bookmarked, the files must be emailed to: [**asd@ashp.org**](mailto:asd@ashp.org) **AND the ASHP Lead Surveyor 45 days prior to the on-site survey visit.**

**PGY1 COMMUNITY-BASED PHARMACY RESIDENCY**

**Requested Attachments to the Pre-Survey Questionnaire Checklist**

***Directions:*** *Please label each attachment with the BOOKMARK NAME assigned to it in* ***Tables 1 and 2*** *in the order listed (see* [*Document Checklist*](#DocListComm) *for a combined list of required documents from Tables 1 and 2) and follow the instructions for* [*Electronic Submission*](#ElecSubGuidComm)*. If the attachment is a form to be completed, that form is included with this pre-survey packet. Please refer to the Guidance Document for Postgraduate Year One (PGY1) Community-Based Pharmacy Residency Programs located on the APhA or ASHP websites for interpretation of the Standard and additional information on how the individual items in the Standard will be assessed during the accreditation site survey.*

***Please note****: Items listed in the ‘Standard #/ Description’ column that are* ***bolded*** *are Critical Factors.*

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| **TABLE 1: REQUIRED PRE-SURVEY DOCUMENTS** | | |
| **Bookmark Name** | **Required Documents** | |
| **Document Checklist** | Please submit the completed Document Checklist. This should be used as your guide to ensure you have compiled all required pre-survey documents. For items that do not apply to your program, mark the item as N/A on the [Document Checklist](#DocListComm). | |
| **Pre-survey Questionnaire** | Please submit your completed Pre-Survey Questionnaire [Pre-Survey Questionnaire](#PreQComm) | |
| **Reaccreditation Application** | Please submit your [application for reaccreditation](https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/Applying-for-Accreditation) (NOT required for new programs). | |
| **Bookmark Name** | **Required Documents** | **Standard #/ Description** |
| **Applicant Selection Procedures** | * Policy and procedures document for selecting and matching residents including rubrics or forms used for this process (screening, ASHP Midyear Meeting interview, onsite interview, candidate ranking, etc.). | * 1. The residency program director (RPD) or designee evaluates the qualifications of applicants to pharmacy residencies through a documented, formal procedure based on predetermined criteria.   2. The predetermined criteria and procedure used to evaluate applicants’ qualifications are used by all involved in the evaluation and ranking of applicants. |
| [Resident Roster](#ResRosterCommPGY1) | * Completed Resident Academic and Professional Record for each current resident | * 1. Applicants to pharmacy residencies are graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE)–accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). |
| **Licensure Policy** | * Licensure policy including consequences of failure of a resident to obtain licensure within 90 days (see Guidance Document for the Accreditation Standard for Postgraduate Year One (PGY1) Community-based Pharmacy Residency Programs on ASHP or APhA websites). | * 1. Applicants to pharmacy residencies are licensed or eligible for licensure in the state or jurisdiction in which the program is conducted.   2. **Consequences of residents’ failure to obtain appropriate licensure either prior to or within ninety days of the start date of the residency are addressed in written policy of the residency program.** |
| **Dismissal Policy**  **Duty-Hours Policy**  **Moonlighting Policy**  **Leave Policies**  **Requirements for Completion**  **Interview Invitation** | * Submit the following policies:   + - Dismissal policy     - Duty hours     - Moonlighting     - Professional, family, sick and extended leave      * Submit requirements for successful completion of the program document. * Copy of the letter/email that was sent to potential   candidates before interviews on site. | * 1. **Program policies, requirements for successful completion of the program, and expectations of residents in the program are documented.**      1. Program policies, requirements for successful completion of the program, and expectations of residents in the program are provided (either in print or electronically) to interviewees prior to the interview date. Applicants are given the opportunity to obtain more information and ask questions during the interview process. |
| **Documentation of 12- month Training**  **List of Residents Who Took Leave** | * Program materials stating that training is a minimum of twelve months of full-time commitment * A listing of any individuals in the program during the last 6 years that have taken extended leave, the schedule and documentation indicating that a minimum of 12 months was completed in the program | * 1. Programs are a minimum of twelve months and a full-time practice commitment or equivalent. |
| **Documentation of Duty-Hour Compliance** | * Documentation and methods for tracking compliance related to duty hours and moonlighting | * 1. Programs must comply with the ASHP duty-hour standards. |
| **Match List** | * Copy of the most recent match list from National Matching Service (NMS) | * 1. All programs in the ASHP accreditation process adhere to the *Rules for the ASHP Pharmacy Resident Matching Program* (Match)3, unless exempted by the ASHP Commission on Credentialing. |

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| **Offer Letter/Contract**  **Acceptance Letter/Contract** | * A current resident’s offer letter or contract if applicable with any attachments or links to residency program or organization website, including the terms and conditions of the residency * A current resident’s acceptance letter or contract signed/dated by the resident, which indicates acceptance by the resident of the terms and conditions of the program | * 1. The RPD provides residents who are accepted into the program with a letter outlining their acceptance to the program.   2.4.a Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing and criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.  2.4.b Acceptance by residents of the residency terms and conditions, requirements for successful completion, and expectations of residents in the program are documented prior to the beginning of the residency. |
| **Documentation of Completion of Program Requirements** | * Documentation to confirm that tracking of residents’ successful completion of program requirements is occurring throughout the residency (provided example should be for a resident who has completed the program or if initial year of the program, documentation of the current resident’s requirements achieved through the date of the survey). | * 1. **The RPD documents residents’ successful completion of program requirements.** |
| **Certificate(s)** | * A sample copy of a certificate awarded to residents upon completion of the residency or the template version of a certificate that will be awarded to the resident(s), if a new program * Candidate status programs must provide a draft of current certificate and also a draft of certificate to be issued once accreditation is conferred. | * 1. **The RPD issues a certificate only to residents who complete the program’s requirements in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*.** |
| **Promotional Materials**  **Purpose Statement**  **Program Structure**  **Calendar**  **Percent Time in Each Competency Area** | **Program design materials including:**   * Residency program promotional materials (i.e., recruiting materials, website address) * Program’s purpose (The program uses the required PGY1 Community-based Pharmacy Residency purpose statement.) * Brief description of the program that aligns with the purpose statement * Program’s design and structure: written document that includes the program’s required and elective learning experiences, the type (rotation, longitudinal, block, concentrated, etc.) and duration of each (e.g., one month, 4 months, 6 months, one year), including an estimate of average hours spent per week (e.g., 4 hours per week on average, 16 hours per week). * A typical year calendar to show how experiences are scheduled and sequenced * Documentation of the percent of time allocated to each competency area. | * 1. Residency Purpose and Description. The residency program is designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.      1. PGY1 Community-Based Pharmacy Residency Program Purpose. To build upon the doctor of pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.      2. Individualized Program Description. Each PGY1 community-based pharmacy residency program establishes, documents, and promotes a brief description of its program that aligns with the universal purpose statement of a PGY1 community-based pharmacy residency program and elaborates on the unique aspects of its program.   2. Competency Areas, Educational Goals, and Objectives      1. The program’s educational goals and objectives support achievement of the residency’s purpose.      2. The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program’s design:         1. **patient care.**         2. **leadership and management.**         3. **advancement of community-based practice and improving patient care.**         4. **teaching, education, and dissemination of knowledge.**      3. Beyond those required in 3.2b, additional educational goals and/or objectives may be included in the program design under required competencies that then become required for all residents in the program.      4. For a specific resident, additional educational goals and/or objectives may be added to customize his or her individual training.   3. Program Structure and Design      1. The structure of the program is established, described, and formally documented.         1. The description includes a list of all required and elective learning experiences.         2. The description includes the type (e.g., longitudinal, rotational, extended, concentrated) of each learning experience.         3. The description includes the duration for each learning experience.   **3.2.b The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program’s design:**  **3.2.b.1 patient care.**  **3.2.b.2 advancing community-based practice.**  **3.2.b.3 leadership and management.**  **3.2.b.4 teaching, education, and dissemination of knowledge.**  3.2.c Beyond those required in 3.2b, additional educational goals and/or objectives may be included in the program design under required competencies that then become required for all residents in the program.   * 1. Program Structure and Design      1. The structure of the program is established, described, and formally documented.         1. The description includes a list of all required and elective learning experiences.         2. The description includes the type (e.g., longitudinal, rotational, extended, concentrated) of each learning experience.         3. The description includes the duration for each learning experience.      2. The program’s structure facilitates achievement of the program’s educational goals and objectives.      3. The program’s structure and design facilitate education and training of the resident in patient care (can be accomplished using one or more practice locations) including:         1. **medication management including comprehensive medication management and targeted medication intervention services with follow-up;**         2. **health and wellness;**         3. **immunizations;**         4. **disease state management incorporating medication management;**         5. **care transitions incorporating medication reconciliation and medication management; and,**         6. **patient-centered medication distribution.** |
|  |  | * + 1. **The program’s structure facilitates achievement of the program’s educational goals and objectives.**     2. The program’s structure and design facilitate education and training of the resident in patient care (can be accomplished using one or more practice locations) including:        1. **medication management including comprehensive medication management and targeted medication intervention services with follow-up;**        2. **health and wellness;**        3. **immunizations;**        4. **disease state management incorporating medication management;**        5. **care transitions incorporating medication reconciliation and medication management; and,**        6. **patient-centered medication distribution.**     3. The structure permits residents to gain experience and sufficient practice with diverse patient populations with a variety of disease states and conditions, and diverse range of patients’ medication treatments and health-related needs.        1. **Residents spend two-thirds or more of the program in patient care activities.**        2. **Residents spend no more than one-third of the twelve-month PGY1 pharmacy** **residency program in a practice or environment providing care to a specific patient disease state and population (e.g., diabetes, hypertension, hyperlipidemia, asthma, anticoagulation).**        3. **Residents gain practice and experience in longitudinal patient care delivery and the development of extended patient relationships.**        4. Residents function and work as a member of the health care team.        5. Residents provide patient care in settings and environments with and without access to existing sources of complete patient health data.        6. **Residents appropriately document patient care in the patient’s health care record.**        7. Residents use technology including electronic health record functionality.,        8. Residents progress over the course of the residency to become more efficient   and effective with the ability to work independently as patient care providers. |
|  |  | * + 1. Learning Experience Requirements        1. **Learning experience descriptions are documented and include:**           1. a general learning description synopsis, that includes the practice area and the roles of pharmacists in the practice area;           2. expectations of residents;           3. educational goals and objectives assigned to the learning experience;           4. for each objective, a list of learning activities that will facilitate its achievement; and,           5. a description of evaluations that are to be completed by preceptors and residents.        2. Program structure includes a residency program orientation learning experience where the RPD or designee orients residents to the residency program.           1. For all other learning experiences, preceptors orient residents to their learning experience, including review of the learning experience description.           2. The learning experience design requires preceptors to use the four preceptor roles (i.e., instructing, modeling, coaching, facilitating). |
| **Rating Scale Definitions** | * Definitions of evaluation ratings (e.g., achieved, satisfactory progress, needs improvement, and achieved for residency) | 3.4.a RPD and Preceptor Evaluation Requirements  3.4.a.1   * + - 1. Initial Evaluation          1. At the beginning of the residency, the RPD or designee, in conjunction with preceptors, assesses each resident’s entering knowledge and skills in relation to the educational goals and objectives.       2. Formative (Ongoing, Regular) Evaluation          1. **Preceptors provide ongoing, frequent, immediate, specific, and constructive feedback to residents about how they are progressing and how they can improve.**          2. Preceptors make appropriate adjustments to residents’ learning activities in response to information obtained through day-to-day observations, interactions, and assessments.       3. Summative Evaluation          1. **At the end of each learning experience, preceptors for the learning experience complete and document a criteria-based, summative evaluation of the resident’s progress toward achievement of educational goals and objectives assigned to the learning experience.**          2. The preceptor and resident discuss the summative evaluation and the extent of the resident’s progress toward achievement of assigned educational goals and objectives with reference to specific criteria.          3. Completed summative evaluations are signed by learning experience preceptors, cosigned by the resident, and reviewed by the RPD or designee.   For preceptors-in-training, both the preceptor-in-training, and the preceptor advisor/coach sign evaluations. |
| **Initial CUSTOM self-evaluations** | * If CUSTOM initial self-evaluations are used (i.e., not completed and documented in PharmAcademic™), submit initial self-evaluations for residents who have completed the program in the most recent year. If this is the first year of the residency, submit the same documentation as above for the current resident(s) through the date of the survey. | * + 1. Development Plan Requirements        1. The RPD or designee creates, documents, and maintains a development plan for each resident.           1. The RPD or designee creates an initial development plan.   **The initial plan is based on the results of the resident’s initial self-evaluation**  The initial plan is completed by the end of the orientation period, but no later than thirty days from the start of the residency.  **Adjustments to the resident’s learning experiences, learning activities, evaluations, and other changes are documented in the initial plan.**   * + - 1. Quarterly Update of Development Plan          1. **On a quarterly basis, the RPD or designee assesses the resident’s progress and adjusts the development plan.**       2. The development plan and any adjustments are documented and shared with the resident’s preceptors. |
| **Formative Self-evaluations** | * Documented formative self-evaluation for each resident, if applicable, if not documented in PharmAcademic™ | * + 1. Resident Evaluation Requirements        1. Self-Reflections           1. Residents complete a written statement of self-reflection at the beginning of the residency to identify learning expectations and desired areas of professional growth.           2. Residents complete a written statement of self-reflection at the conclusion of the residency program to identify competencies achieved, competencies requiring additional attention, and a plan for future professional development.        2. Initial Self-Evaluation           1. Residents complete a self-evaluation of their entering knowledge and skills related to the educational goals and objectives.        3. Formative (Ongoing, Regular) Self-Evaluation           1. **Residents practice criteria-based, formative self-evaluation for aspects of their routine performance.**        4. **Summative Self-Evaluation**           1. The program has a defined plan for the resident to complete and document criteria-based, summative self-evaluation toward achievement of targeted objectives in learning experiences.           2. Residents are taught how to perform self-evaluation. |
|  |  | * + - 1. Resident Evaluation of Preceptor          1. Residents complete at least one evaluation of each preceptor assigned to a learning experience.          2. For longitudinal learning experiences greater than twelve weeks in length, preceptor evaluations are conducted at least twice; one no later than the midpoint and one at the end of the learning experience.          3. If one preceptor is assigned to more than one longitudinal learning experience, the resident may complete only one combined evaluation for the individual preceptor.          4. The preceptor and resident discuss the resident’s preceptor evaluation.          5. Completed preceptor evaluations are signed by the preceptors and reviewed and cosigned by the RPD or designee.   3.4.c.6 Learning Experience Evaluations   * + - * 1. Residents complete an evaluation of each learning experience at the end of the learning experience.         2. For longitudinal learning experiences greater than twelve weeks in length, learning experience evaluations are conducted at least twice; one no later than the midpoint and one at the end of the learning experience.         3. The preceptor(s) and resident discuss the learning experience evaluation.         4. Completed learning experience evaluations are signed by the preceptor(s) and reviewed and cosigned by the RPD or designee. |
| **RAC Minutes**  **Program Assessments/**  **Improvements** | * Minutes of RAC meetings or narrative description of changes in which residency program improvements have been discussed, if applicable.   + Any documentation of program assessments or plans for improvement, etc., if available. | * 1. Continuous Residency Program Improvement      1. The RPD and the Residency Advisory Committee (RAC) (and partner representatives if applicable), engage in an ongoing process of assessment of the residency program including a formal annual program evaluation.      2. The RPD or designee develops and implements program improvement activities to respond to the results of the assessment of the residency program.      3. The residency program’s continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 community-based pharmacy residency through graduate tracking, an annual review of the program design, and a review of input from each year’s graduates.      4. Information tracked must include initial employment and may include changes in employment, board certification, surveys of past graduates, or other applicable information. |
| [**RPD APR**](#PrecAPRComm) | * RPD Academic and Professional Record | * 1. Program Leadership Requirements      1. Each residency program has a single RPD who is a pharmacist from a practice location involved in the program or from the sponsoring organization.         1. The RPD establishes and chairs the RAC specific to that program.         2. The RPD may delegate, with oversight, to one or more individuals the administrative duties/activities for the conduct of the residency program.   4.1.b Each residency program has a designated sponsoring organization.  4.1.b.1 For residencies conducted by one organization, that organization is the designated sponsoring organization.  4.1.b.2 When a residency is conducted by more than one organization (two organizations in partnership, such as a college of pharmacy, company, or health system), the partners will agree to and designate the sponsoring organization in a formal agreement.  4.1.b.2.1 The agreement includes definition of:  4.1.b.2.1.1 responsibilities of all partners;  4.1.b.2.1.2 responsibilities of the RPD; and,  4.1.b.2.1.3 the RPD’s accountability to the organizations.   * 1. Residency Program Directors (RPD)      1. **Eligibility of the RPD**   An RPD is a licensed pharmacist who:   * has completed an ASHP-accredited PGY1 residency and a minimum of three years of pharmacy practice experience in a community or ambulatory practice environment; or, * has completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience in a community or ambulatory practice environment; or, * has not completed an ASHP-accredited residency, but has five or more years of pharmacy practice experience in a community or ambulatory practice environment.   + 1. Qualifications of the RPD   RPDs serve as role models for pharmacy practice, as evidenced by:   * + - 1. **leadership within the pharmacy department or within the organization through a documented record of improvements in and contributions to pharmacy practice;**       2. **demonstration of ongoing professionalism and contribution to the profession; and,**       3. **Participation in workgroups or committees within the organization.**     1. Leadership Responsibilities of the RPD   RPDs serve as designated and authorized leaders of the residency program and have responsibility for:   * + - 1. Organization and leadership of the RAC that provides guidance for residency program conduct and related issues;       2. Oversight of the progression of residents within the program and documentation of completed requirements;       3. Appointment of preceptors for the program;   4.2.c.3.1 RPDs, in cooperation with site coordinators and partnering organization when applicable, identify preceptors for the program.  4.2.c.3.2 RPDs develop and apply criteria consistent with those required by the Standard to qualify preceptors for the program.  4.2.c.3.3 RPDs appoint preceptors once qualified.  4.2.c.3.4 RPDs or designees create and implement an overall preceptor development program and oversee the creation of individual preceptor development plans.   * + - 1. Leadership of continuous residency program improvement in conjunction with the RAC; and,       2. Collaboration with all partners of the program. |
| [**Preceptor Roster**](#PrecRosterComm)  [**Preceptor APRs**](#PrecAPRComm)  **Criteria for Appointment and Reappointment**  **Documentation of Use of Criteria**  **Preceptor Development Plan**  **Individual Preceptor Development Plans** | * Preceptor Roster (grouped by site if a multi-site program) * Academic and Professional Record for each preceptor * Criteria for appointment and reappointment of preceptors * Examples of completed documentation demonstrating the use of criteria for appointment or reappointment of preceptors * Overall preceptor development plan for the program * Example(s) of individual preceptor development plan(s), if applicable | * 1. Pharmacist Preceptors      1. **Eligibility of Preceptors**   A pharmacist preceptor is a licensed pharmacist who:   * has completed an ASHP-accredited PGY1 residency and a minimum of one year of pharmacy practice experience in a community or ambulatory practice environment; or, * has completed ASHP-accredited PGY1 and PGY2 residencies with six months of pharmacy practice experience in a community or ambulatory practice environment; or, * has not completed an ASHP-accredited residency, but has three or more years of pharmacy practice experience in a community or ambulatory practice environment.   + 1. Qualifications of Preceptors   Preceptors demonstrate the ability to precept residents’ learning experiences as evidenced by:   * + - 1. ability to use preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at the level required by residents;       2. ability to assess and provide appropriate feedback on the residents’ performance;       3. **recognition in the area of pharmacy practice for which**   **they serve as preceptors;**   * + - 1. **an established, active practice in the area for which they**   s**erve as preceptor**;   * + - 1. maintenance of continuity of practice during the time of residents’ learning experiences; and,       2. **ongoing professionalism, including a personal**   **commitment to advancing the profession.**   * + 1. Preceptors’ Responsibilities   Preceptors serve as role models for learning experiences and they:   * + - 1. contribute to the success of residents and the program;       2. create, implement, and maintain learning experiences in accordance with Standard 3;       3. participate actively in the residency program’s continuous quality improvement processes;       4. demonstrate practice expertise, strive to continuously improve, and instruct the resident in learning experiences using established preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at appropriate levels required by the individual resident;       5. adhere to residency program and department policies pertaining to residents and services; and,       6. demonstrate commitment to advancing the residency program and pharmacy services. |
| **Agreement/**  **Contract** | * Copy of formal agreement or contract between sponsoring organization and all affiliated organization(s), if applicable licensure (See Guidance Document for the Accreditation Standard for Postgraduate Year One (PGY1) Community-based Pharmacy Residency Programs on ASHP or APhA websites). | 4.1.b Each residency program has a designated sponsoring organization.  4.1.b.1 For residencies conducted by one organization, that organization is  the designated sponsoring organization.  4.1.b.2 When a residency is conducted by more than one organization  (two organizations in partnership, such as a college of pharmacy,  company, or health system), the partners will agree to and designate the  sponsoring organization in a formal agreement.  4.1.b.2.1.1The agreement includes definition of:  4.1.b.2.1.1 responsibilities of all partners;  4.1.b.2.1.2 responsibilities of the RPD; and,  4.1.b.2.1.3 the RPD’s accountability to the organizations.   * 1. **Requirements for a Sponsoring Organization**      1. All residency programs must have a sponsoring organization.      2. The sponsoring organization maintains authority and responsibility for the quality of the residency program.      3. The sponsoring organization ensures that the residency program meets residency accreditation requirements.      4. Sponsoring organizations and all partnering organizations have signed agreement(s) that clearly define the responsibilities for all aspects of the residency program.         1. A method of evaluation is in place to ensure that the purpose of the residency and the terms of the agreement are being met.         2. A mechanism is established and documented for achieving consensus among partners on the evaluation and ranking of applicants for the residency. |
| **State Licenses**  **BOP/Health Inspection Reports**  **External Accreditation Report**  **External Accreditation Certificates**  **List of Site Coordinators**  **Site Coordinator Responsibilities** | * Current state pharmacy license for **each** practice site * State Board of Pharmacy and/or Health inspection report for **each** practice site * External accrediting agency report that pertains to pharmacy services, if applicable * External accreditation certificates, if applicable * List of site coordinators for **each** practice site, if applicable * List of responsibilities of site coordinator aligned with the requirements for site coordinators in the *ASHP Regulations on Accreditation of Pharmacy Residencies* (located on the ASHP website) | * 1. Requirements for Practice Locations      1. Practice locations compare the quality, safety, and financial viability of the patient care services provided at the location against national professional guidelines and Board of Pharmacy requirements to determine areas for improvement.      2. **Practice locations have sought and accepted outside appraisal of facilities and patient care practices, when such appraisals are established and recognized. The external appraisal is conducted by a recognized organization appropriate to the individual practice.**      3. Practice locations are staffed with personnel who are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and organizational guidelines and standards, and are provided with sufficient resources to adequately conduct the program.   2. Requirements for Program’s Organizational Structure      1. Programs are structured as either a single-site or a multiple-site program.         1. A PGY1 community-based single-site pharmacy residency is a program that is structured so that training occurs within one organizational entity.            1. All requirements for residency training are achievable within the individual organizational entity practice locations.         2. A PGY1 community-based multiple-site pharmacy residency is one in which two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., independent community pharmacy, chain pharmacy, food chain pharmacy, outpatient clinic/facility physician practices, college of pharmacy, or health system) offer a pharmacy residency. A college of pharmacy (COP) is considered a practice location only if the COP has practice locations serving as a home base.            1. **For multiple-site programs, a site coordinator is appointed to manage and oversee the day-to-day operations of the residency program at each home-base practice location by the RPD in cooperation with the practice location and partnering organization.**            2. RPD, site coordinators, and the partnering organization, when applicable, work together to appoint and develop pharmacy staff to become preceptors for the program.            3. A mechanism is documented for achieving consensus between partners on the evaluation and ranking of applicants for the residency.            4. For multiple-site programs, additional practice sites used for training an individual resident beyond the resident’s home-base practice site meet the requirements established for pharmacy services in Standard 6.            5. Multiple-site residency programs are in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs*.      2. **Each resident in the program, regardless if single-site or multiple-site, is assigned a specific community-based home-base practice location (site) where he or she spends no less than 40% of his or her time.**         1. **Home-base practice location (site) meets the patient care services criteria under Standard 6.**         2. Multiple residents may be located within a single home-base practice location (site) if the level of services and patient care services are sufficient in diversity, variety, complexity, and quantity to educate and train multiple residents within the practice. |
| **Mission Statement**  **Pharmacy Organizational Chart**  **Pharmacy P&Ps**  **Scope of Services**  **Strategic Plan**  **Patient Care Outcomes**  **Pharmacy QI**  **Example Protocols/**  **Guidelines** | * **For each pharmacy practice site** where the resident spends 25% or more of their time in the program, please supply the following:   + A mission statement   + Pharmacy organizational chart   + Pharmacy policies and procedures (drug distribution, clinical service policies, adverse events and medication error event reporting)   + A written description, including scope and depth of the pharmacy services   + Strategic planning documents, including both short and long-term goals   + Documentation of patient care service-related outcomes data and/or quality dashboard report   + Pharmacy services quality improvement plan and a list of current quality initiatives   + Examples of practice protocols/ treatment guidelines for the provision of services | * 1. Pharmacy Practice Structure and Management      1. Pharmacy practice is led and managed by a professional, legally qualified pharmacist.      2. The practice has a well-defined organizational structure that supports the safe and effective provision of services including:         1. mission statement;         2. current policies and procedures that are readily available to staff participating in service provision;         3. descriptions of roles and responsibilities for all categories of pharmacy personnel, including residents;         4. **procedures to ensure that medication-use systems**   **(ordering, dispensing, administration, and monitoring) are**  **safe and effective; and,**   * + - 1. **procedures to ensure that pharmacists’ patient care**   **services are safe, effective, and evidence-based.**   * + 1. **The practice has a strategic plan and documentation of progress on long-term and short-term goals.**        1. For organizations where the pharmacy department is part of a larger practice, the practice strategic planning committee includes pharmacist representatives in the planning of patient care services.     2. **The practice is in compliance with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site.**     3. **The practice is in compliance with current national practice standards and guidelines.** |
| **List of Informatics Resources** | * List of available resources for medical informatics | * 1. Pharmacy Resources   Pharmacy practice has sufficient resources required to provide services pursuant to the needs of the patient population of the practice. The practice:   * + 1. is designed, constructed, organized, and equipped to promote safe and efficient work;     2. is designed to accommodate confidential patient assessment, counseling, and provision of patient care;     3. **has professional, technical, and clerical staff sufficient and diverse enough to ensure that the practice can provide the level of service required by patients served;**     4. has access to appropriate medical informatics, patient assessment tools/equipment, and technology necessary to provide the scope of services;     5. has a system to appropriately document patient care and other services of the practice; and,     6. has systems to support the connectivity and interoperability of information systems. |
| [**Service Grids**](#Grids_Comm) | * Completed service tables/grids for all primary **and** secondary practice sites | * 1. Pharmacy Services      1. Pharmacy services, when applicable, extend to all areas of the practice internally and externally to the pharmacy in which medications for patients are prescribed, dispensed, administered, and monitored.         1. Pharmacy services are integrated and provided collaboratively between internal and external areas of the practice.      2. Patient care services are developed and implemented in the practice based on the mission of the practice and an assessment of pharmacist services needed to provide care to patients served by the practice. Patient care services include but are not limited to:         1. **medication management including comprehensive medication management and targeted medication intervention services with follow-up;**         2. **health and wellness;**         3. **immunizations;**         4. **disease state management incorporating medication management; and**         5. care transitions with incorporated medication reconciliation and medication management.      3. The patient-centered dispensing system includes the following components:         1. **a system where pharmacists are responsible for the safe and effective procurement, preparation, distribution, and control of all medications used or administered throughout the practice;**         2. a system fostering accountability and optimization of safe medication-use system technologies;         3. **routine patient counseling and education services on medication initiation, with any change to medication therapy, for high-risk medications and high-risk patients; and,**         4. evidence-based targeted interventions integrated into the patient-centered dispensing process. |
| **Residency Manual** | * Residency Program Manual (if applicable) |  |

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| **TABLE 2.**  **RESIDENT PRODUCTS TO MEET THE COMMUNITY-BASED COMPETENCY AREAS,**  **GOALS, and OBJECTIVES** |

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|  | **Bookmark Name** | **Work Product Description**  ***Note for resident work products: One work product document may satisfy requested documentation for more than one objective. Pending the time of the year the survey is conducted; previous year resident work products may be requested.*** |

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|  | De-identified Progress Notes | **For Each Resident - (Obj R1.1.3-R1.1.10)**: Printed copies of at least five recent samples of de-identified patient healthcare records for all required services (see Standard 3.3.c). Alternative to printed records, provide ready on-site access to online records with at least five recent patients’ records pre-identified from the resident’s panel of patients. Records should demonstrate the ability of the resident to assess patients, collection information, identify medication- related problems, prioritize problems, establish therapeutic goals, and design evidence-based treatment plans.  Samples of other written communications or records related to:   * resident's written plan for meeting the educational needs of a specific patient; * resident’s written recommendation to a caregiver; * resident prescribed, administered, and/or monitored medications; * resident’s communications with another provider to improve a specific patient’s treatment plan; and/or; resident’s referral of the patient to another provider. |
| **Resident Communication to Other Healthcare Professionals** | **For Each Resident - (Obj R1.3.1. and 1.3.2)**: Resident's communication of information to health care professionals when transferring a patient from one health care setting to another. |
| **Resident Committee/Workgroup Involvement** | **For Each Resident - (Obj R2.1.2)**: Evidence of the resident's contributions to the Pharmacy planning process.  Evidence of the Resident's contribution from leading or working as a member of a committee or informal work group. |
| **CPA/Standing order/Protocol** | **For Each Resident - (Obj R2.1.4)**: Resident's written collaborative practice agreement, standing order or implementation process for a state-based protocol.  *Note: This may be a new or a significantly modified collaborative practice agreement which is either real or hypothetical* |
| **Resident National / State / Local Involvement** | **For Each Resident - (Obj R2.2.4)**: List of residents' activities at a national, state and/or local professional association during the residency. |
| **Community Service** | **For Each Resident - (Obj R2.2.5)**: Evidence of the residents’ community service during the residency. |
| **QI Project proposal** | **For Each Resident - (Obj R3.1.1)**: Resident’s plan/proposal for a quality improvement project focused on the medication-use process and/or patient care services. |
| **QI Project Implementation** | **For Each Resident - (Obj R3.1.2)**: Evidence of the resident's implementation of a quality improvement project. |
| **QI Project Evaluation** | **For Each Resident - (Obj R3.1.3):** Resident's evaluation of the quality improvement project. |
| **Business Plan** | **For Each Resident - (Obj R3.2.1)**: Resident's written business plan for new service or appraisal and plan for enhancement of existing service. |
| **Implementation of Business Plan** | **For Each Resident - (Obj R3.2.2)**: Evidence of the resident's implementation of a new or enhanced service. |
| **Evaluation of Business Plan** | **For Each Resident - (Obj R3.2.3)**: Resident's evaluation of the new or enhanced service. |
| **Major Project Proposal** | **For Each Resident - (Obj R3.3.1)**: Written design for resident’s practice-related project. |
| **Major Project Implementation** | **For Each Resident - (Obj R3.3.2)**: Resident's project implementation strategy.  *Note: May combine with documentation for #13.* |
| **Evaluation of Major Project** | **For Each Resident - (Obj R3.3.3)**: Resident's evaluation of the practice-related project. |
| **Final Project Written Report** | **For Each Resident - (Obj R3.3.4)**: Resident's completed final written project report.  *NOTE: Final project report is also presented orally to fully meet this objective.* |
| **Presentation Slides/Handouts** | **For Each Resident - (Obj R4.1.2):**  Samples of presentations (slides or handouts) to groups of patients, groups of caregivers, health care professionals (including physicians, nurses, pharmacists and other providers), students and the public. (*NOTE: Samples include topic name, presenter, dates and audience.*) Samples of evaluations from participants and preceptors, if available. |
| **Written Education Materials** | **For Each Resident- (Obj R4.1.3)**: Two examples of resident’s written materials (do not include presentations submitted in 17) to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals. |
| **Resident Feedback to Learners** | **For Each Resident - (Obj R4.2.2)**: Two examples of the resident's written formative and summative feedback developed by the resident and provided to a learner. |

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| **TABLE 3: REQUIRED PHARMACADEMIC™ DOCUMENTS**  **(*Submission not required – will be viewed by survey team prior to visit)***  **NOTE: Please ensure ALL of the following documents are accessible in PharmAcademic for review by the survey team.** | |
|  | |
| Completed -Taught and Evaluated (TE) grid | Standard 3.2.b |
| All learning experience descriptions (required, elective, required that may be repeated as elective) | Standard 3.3.e.1 |
| Summative Evaluations of the Resident(s) | Standards 3.4.a.3 |
| Resident(s) development plans (Initial and Quarterly) | Standard 3.4.b |
| Resident(s) Self-reflections (Initial and Concluding) | Standard 3.4.c.1 |
| Resident(s) Self-evaluation (Objective-based and Entering Interests) | Standard 3.4.c.2 |
| Resident(s) Formative Self-evaluation (if documented) | Standard 3.4.c.3 |
| Resident(s) Summative Self-evaluations | Standard 3.4.c.4 |
| Resident(s) Evaluations of Preceptors | Standard 3.4.c.5 |
| Resident(s) Evaluations of Learning Experiences | Standard 3.4.c.6 |
| Graduate tracking | Standard 3.5.d |
|  |  |

**Electronic Submission Guidelines and Tutorial**

**All Required Documents (MS Word and Excel files) should be converted to PDF files. Scanning documents (vs. saving as a PDF) creates file sizes that may be too large to email and cannot be edited or searched. *Exceptions to this requirement are the program application, graduation certificate, and residents’ signed offer letter(s).* These documents may be scanned since signatures are required.**

**Submission Procedure:**

1. Compile the Required Documents listed in **TABLE 1. and TABLE 2.** using the [Document Checklist](#DocListComm) to ensure your per-survey materials are complete. *The Document Checklist is a combined list of all required documents from Tables 1. And 2. And the electronic submission format should follow that list – no indication of specific TABLE is required.*  Mark N/A on the Document Checklist for items that do not apply to your program. If a document is located within another submitted document (e.g., Duty-Hour Policy within the Residency Manual), you may use bookmarks to link to that document (see [**Thumbnails and Bookmarks**](https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html)). Please also document relevant page numbers on the Document Checklist form.
2. Convert all Required Documents into PDF format. Completed and signed Reaccreditation Application (as applicable), signed Certificates of Completion, and resident(s)’ signed offer letter(s) should be scanned into PDF format.
3. Combine all converted and scanned PDF documents **in the order listed in** **TABLES 1 and 2** into a **single PDF file** with individual Bookmarks for each Document (see below for [instructions](#BkmkInstr) on how to combine and bookmark files - note [specific instructions](#SpBkmkAPRMultiComm) for preceptor APRs and multi-site programs). Subfolders for individual items should be developed for Required Documents that include multiple items (e.g., State licenses, Example Protocols; Service Grid Tables).
4. Once all Required Documents have been combined and bookmarked, the files must be emailed to **asd@ashp.org AND the ASHP Lead Surveyor 45 days prior to the on-site survey visit.**

The email Subject Line should be formatted as follows:

**Pre-survey docs (your program number) [your organization name] [residency program type]**

For example: Pre-survey docs (12345) ABC Organization PGY1 Community-Based Pharmacy

Some email programs may limit the size of files that may be emailed. In the event that your PDF files are too large, you may need to zip/compress them, prior to submission. Various programs can be used to reduce file size; however, you may also be able to compress a PDF file via the steps below:

1. Locate large PDF file in file viewer
2. Right-click large PDF file

a.) Select ‘Send To…’ -> ‘Compressed (zipped) folder’ (Windows)

b.) Select ‘Compress “file name.pdf”’ (MAC)

If your PDF file size is still too large to email after compression, please separate your Documents into separate zipped/compressed files and email separately per the submission instructions above adding “1 of 2”, “2 of 2” to the Subject Line.

For example: *Pre-survey docs (12345) ABC Organization PGY1 Community-Based Pharmacy 1 of 2*

**How to Combine and Bookmark PDF Files for Submission**

Prior to combining all required documents into a single PDF file, all MS Word and Excel files should first be saved as Adobe PDF files. The program application, graduation certificate, and resident(s)’ signed offer letter should be scanned into PDF format.

For instructions on how to **combine** and **bookmark** files, select the appropriate link below based upon your current version of Adobe® Acrobat®.

**Combine Files**

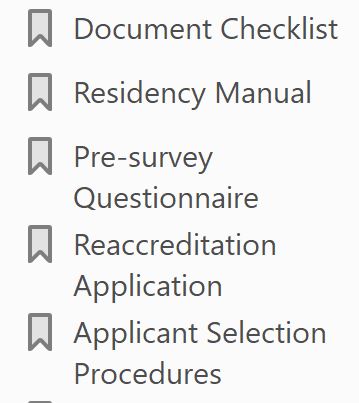
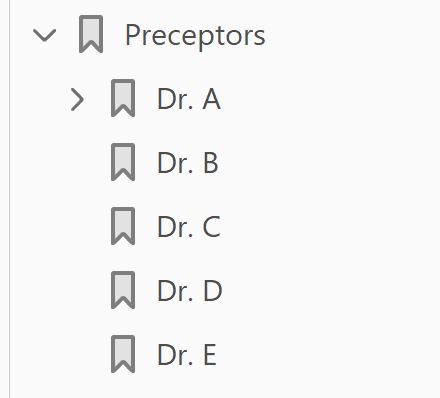
[**Adobe Acrobat XI Tutorial**](https://helpx.adobe.com/acrobat/11/using/merging-files-single-pdf.html)

**[Adobe Acrobat DC Tutorial](https://helpx.adobe.com/acrobat/how-to/combine-files-into-pdf.html?playlist=/ccx/v1/collection/product/acrobat-dc/segment/designer/explevel/beginner/applaunch/basictraining/collection.ccx.js?ref=helpx.adobe.com)**

[**Thumbnails and Bookmarks**](https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html) **– scroll to ‘About Bookmarks’**

When several PDF files are combined into a single document, automatic bookmarks are created. Please review these auto-generated bookmarks to ensure they mirror the document names listed in Document Checklist – if they do not match, PLEASE REVISE THE BOOKMARK names to match the document names in Document Checklist.

Examples of the correct use of bookmarks:

Please note – if a required document is included in your residency manual, you can bookmark the specific section/text. Instructions for this process are included in the [**Thumbnails and Bookmarks**](https://helpx.adobe.com/acrobat/using/page-thumbnails-bookmarks-pdfs.html) link. Alternately, you may include relevant page numbers on the Document Checklist instead of using the Bookmark function.

**Specific Instructions for Bookmarks of Preceptor APRs and Multi-site programs:**

1. For the **Preceptors’ APR** Forms, please create individual subfolders for each preceptor’s APR **organized alphabetically** **by preceptor last name.**
2. For multi-*site* programs†, create subfolders labeled by site name for documents that differ between sites (e.g., service grids).
3. For multi-*program* surveys, each program must submit a separate Pre-survey Questionnaire and bookmarked PDF file.

†**Multiple-site residency**: a residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites. Please see [ASHP Regulations on Accreditation of Pharmacy Residencies](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.ashx?la=en&hash=AA4A384DE7E2D709F529217011CB33BDA4FF35F4)

**DOCUMENT CHECKLIST**

|  |  |
| --- | --- |
| **Document** | **Please mark “Submitted” or “N/A” in this column for each listed document. For items that are included in the Residency Manual (e.g., Duty-Hour Policy), please indicate the relevant page numbers.** |
| Document Checklist |  |
| Pre-survey Questionnaire |  |
| Reaccreditation Application |  |
| **TABLE 1. DOCUMENTS** | |
| **Standard 1: Requirements for Resident Selection and Resident Completion of the Program** | |
| Applicant Selection Procedures |  |
| Resident APR |  |
| Dismissal Policy |  |
| Licensure Policy |  |
| Duty-Hours Policy |  |
| Moonlighting Policy |  |
| Leave Policies |  |
| Requirements for Completion |  |
| Invitation Communication |  |
| **Standard 2: Responsibilities of the Program to the Resident** | |
| Documentation of 12- month Training |  |
| List of Residents Who Took Leave |  |
| Documentation of Duty-Hour Compliance |  |
| Match List |  |
| Offer Letter/Contract |  |
| Acceptance Letter/Contract |  |
| Documentation of Completion |  |
| Certificate |  |
| **Standard 3: Design and Conduct of the Residency Program** | |
| Promotional Materials |  |
| Purpose Statement |  |
| Program Structure |  |
| Calendar |  |
| Percent Time in Each Competency Area |  |
| Rating Scale Definitions |  |
| Initial CUSTOM self-evaluations |  |
| Formative Self-evaluations |  |
| RAC Minutes |  |
| Program Assessments/Improvements |  |
| **Standard 4: Requirements of the Residency Program Director and Preceptors** | |
| RPD APR |  |
| Preceptor Roster |  |
| Preceptor APRs |  |
| Criteria for Appointment and Reappointment |  |
| Documentation of Use of Criteria |  |
| Preceptor Development Plan |  |
| Individual Preceptor Development Plans |  |
| Agreement/Contract |  |
| **Standard 5: Requirements for Organizational Structure of the Residency Program** | |
| State Licenses |  |
| BOP/Health Inspection Reports |  |
| External Accreditation Report |  |
| External Accreditation Certificates |  |
| List of Site Coordinators |  |
| Coordinator Responsibilities |  |
| **Standard 6: Pharmacy Practice** | |
| Mission Statement |  |
| Pharmacy Organizational Chart |  |
| Pharmacy P&Ps |  |
| Scope of Services |  |
| Strategic Plan |  |
| Patient Care Outcomes |  |
| Pharmacy QI |  |
| Example Protocols/Guidelines |  |
| List of Informatics Resources |  |
| Pharmacists’ Schedule |  |
| Service Grids |  |
| Residency Manual |  |
| **TABLE 2. DOCUMENTS** | |
| Resident Communication to Other Healthcare Professionals |  |
| Resident Committee/Workgroup Involvement |  |
| CPA/Standing Order/Protocol |  |
| Resident National / State / Local Involvement |  |
| Community Service |  |
| QI Project Proposal |  |
| QI Project Implementation |  |
| QI Project Evaluation |  |
| Business Plan |  |
| Implementation of Business Plan |  |
| Evaluation of Business Plan |  |
| Major Project Proposal |  |
| Major Project Implementation |  |
| Evaluation of Major Project |  |
| Final Project Written Report |  |
| Presentation Slides/Handouts |  |
| Written Education Materials |  |
| Resident Feedback to Learners |  |

**Pre-survey Questionnaire Instructions:**

The numbering in the pre-survey questionnaire is designed to correspond with the associated Accreditation Standard. The questionnaire is separated into six sections which correspond to Standards 1 through 6. Completion of the questionnaire requires that you evaluate your program’s compliance with each Standard by indicating whether you are fully compliant (FC), partially compliant (PC), non-compliant (NC), or that the standard does not apply (N/A) to your program.

Fully Compliant*:* This designation should be used if you can demonstrate 100 % compliance with the Standard at all times and in all areas

Partially Compliant: This designation should be used if you are somewhat or mostly compliant with the standard but not 100% of the time in all areas

Non-compliant: This designation should be used if you are not compliant with the Standard at any time/in any area

N/A: This designation should be used if a standard does not apply to your program (e.g., if you do not have an investigational drug service, Standard 6.6d would be marked N/A)

**Any standard that you self-assess as PC or NC MUST be accompanied by an explanatory comment. Comment areas are included at the end of each Standard section of the pre-survey questionnaire.**

Please take time to consider the answers to your pre-survey questionnaire. An honest assessment of your program’s compliance will enable the surveyors to determine how best to provide information and guidance to help you to progress towards full compliance.



## PRE-SURVEY QUESTIONNAIRE AND SELF-ASSESSMENT CHECKLIST FOR ACCREDITATION OF POSTGRADUATE YEAR ONE (PGY1) COMMUNITY-BASED PHARMACY RESIDENCY PROGRAMS

**PURPOSE**

The pre-survey questionnaire serves to maximize the effectiveness and efficiency of the APhA-ASHP accreditation survey team when conducting the on-site survey. It provides a mechanism for the survey team and the practice site to collaborate more productively in assessing the residency program. Through your completion of the questionnaire before the survey visit, the team receives important information in advance that might otherwise take hours to extract during the survey. Additionally, the questionnaire should serve as a valuable self-study guide for identifying areas to improve and alert the program in advance to any areas of possible noncompliance with the residency standard. The survey process is intended to be thorough in its evaluation, consultative in nature, and educational for all involved. Thank you in advance for completing the pre-survey questionnaire.

**PROCESS**

The pre-survey questionnaire is designed to coincide with the 2016 *Accreditation Standard for Postgraduate Year One (PGY1) Community-Based Pharmacy Residency Programs* prepared jointly by the American Society of Health-System Pharmacists and the American Pharmacists Association. Therefore, it is imperative that you complete the questionnaire with the Standard or its associated Guidance document in hand. The questionnaire, like the Standard, comprises six Standards identified as Standards 1 through 6. Within each standard the specific requirements are listed in the same sequence as they appear in the accreditation standard. To the right of each requirement are four blank spaces where you **must** indicate your program's level of compliance with that requirement (i.e., Full Compliance - **FC**; Partial Compliance - **PC**; Non-Compliance - **NC;** or Not Applicable - **NA**). **Any standard requirement checked Non-Compliance or Partial Compliance must be explained in the “Comments” section**.

An important element for completing the pre-survey questionnaire is the “Pre-Survey Attachments.” Attachments are requested at the end of the questionnaire. Attachments are essential for the survey team to gain a thorough understanding of the program and to provide the best possible feedback for evaluation.

**REQUIREMENTS**

Typically**, three (3) complete sets** (hard copy) of the questionnaire, along with the required attachments, **must** be completed and returned to the Accreditation Services Office at ASHP headquarters no less than **45 days prior** to the scheduled on-site survey. This will allow adequate time for ASHP to process the documents and mail them to the survey team for review. **Please discuss options for electronic submission including requirements and specifications for the preparation and organization of the electronic packet with the assigned ASHP Lead Surveyor for your program.**

The questionnaire **does not** require that all information important to the team’s evaluation be provided in advance of the survey for one or more of the following reasons:

* Providing certain information in advance may not be practical because of the need for excessive photocopying (e.g., position descriptions, policy and procedures manual, residency program records).
* Other information may be too complex to review without the assistance of someone from the practice site.
* Compliance with some standards, particularly in cases where varied interpretations might arise, would be difficult to evaluate without an on-site review (e.g., maintenance of appropriate controls and records, proper storage, compliance with laws).

A separate list of On-site Exhibits that must be available for review during the survey is enclosed.



**PRE-SURVEY QUESTIONNAIRE AND SELF-ASSESSMENT CHECKLIST FOR THE ACCREDITATION OF A**

**POSTGRADUATE YEAR ONE (PGY1) COMMUNITY-BASED PHARMACY RESIDENCY PROGRAM**

**Program Code:** \_\_\_\_\_\_\_\_\_ **Name of Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_

**Program Director (RPD):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:**

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**Office Number: \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Program Sponsor Representative:**

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**Date Information Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Standard 1: Requirements for Resident Selection and Resident Completion of the Program** | | | | | |
|  |  | **FC** | **PC** | **NC** | **N/A** |
| 1.1 | The residency program director (RPD) or designee evaluates the qualifications of applicants to pharmacy residencies through a documented, formal procedure based on predetermined criteria. |  |  |  |  |
|  |  |  |  |  |  |
| 1.2 | The predetermined criteria and procedure used to evaluate applicants’ qualifications are used by all involved in the evaluation and ranking of applicants. |  |  |  |  |
|  |  |  |  |  |  |
| 1.3 | Applicants to pharmacy residencies are graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE)–accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). |  |  |  |  |

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|  |  | **FC** | **PC** | **NC** | **N/A** |
| 1.4 | Applicants to pharmacy residencies are licensed or eligible for licensure in the state or jurisdiction in which the program is conducted. |  |  |  |  |
|  |  |  |  |  |  |
| 1.5 | **Consequences of residents’ failure to obtain appropriate licensure either prior to or within ninety days of the start date of the residency are addressed in written policy of the residency program.** |  |  |  |  |
|  |  |  |  |  |  |
| 1.6 | **Program policies, requirements for successful completion of the program, and expectations of residents in the program are documented.** |  |  |  |  |
| 1.6.a | Program policies, requirements for successful completion of the program, and expectations of residents in the program are provided (either in print or electronically) to interviewees prior to the interview date. Applicants are given the opportunity to obtain more information and ask questions during the interview process. |  |  |  |  |
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| Standard 1 Comments: | | | | | |
|  | | | | | |
| **Standard 2: Responsibilities of the Program to the Resident** | | **FC** | **PC** | **NC** | **N/A** |
| 2.1 | Programs are a minimum of twelve months and a full-time practice commitment or equivalent. |  |  |  |  |
| 2.1.a | Nontraditional residency programs describe the program’s design and length used to meet the required educational competency areas, goals, and objectives. |  |  |  |  |
|  |  |  |  |  |  |
| 2.2 | Programs must comply with the ASHP duty-hour standards. |  |  |  |  |
|  |  |  |  |  |  |
| 2.3 | All programs in the ASHP accreditation process adhere to the *Rules for the ASHP Pharmacy Resident Matching Program* (Match), unless exempted by the ASHP Commission on Credentialing. |  |  |  |  |
|  |  |  |  |  |  |
| 2.4 | The RPD provides residents who are accepted into the program with a letter outlining their acceptance to the program. |  |  |  |  |
| 2.4.a | Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing and criminal record check) and other relevant information (e.g., benefits, stipend) must be provided. |  |  |  |  |
| 2.4.b | Acceptance by residents of the residency terms and conditions, requirements for successful completion, and expectations of residents in the program are documented prior to the beginning of the residency. |  |  |  |  |
|  |  |  |  |  |  |
| **2.5** | **The residency program provides qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.** |  |  |  |  |
|  |  |  |  |  |  |
| 2.6 | The residency program provides residents with an area in which to work, access to references, an appropriate level of relevant technology, access to educational opportunities, and sufficient financial support to fulfill the responsibilities of the program. |  |  |  |  |
|  |  |  |  |  |  |
| **2.7** | **The RPD documents residents’ successful completion of program requirements.** |  |  |  |  |
|  |  | **FC** | **PC** | **NC** | **N/A** |
| **2.8** | **The RPD issues a certificate only to residents who complete the program’s requirements in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*.** |  |  |  |  |
| 2.8.a | The certificate is signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency. |  |  |  |  |
| 2.8.b | When the program has achieved accreditation, appropriate reference is made on the certificate of the residency that the program is accredited by ASHP in partnership with APhA. |  |  |  |  |
|  |  |  |  |  |  |
| **2.9** | **The RPD maintains the program’s compliance with the provisions of the current version of the *ASHP Regulations on Accreditation of Pharmacy Residencies* throughout the accreditation cycle.** |  |  |  |  |
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| Standard 2 Comments: | | | | | |
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| **Standard 3: Design and Conduct of the Residency Program** | | **FC** | **PC** | **NC** | **N/A** | |
| 3.1 | Residency Purpose and Description. The residency program is designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards. |  |  |  |  | |
| 3.1.a | PGY1 Community-Based Pharmacy Residency Program Purpose. To build upon the doctor of pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications. |  |  |  |  | |
| 3.1.b | Individualized Program Description. Each PGY1 community-based pharmacy residency program establishes, documents, and promotes a brief description of its program that aligns with the universal purpose statement of a PGY1 community-based pharmacy residency program and elaborates on the unique aspects of its program. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.2 | Competency Areas, Educational Goals, and Objectives |  |  |  |  | |
| 3.2.a | The program’s educational goals and objectives support achievement of the residency’s purpose. |  |  |  |  | |
| 3.2.b | The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program’s design: |  |  |  |  | |
|  | **3.2.b.1 patient care.** |  |  |  |  | |
|  | **3.2.b.2 leadership and management.** |  |  |  |  | |
|  | **3.2.b.3 advancement of community based practice and improving patient care** |  |  |  |  | |
|  | **3.2.b.4 teaching, education, and dissemination of knowledge** |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
| 3.2.c | Beyond those required in 3.2b, additional educational goals and/or objectives may be included in the program design under required competencies that then become required for all residents in the program. |  |  |  |  | |
| 3.2.d | For a specific resident, additional educational goals and/or objectives may be added to customize his or her individual training. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.3 | Program Structure and Design |  |  |  |  | |
| 3.3.a | The structure of the program is established, described, and formally documented. |  |  |  |  | |
|  | 3.3.a.1 The description includes a list of all required and elective learning experiences. |  |  |  |  | |
|  | 3.3.a.2 The description includes the type (e.g., longitudinal, rotational, extended, concentrated) of each learning experience. |  |  |  |  | |
|  | 3.3.a.3 The description includes the duration for each learning experience. |  |  |  |  | |
|  |  |  |  |  |  | |
| **3.3.b** | **The program’s structure facilitates achievement of the program’s educational goals and objectives.** |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.3.c | The program’s structure and design facilitate education and training of the resident in patient care (can be accomplished using one or more practice locations) including: |  |  |  |  | |
|  | **3.3.c.1 medication management including comprehensive medication management and targeted medication intervention services with follow-up;** |  |  |  |  | |
|  | **3.3.c.2 health and wellness;** |  |  |  |  | |
|  | **3.3.c.3 immunizations;** |  |  |  |  | |
|  | **3.3.c.4 disease state management incorporating medication management** |  |  |  |  | |
|  | **3.3.c.5 care transitions incorporating medication reconciliation and medication management; and,** |  |  |  |  | |
|  | **3.3.c.6 patient-centered medication distribution** |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
| 3.3.d | The structure permits residents to gain experience and sufficient practice with diverse patient populations with a variety of disease states and conditions, and diverse range of patients’ medication treatments and health-related needs. |  |  |  |  | |
|  | **3.3.d.1 Residents spend two-thirds or more of the program in patient care activities.** |  |  |  |  | |
|  | **3.3.d.2 Residents spend no more than one-third of the twelve-month PGY1 pharmacy residency program in a practice or environment providing care to a specific patient disease state and population (e.g., diabetes, hypertension, hyperlipidemia, asthma, anticoagulation).** |  |  |  |  | |
|  | **3.3.d.3 Residents gain practice and experience in longitudinal patient care delivery and the development of extended patient relationships.** |  |  |  |  | |
|  | 3.3.d.4 Residents function and work as a member of the health care team. |  |  |  |  | |
|  | 3.3.d.5 Residents provide patient care in settings and environments with and without access to existing sources of complete patient health data. |  |  |  |  | |
|  | **3.3.d.6 Residents appropriately document patient care in the patient’s health care record.** |  |  |  |  | |
|  | 3.3.d.7 Residents use technology including electronic health record functionality., |  |  |  |  | |
|  | 3.3.d.8 Residents progress over the course of the residency to become more efficient and effective with the ability to work independently as patient care providers. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.3.e | Learning Experience Requirements |  |  |  |  | |
|  | **3.3.e.1 Learning experience descriptions are documented and include:** |  |  |  |  | |
|  | 3.3.e.1.1 a general learning description synopsis, that includes the practice area and the roles of pharmacists in the practice area; |  |  |  |  | |
|  | 3.3.e.1.2 expectations of residents; |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | 3.3.e.1.3 educational goals and objectives assigned to the learning experience; |  |  |  |  | |
|  | 3.3.e.1.4 for each objective, a list of learning activities that will facilitate its achievement; and, |  |  |  |  | |
|  | 3.3.e.1.5 a description of evaluations that are to be completed by preceptors and residents. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.3.e.2 Program structure includes a residency program orientation learning experience where the RPD or designee orients residents to the residency program. |  |  |  |  | |
|  | 3.3.e.2.1 For all other learning experiences, preceptors orient residents to their learning experience, including review of the learning experience description. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.3.e.2.2 The learning experience design requires preceptors to use the four preceptor roles (i.e., instructing, modeling, coaching, facilitating). |  |  |  |  | |
| 3.4 | Assessment and Evaluation Requirements |  |  |  |  | |
| 3.4.a | RPD and Preceptor Evaluation Requirements |  |  |  |  | |
|  | 3.4.a.1 Initial Evaluation |  |  |  |  | |
|  | 3.4.a.1.1 At the beginning of the residency, the RPD or designee, in conjunction with preceptors, assesses each resident’s entering knowledge and skills in relation to the educational goals and objectives. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.a.2 Formative (Ongoing, Regular) Evaluation |  |  |  |  | |
|  | **3.4.a.2.1 Preceptors provide ongoing, frequent, immediate, specific, and constructive feedback to residents about how they are progressing and how they can improve.** |  |  |  |  | |
|  | 3.4.a.2.2 Preceptors make appropriate adjustments to residents’ learning activities in response to information obtained through day-to-day observations, interactions, and assessments. |  |  |  |  | |
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|  |  |  |  |  |  | |
|  | 3.4.a.3 Summative Evaluation | **FC** | **PC** | **NC** | **N/A** | |
|  | **3.4.a.3.1 At the end of each learning experience, preceptors for the learning experience complete and document a criteria-based, summative evaluation of the resident’s progress toward achievement of educational goals and objectives assigned to the learning experience.** |  |  |  |  | |
|  | 3.4.a.3.1.1 If more than one preceptor is assigned to a learning experience, all preceptors provide input into the resident’s evaluation. |  |  |  |  | |
|  | 3.4.a.3.1.2 For longitudinal learning experiences greater than twelve weeks but less than six months in length, a documented summative evaluation is completed at least twice, at the midpoint and end of the experience. For those greater than six months, summative evaluations are conducted quarterly (every three months) and at the conclusion of the learning experience. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.a.3.2 The preceptor and resident discuss the summative evaluation and the extent of the resident’s progress toward achievement of assigned educational goals and objectives with reference to specific criteria. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.a.3.3 Completed summative evaluations are signed by learning experience preceptors, cosigned by the resident, and reviewed by the RPD or designee. |  |  |  |  | |
|  | 3.4.a.3.3.1 For preceptors-in-training, both the preceptor-in training, and the preceptor advisor/coach sign evaluations. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.4.b | Development Plan Requirements |  |  |  |  | |
|  | 3.4.b.1 The RPD or designee creates, documents, and maintains a development plan for each resident. |  |  |  |  | |
|  | 3.4.b.1.1 The RPD or designee creates an initial development plan. |  |  |  |  | |
|  | **3.4.b.1.1.1 The initial plan is based on the results of the resident’s initial self-evaluation.** |  |  |  |  | |
|  | 3.4.b.1.1.2 The initial plan is completed by the end of the orientation period, but no later than thirty days from the start of the residency. |  |  |  |  | |
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|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | **3.4.b.1.1.3 Adjustments to the resident’s learning experiences, learning activities, evaluations, and other changes are documented in the initial plan.** |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.b.2 Quarterly Update of Development Plan |  |  |  |  | |
|  | **3.4.b.2.1 On a quarterly basis, the RPD or designee assesses the resident’s progress and adjusts the development plan.** |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.b.3 The development plan and any adjustments are documented and shared with the resident’s preceptors. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.4.c | Resident Evaluation Requirements |  |  |  |  | |
|  | 3.4.c.1 Self-Reflections |  |  |  |  | |
|  | 3.4.c.1.1 Residents complete a written statement of self-reflection at the beginning of the residency to identify learning expectations and desired areas of professional growth. |  |  |  |  | |
|  | 3.4.c.1.2 Residents complete a written statement of self-reflection at the conclusion of residency to identify competencies achieved, competencies requiring additional attention, and a plan for future professional development. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.c.2 Initial Self-Evaluation |  |  |  |  | |
|  | 3.4.c.2.1 Residents complete a self-assessment of their entering knowledge and skills related to the educational goals and objectives. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.c.3 Formative (Ongoing/ Regular) Self-Evaluation |  |  |  |  | |
|  | **3.4.c.3.1 Residents practice criteria-based, formative self-evaluation for aspects of their routine performance.** |  |  |  |  | |
|  |  |  |  |  |  | |
|  | **3.4.c.4 Summative Self-Evaluation** |  |  |  |  | |
|  | 3.4.c.4.1 The program has a defined plan for the resident to complete and document criteria-based, summative self-evaluation toward achievement of targeted objectives in learning experiences. |  |  |  |  | |
|  | 3.4.c.4.2 Residents are taught how to perform self-evaluation. |  |  |  |  | |
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|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | 3.4.c.5 Resident Evaluation of Preceptor |  |  |  |  | |
|  | 3.4.c.5.1 Residents complete at least one evaluation of each preceptor assigned to a learning experience. |  |  |  |  | |
|  | 3.4.c.5.2 For longitudinal learning experiences greater than twelve weeks in length, preceptor evaluations are conducted at least twice; one no later than the midpoint and one at the end of the learning experience. |  |  |  |  | |
|  | 3.4.c.5.3 If one preceptor is assigned to more than one longitudinal learning experience, the resident may complete only one combined evaluation for the individual preceptor. |  |  |  |  | |
|  | 3.4.c.5.4 The preceptor and resident discuss the resident’s preceptor evaluation. |  |  |  |  | |
|  | 3.4.c.5.5 Completed preceptor evaluations are signed by the preceptors and reviewed and cosigned by the RPD or designee. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 3.4.c.6 Learning Experience Evaluations |  |  |  |  | |
|  | 3.4.c.6.1 Residents complete an evaluation of each learning experience at the end of the learning experience. |  |  |  |  | |
|  | 3.4.c.6.2 For longitudinal learning experiences greater than twelve weeks in length, learning experience evaluations are conducted at least twice; one no later than the midpoint and one at the end of the learning experience. |  |  |  |  | |
|  | 3.4.c.6.3 The preceptor(s) and resident discuss the learning experience evaluation. |  |  |  |  | |
|  | 3.4.c.6.4 Completed learning experience evaluations are signed by the preceptor(s) and reviewed and cosigned by the RPD or designee. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.5 | Continuous Residency Program Improvement |  |  |  |  | |
| 3.5.a | The RPD and the Residency Advisory Committee (RAC) (and partner representatives if applicable), engage in an ongoing process of assessment of the residency program including a formal annual program evaluation. |  |  |  |  | |
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|  |  | **FC** | **PC** | **NC** | **N/A** | |
| 3.5.b | The RPD or designee develops and implements program improvement activities to respond to the results of the assessment of the residency program. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.5.c | The residency program’s continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 community-based pharmacy residency through graduate tracking, an annual review of the program design, and a review of input from each year’s graduates. |  |  |  |  | |
|  |  |  |  |  |  | |
| 3.5.d | Information tracked must include initial employment and may include changes in employment, board certification, surveys of past graduates, or other applicable information. |  |  |  |  | |
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| Standard 3 Comments: | | | | | | |
|  | | | | | | |
| **Standard 4: Requirements of the Residency Program Director and Preceptors** | | **FC** | **PC** | **NC** | **N/A** | |
| 4.1 | Program Leadership Requirements |  |  |  |  | |
| 4.1.a | Each residency program has a single RPD who is a pharmacist from a practice location involved in the program or from the sponsoring organization. |  |  |  |  | |
|  | 4.1.a.1 The RPD establishes and chairs the RAC specific to that program. |  |  |  |  | |
|  | 4.1.a.2 The RPD may delegate, with oversight, to one or more individuals the administrative duties/activities for the conduct of the residency program. |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.1.b | Each residency program has a designated sponsoring organization. |  |  |  |  | |
|  | 4.1.b.1 For residencies conducted by one organization, that organization is the designated sponsoring organization. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 4.1.b.2 When a residency is conducted by more than one organization (two organizations in partnership, such as a college of pharmacy, company, or health system), the partners will agree to and designate the sponsoring organization in a formal agreement. |  |  |  |  | |
|  | 4.1.b.2.1 The agreement includes definition of: |  |  |  |  | |
|  | 4.1.b.2.1.1 responsibilities of all partners; |  |  |  |  | |
|  | 4.1.b.2.1.2 responsibilities of the RPD; and, |  |  |  |  | |
|  | 4.1.b.2.1.3 the RPD’s accountability to the organizations. |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.2 | Residency Program Directors (RPD) | **FC** | **PC** | **NC** | **N/A** | |
| **4.2.a** | **Eligibility of the RPD** |  |  |  |  | |
|  | An RPD is a licensed pharmacist who: |  |  |  |  | |
|  | has completed an ASHP-accredited PGY1 residency and a minimum of three years of pharmacy practice experience in a community or ambulatory practice environment; or, |  |  |  |  | |
|  | has completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience in a community or ambulatory practice environment; or, |  |  |  |  | |
|  | has not completed an ASHP-accredited residency, but has five or more years of pharmacy practice experience in a community or ambulatory practice environment. |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.2.b | Qualifications of the RPD |  |  |  |  | |
|  | RPDs serve as role models for pharmacy practice, as evidenced by: |  |  |  |  | |
|  | **4.2.b.1 leadership within the pharmacy department or within the organization through a documented record of improvements in and contributions to pharmacy practice;** |  |  |  |  | |
|  | **4.2.b.2 demonstration of ongoing professionalism and contribution to the profession; and,** |  |  |  |  | |
|  | **4.2.b.3 participation in workgroups or committees within the organization.** |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.2.c | Leadership Responsibilities of the RPD |  |  |  |  | |
|  | RPDs serve as designated and authorized leaders of the residency program and have responsibility for: |  |  |  |  | |
|  | 4.2.c.1 organization and leadership of the RAC that provides guidance for residency program conduct and related issues; |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 4.2.c.2 oversight of the progression of residents within the program and documentation of completed requirements; |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | 4.2.c.3 appointment of preceptors for the program; |  |  |  |  | |
|  | 4.2.c.3.1 RPDs, in cooperation with site coordinators and partnering organization when applicable, identify preceptors for the program. |  |  |  |  | |
|  | 4.2.c.3.2 RPDs develop and apply criteria consistent with those required by the Standard to qualify preceptors for the program. |  |  |  |  | |
|  | 4.2.c.3.3 RPDs appoint preceptors once qualified. |  |  |  |  | |
|  | 4.2.c.3.4 RPDs or designees create and implement an overall preceptor development program and oversee the creation of individual preceptor development plans. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 4.2.c.4 leadership of continuous residency program improvement in conjunction with the RAC; and, |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 4.2.c.5 collaboration with all partners of the program. |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.3 | Pharmacist Preceptors |  |  |  |  | |
| **4.3.a** | **Eligibility of Preceptors** |  |  |  |  | |
|  | A pharmacist preceptor is a licensed pharmacist who: |  |  |  |  | |
|  | has completed an ASHP-accredited PGY1 residency and a minimum of one year of pharmacy practice experience in a community or ambulatory practice environment; or, |  |  |  |  | |
|  | has completed ASHP-accredited PGY1 and PGY2 residencies with six months of pharmacy practice experience in a community or ambulatory practice environment; or, |  |  |  |  | |
|  | has not completed an ASHP-accredited residency, but has three or more years of pharmacy practice experience in a community or ambulatory practice environment. |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.3.b | Qualifications of Preceptors | **FC** | **PC** | **NC** | **N/A** | |
|  | Preceptors demonstrate the ability to precept residents’ learning experiences as evidenced by: |  |  |  |  | |
|  | 4.3.b.1 ability to use preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at the level required by residents; |  |  |  |  | |
|  | 4.3.b.2 ability to assess and provide appropriate feedback on the residents’ performance; |  |  |  |  | |
|  | **4.3.b.3 recognition in the area of pharmacy practice for which they serve as preceptors;** |  |  |  |  | |
|  | **4.3.b.4 an established, active practice in the area for which they serve as preceptor;** |  |  |  |  | |
|  | 4.3.b.5 maintenance of continuity of practice during the time of residents’ learning experiences; and, |  |  |  |  | |
|  | **4.3.b.6 ongoing professionalism, including a personal commitment to advancing the profession.** |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.3.c | Preceptors’ Responsibilities |  |  |  |  | |
|  | Preceptors serve as role models for learning experiences and they: |  |  |  |  | |
|  | 4.3.c.1 contribute to the success of residents and the program; |  |  |  |  | |
|  | 4.3.c.2 create, implement, and maintain learning experiences in accordance with Standard 3; |  |  |  |  | |
|  | 4.3.c.3 participate actively in the residency program’s continuous quality improvement processes; |  |  |  |  | |
|  | 4.3.c.4 demonstrate practice expertise, strive to continuously improve, and instruct the resident in learning experiences using established preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at appropriate levels required by the individual resident; |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | 4.3.c.5 adhere to residency program and department policies pertaining to residents and services; and, |  |  |  |  | |
|  | 4.3.c.6 demonstrate commitment to advancing the residency program and pharmacy services. |  |  |  |  | |
| 4.3.d | Preceptors-in-Training |  |  |  |  | |
|  | 4.3.d.1 Pharmacists who do not fully meet the qualifications for residency preceptors in sections 4.3.a, 4.3.b, and 4.3.c above are designated as preceptors-in-training. |  |  |  |  | |
|  | 4.3.d.1.1 Each is assigned an advisor or coach who is a qualified preceptor. |  |  |  |  | |
|  | 4.3.d.1.2 Each has a documented preceptor development plan to achieve qualifications to become a residency preceptor within two years. |  |  |  |  | |
|  |  |  |  |  |  | |
| 4.4 | Non-Pharmacist Preceptors |  |  |  |  | |
| 4.4.a | When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners, administrators) are utilized as preceptors, the RPD and preceptors determine if the resident demonstrates independence as a practitioner to participate in the learning experience. |  |  |  |  | |
|  | 4.4.a.1 If independence as a pharmacist practitioner is required for the resident during the learning experience, the learning experience is scheduled after the RPD and preceptors agree that the resident is adequately prepared to perform at the required level. |  |  |  |  | |
|  | 4.4.a.2 If the learning experience is related to inter-professional training (e.g., acquiring skills and abilities to be taught by other health care professionals such as physical assessment and triage, or if working with individuals with expertise outside patient care), RPD and preceptors determine appropriate scheduling of learning experiences to maximize education and training of the resident. |  |  |  |  | |
|  | 4.4.a.3 The RPD, designee, or other pharmacist preceptors work closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience. |  |  |  |  | |
|  | 4.4.a.4 At the end of each learning experience, non-pharmacist preceptors for the learning experience complete and document a criteria-based, summative evaluation of the resident’s progress toward achievement of educational goals and objectives assigned to the learning experience. |  |  |  |  | |
| Standard 4 Comments: | | | | | | |
| **Standard 5: Requirements for Organizational Structure of the Residency Program** | | | | | | |
| **5.1** | **Requirements for a Sponsoring Organization** | **FC** | **PC** | **NC** | **N/A** | |
| 5.1 a | All residency programs must have a sponsoring organization. |  |  |  |  | |
|  |  |  |  |  |  | |
| 5.1.b | The sponsoring organization maintains authority and responsibility for the quality of the residency program. |  |  |  |  | |
|  |  |  |  |  |  | |
| 5.1.c | The sponsoring organization ensures that the residency program meets residency accreditation requirements. |  |  |  |  | |
|  |  |  |  |  |  | |
| 5.1.d | Sponsoring organizations and all partnering organizations have signed agreement(s) that clearly define the responsibilities for all aspects of the residency program. |  |  |  |  | |
|  | 5.1.d.1 A method of evaluation is in place to ensure that the purpose of the residency and the terms of the agreement are being met. |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | 5.1.d.2 A mechanism is established and documented for achieving consensus among partners on the evaluation and ranking of applicants for the residency. |  |  |  |  | |
| 5.2 | Requirements for Practice Locations |  |  |  |  | |
| 5.2.a | Practice locations compare the quality, safety, and financial viability of the patient care services provided at the location against national professional guidelines and Board of Pharmacy requirements to determine areas for improvement. |  |  |  |  | |
|  |  |  |  |  |  | |
| **5.2.b** | **Practice locations have sought and accepted outside appraisal of facilities and patient care practices, when such appraisals are established and recognized. The external appraisal is conducted by a recognized organization appropriate to the individual practice.** |  |  |  |  | |
|  |  |  |  |  |  | |
| 5.2.c | Practice locations are staffed with personnel who are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and organizational guidelines and standards, and are provided with sufficient resources to adequately conduct the program. |  |  |  |  | |
| 5.3 | Requirements for Program’s Organizational Structure |  |  |  |  | |
| 5.3.a | Programs are structured as either a single-site or a multiple-site program. |  |  |  |  | |
|  | 5.3.a.1 A PGY1 community-based single-site pharmacy residency is a program that is structured so that training occurs within one organizational entity. |  |  |  |  | |
|  | 5.3.a.1.1 All requirements for residency training are achievable within the individual organizational entity practice locations. |  |  |  |  | |
|  |  |  |  |  |  | |
|  | 5.3.a.2 A PGY1 community-based multiple-site pharmacy residency is one in which two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., independent community pharmacy, chain pharmacy, food chain pharmacy, outpatient clinic/ facility, physician practices, college of pharmacy or health system)offer a pharmacy residency. A college of pharmacy (COP) is considered a practice location only if the COP has practice locations serving as a home base. |  |  |  |  | |
|  | **5.3.a.2.1 For multiple-site programs, a site coordinator is appointed to manage and oversee the day-to-day operations of the residency program at each home-base practice location by the RPD in cooperation with the practice location and partnering organization.** |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
|  | 5.3.a.2.2 RPD, site coordinators, and the partnering organization, when applicable, work together to appoint and develop pharmacy staff to become preceptors for the program. |  |  |  |  | |
|  | 5.3.a.2.3 A mechanism is documented for achieving consensus between partners on the evaluation and ranking of applicants for the residency. |  |  |  |  | |
|  | 5.3.a.2.4 For multiple-site programs, additional practice sites used for training an individual resident beyond the resident’s home-base practice site meet the requirements established for pharmacy services in Standard 6 |  |  |  |  | |
|  | 5.3.a.2.5 Multiple-site residency programs are in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs*. |  |  |  |  | |
|  |  |  |  |  |  | |
| **5.3.b** | **Each resident in the program, regardless if single -site or multiple-site, is assigned a specific community-based home practice location (site) where he or she spends no less than 40% of his or her time.** |  |  |  |  | |
|  | **5.3.b.1 Home-base practice location (site) meets the patient care services criteria under Standard 6.** |  |  |  |  | |
|  | 5.3.b.2 Multiple residents may be located within a single home-base practice location (site) if the level of services and patient care activities are sufficient in diversity, variety, complexity and quantity to educate and train multiple residents within the practice. |  |  |  |  | |
|  |  |  |  |  |  | |
| Standard 5 Comments: | | | | | | |
| **Standard 6: Pharmacy Practice** | |  |  |  |  | |
| 6.1 | Pharmacy Practice Structure and Management | **FC** | **PC** | **NC** | **N/A** | |
| 6.1.a | Pharmacy practice is led and managed by a professional, legally qualified pharmacist. |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.1.b | The practice has a well-defined organizational structure that supports the safe and effective provision of services including: |  |  |  |  | |
|  | 6.1.b.1 mission statement; |  |  |  |  | |
|  | 6.1.b.2 current policies and procedures that are readily available to staff participating in service provision; |  |  |  |  | |
|  | 6.1.b.3 descriptions of roles and responsibilities for all categories of pharmacy personnel, including residents; |  |  |  |  | |
|  | **6.1.b.4 procedures to ensure that medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective; and,** |  |  |  |  | |
|  | **6.1.b.5 procedures to ensure that pharmacists’ patient care services are safe, effective, and evidence-based.** |  |  |  |  | |
|  |  |  |  |  |  | |
| **6.1.c** | **The practice has a strategic plan and documentation of progress on long-term and short-term goals.** |  |  |  |  | |
|  | 6.1.c.1 For organizations where the pharmacy department is part of a larger practice, the practice strategic planning committee includes pharmacist representatives in the planning of patient care services. |  |  |  |  | |
|  |  |  |  |  |  | |
| **6.1.d** | **The practice is in compliance with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site.** |  |  |  |  | |
|  |  |  |  |  |  | |
| **6.1.e** | **The practice is in compliance with current national practice standards and guidelines.** |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  | **FC** | **PC** | **NC** | **N/A** | |
| 6.2 | Pharmacy Resources: Pharmacy practice has sufficient resources required to provide services pursuant to the needs of the patient population of the practice. The practice: |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.2.a | is designed, constructed, organized, and equipped to promote safe and efficient work; |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.2.b | is designed to accommodate confidential patient assessment, counseling, and provision of patient care; |  |  |  |  | |
|  |  |  |  |  |  | |
| **6.2.c** | **has professional, technical, and clerical staff sufficient and diverse enough to ensure that the practice can provide the level of service required by patients served;** |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.2.d | has access to appropriate medical informatics, patient assessment tools/equipment, and technology necessary to provide the scope of services; |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.2.e | has a system to appropriately document patient care and other services of the practice; and, |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.2.f | has systems to support the connectivity and interoperability of information systems. |  |  |  |  | |
|  |  |  |  |  |  | |
| 6.3 | Pharmacy Services |  |  |  |  |
| 6.3.a | Pharmacy services, when applicable, extend to all areas of the practice internally and externally to the pharmacy in which medications for patients are prescribed, dispensed, administered, and monitored. |  |  |  |  |
|  | 6.3.a.1 Pharmacy services are integrated and provided collaboratively between internal and external areas of the practice. |  |  |  |  |
|  |  |  |  |  |  |
| 6.3.b | Patient care services are developed and implemented in the practice based on the mission of the practice and an assessment of pharmacist services needed to provide care to patients served by the practice. Patient care services include but are not limited to: |  |  |  |  |
|  | **6.3.b.1 medication management including comprehensive medication management and targeted medication intervention services with follow-up;** |  |  |  |  |
|  | **6.3.b.2 health and wellness;** |  |  |  |  |
|  | **6.3.b.3 immunizations;** |  |  |  |  |
|  | **6.3.b.4 disease state management incorporating medication management; and** |  |  |  |  |
|  | 6.3.b.5 care transitions with incorporated medication reconciliation and medication management. |  |  |  |  |
|  |  |  |  |  |  |
| 6.3.c | The patient-centered dispensing system includes the following components: |  |  |  |  |
|  | **6.3.c.1 a system where pharmacists are responsible for the safe and effective procurement, preparation, distribution, and control of all medications used or administered throughout the practice;** |  |  |  |  |
|  | 6.3.c.2 a system fostering accountability and optimization of safe medication-use system technologies; |  |  |  |  |
|  | **6.3.c.3 routine patient counseling and education services on medication initiation with any change to medication therapy for high-risk medications and high-risk patients; and,** |  |  |  |  |
|  | 6.3.c.4 evidence-based targeted interventions integrated into the patient-centered dispensing process. |  |  |  |  |
|  |  |  |  |  |  |
| 6.4 | Pharmacists’ Roles/Responsibilities |  |  |  |  |
|  | Pharmacists providing professional services at the practice will: |  |  |  |  |
| 6.4.a | manage selection, procurement, storage, and dispensing of medications used within the organization; |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.b** | **prospectively review, evaluate, and assess the appropriateness and safety of medication prescriptions/orders;** |  |  |  |  |
|  |  | **FC** | **PC** | **NC** | **N/A** |
| 6.4.c | assist patients with self-care decisions; |  |  |  |  |
|  |  |  |  |  |  |
| 6.4.d | administer medications based on collaborative practice agreements or other treatment protocols consistent with the laws, regulations, and practice policies and procedures; |  |  |  |  |
|  |  |  |  |  |  |
| 6.4.e | manage adverse drug event monitoring, resolution, reporting, and prevention programs; |  |  |  |  |
|  |  |  |  |  |  |
| 6.4.f | develop and define protocols for the delivery of patient care services; |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.g** | **follow the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process using the principles of evidence-based practice;** |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.h** | **identify and take responsibility for resolution of drug therapy problems;** |  |  |  |  |
|  |  |  |  |  |  |
| 6.4.i | perform physical assessments and conduct, order, and interpret laboratory tests based on collaborative practice agreements or other treatment protocols consistent with the law, regulations, and practice policies and procedures; |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.j** | **participate in initiating, modifying, and discontinuing drug therapy, based on collaborative practice agreements or other treatment protocols consistent with the laws, regulations, and practice policies and procedures;** |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.k** | **proactively provide education and counseling to patients regarding medications and related products;** |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.l** | **document patient care in the patient’s health care record;** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **FC** | **PC** | **NC** | **N/A** |
| **6.4.m** | **communicate with patients and families as appropriate to address and resolve potential barriers to safe and effective medication use (e.g., literacy, access, language needs);** |  |  |  |  |
|  |  |  |  |  |  |
| **6.4.n** | **collaborate, document, and communicate with physicians, other pharmacists, patients, and other health care professionals as a member of an *interprofessional* team in the provision of safe, effective, and coordinated patient-centered care;** |  |  |  |  |
|  |  |  |  |  |  |
| 6.4.o | provide educational programs about medications, medication therapy, health, and other related matters to patients, caregivers, and health care providers; and, |  |  |  |  |
|  |  |  |  |  |  |
| 6.4.p | participate in projects and activities relating to improving population health. |  |  |  |  |
|  |  |  |  |  |  |
| 6.5 | Continuous Quality Improvement |  |  |  |  |
| **6.5.a** | **Practice personnel engage in an ongoing process to assess the quality of pharmacy services.** |  |  |  |  |
|  | 6.5.a.1 The practice has procedures to document, track, evaluate, and report patient care outcomes data. |  |  |  |  |
|  |  |  |  |  |  |
| **6.5.b** | **Practice personnel develop and implement pharmacy services improvement initiatives in response to assessment results.** |  |  |  |  |
|  |  |  |  |  |  |
| 6.5.c | Practice assessment and improvement processes routinely include assessing and developing skills of the practice’s staff. |  |  |  |  |

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| Standard 6 Comments: |

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| --- | --- | --- | --- | --- |
| **Resident’s First and Last Name** | **College of Pharmacy from Which Resident Graduated** | **Degree (if other than Doctor of Pharmacy)** | **Graduation Year** | **Resident Home Site**  **(Multi-site Programs Only)** |
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**PGY1 Resident Roster**

Please complete the information below for all current residents. If no residents for current residency year, please list residents’ information from most recent

residency year.

**Residency Year:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preceptor Roster and requirement Record**

Please complete the information below for all pharmacy personnel who serve as preceptors in the pharmacy residency program.

Regarding the eligibility, responsibilities, and qualification requirements of the Accreditation Standard, indicate (Yes/No) if the preceptor does or does not meet each requirement listed. Cells will move to accommodate information inserted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Preceptor Name** | **Learning Experience(s) Precepted**  **Required or Elective?** | **Area of Day-to-Day Practice** | **4.3.b.3: Preceptor Meets Eligibility Requirements** | **4.3.b.4: Preceptor Meets Responsibility Requirements** | **4.3.b.6:**  **Preceptor Meets Qualifications Requirements** |
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| **Preceptor in Training** |  |  |  |  |  |
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**Preceptor Academic and Professional Record\***

|  |
| --- |
|  |
| Full Name and Credentials: |
|  |
| Position or Title: |
|  |
| Are you a Residency Program Director (RPD)?  Yes  No  If yes, for which type of program are you RPD?  PGY1  PGY2 (specialty area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization/Training Site: |
| Title of Learning Experience(s) Precepted: |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College or University** |  | **Dates** |  | **Degree/Major** |
|  |  |  |  |  |
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**Postgraduate Training** (e.g., residency, fellowship)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Specific Type of Postgraduate Training** |  | **Organization** |  | **Program Director** |  | **Dates** |
|  |  |  |  |  |  |  |
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**Professional Experience** (List your experience in pharmacy practice for the last ten years, most recent record first.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Practice Site** |  | **Location** |  | **Position and Title** |  | **Dates** |
|  |  |  |  |  |  |  |
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**Briefly describe your contributions/experiences in the following sections, which correspond to Qualifications of the Residency Program Director and Preceptors, and can be found in Standard 4 of the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies* or the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residencies.* Refer to the *Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One or Two (PGY1)/(PGY2) Pharmacy Residency Programs* for additional information on residency program director and preceptor qualifications.**

1. **Recognition in the area of pharmacy practice for which you serve as a preceptor. (A minimum of one example in this section must be addressed. If preceptor recognition is by credentialing/privileging granted by organization, a copy of the organization’s credentialing process policy must be included in the pre-survey packet. Include only examples of active practice after licensure and any residency training (See Guidance 4.8.c).**

* Active BPS Certification(s) (type(s) and expiration date):
* Post-graduate Fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, and MHA):
* Fellow Status for a State or National Organization:
* Certificate of completion from a state or nationally available-program that relates to the area of practice precepted (Note: health-system/local residency site based programs are excluded):
* Pharmacy related certification recognized by the Council on Credentialing in Pharmacy (CCP) (Note: BLS, ACLS, PALS do not meet requirement) (Type(s) and Expiration date):
* Credential/Privileging Granted by Organization (type(s) and expiration date):
* Pharmacist of the Year Recognition at state/city/institutional level (list organization and date):
* Recognition at organization level for patient care, quality, or teaching excellence (please describe type and date of recognition and the approximate number of recipients per year):
* Subject matter expertise as demonstrated by ten or more years of practice experience in the area precepted:

1. **An established, active practice for which you serve as preceptor. (A minimum of one example in this section should have been demonstrated within the past 5 years). Items listed in the below areas must pertain to the learning experiences precepted. Include only examples of active practice after licensure and any residency training and include date of contribution/appointment.**

Contribution to the development of clinical or operational policies/guidelines/protocols (Narrative):

Contribution to the creation/implementation of a new clinical service or service improvement initiative (Narrative):

Appointments to drug policy and other committees of the organization (e.g., practice setting, college of pharmacy):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Committee |  | Activities |  | Chair or participant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Ongoing professionalism, including your personal commitment to advancing the profession. (At a minimum one example in three different sections must be demonstrated within the past 5 years – activities older than 5 years will not be considered. Only include examples after licensure and any residency training, except as noted below\* - See Guidance 4.8.f).**

Primary Preceptor for Pharmacy Students (do not include residency preceptorship):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Experience Precepted |  | Number of Student Learning Experiences Precepted Per Year |  | Most Recent Year Served as a Preceptor |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Routine In-services or Presentations to Pharmacy Staff/Other Health Professionals at Organization:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Inservice |  | Audience |  | Month/Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Service (beyond membership) in National, State, and/or Local Professional Associations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Association |  | Office Held, Committee Served, Other Volunteer Work |  | Dates |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Presentations or Posters at a Local/Regional/National Professional Meeting (co-authored posters with students/residents is acceptable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | Professional Meeting |  | Month/Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Completion of a Teaching and Learning Program (only if completed within the last 5 years).

\**May be completed during residency.*

Sponsor/Program Name and Date Completed:

Providing Preceptor Development Topics at the site:

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  | Month/Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Pharmacy Student/Technician Student/Healthcare Student Classroom/Lab Teaching Experiences:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Audience Members |  | Course/Lecture |  | Date(s) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Evaluator at a state/regional residency conference, poster evaluator at a professional meeting, or evaluator at other local/regional/state/national meetings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Conference/Meeting |  | Description | |  | Date(s) |
|  |  |  | |  |  |
|  |  | |  |  |  |
|  |  |  | |  |  |

Publications in Peer-Reviewed Journals/Chapters in textbooks:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | Name of Journal/Book |  | Month/Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Reviewer of contributed papers, grants, or manuscripts. Includes reviewing/submitting comments on draft standards/guidelines for professional organizations (do not include review of posters/presentations/publications authored by staff/residents within your organization):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Journal Name/Type |  | Number of Reviews |  | Date(s) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Participant in Wellness Programs, Health Fairs, Public Events, Consumer Education Classes, Employee Wellness/ Disease Prevention Programs:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Program |  | Sponsor or Setting |  | Dates or Frequency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Active community service related to professional practice (e.g., Free Clinic, Medical Mission trips):

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity |  |  | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Professional Consultation to Other Health Care Facilities or Professional Organizations (e.g., invited thought leader for an outside organization, mock surveyor, or practitioner surveyor):

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity |  |  | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Active involvement on committees within enterprise (e.g. work impacts more than one site across a health system):

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity |  |  | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **For Preceptors-in-training only: attach preceptor development plan created for this individual to meet eligibility, responsibility, and qualifications requirements in two years.**

List the qualified preceptor(s) assigned as an advisor or coach:

**Please note:** Prior to attempting to complete this form, please consult with your assigned ASHP Lead Surveyor for instructions on the requirements, format and structure of the requested information in relation to the structure of your specific program.

***Directions:***

**Programs that are single site programs (one or more resident located at one Community Home-base Practice location):**

As a single site program, please complete one complete set of tables for the **ONE** Community Home-base Practice location and the corresponding resident(s) assigned to that individual location that is used for training residents in the program.

**Programs with multiple residents located at multiple Community-based Home-base Practice locations:**

Please complete a set of tables for **EACH** Community Home-base Practice location and the corresponding resident(s) assigned to that individual location that is used in residency program. A complete set of tables is required for each individual Community Home-base Practice location used for training residents in the program (i.e. if 3 home-based locations are used for a program, 3 complete sets of tables are required to be submitted). For efficiency if multiple residents are assigned to multiple Home-base practice locations and your program uses the same additional practice locations whether inside or outside of the home-base organization, simply copy and paste the duplicate information, as applicable, into the tables for the additional residents when completing the additional sets of tables.

**Steps:**

1. Complete information about the name of the Home-base location name and list the name of the resident or multiple residents assigned to the individual Home-base practice location in the header on the top of this page (Page 1). On page 3, indicate the total number of practice locations **INSIDE** the Home-base Organization, including the Home-base location and the total number of additional practice locations **OUTSIDE** the Home-base Organization used to train the residents. These numbers will indicate the number of columns that need to be completed in the following tables.
2. **Complete TABLE 1 - Home-base Organization General Practice Location Information** 
   1. Type the name of the Home-base practice location (location where the resident spends a minimum of 40% of their time as required by the Standard)
   2. Type in the names of any additional location names used within the Home-base Organization in each additional column

*(please note that only 4 columns are provided in the standard table, please consult your ASHP Lead Surveyor if you exceed a total of 5 locations within a home-base location for instructions)*

* 1. For additional practice locations within the Home-base Organization indicate the approximate percentage of time, on average, that the resident spends at that individual practice locations listed in each column
  2. Complete each row of the requested information, indicating N/A if the information is not applicable to the location

1. **Complete** **Table 2 - SERVICES PROVIDED AT HOME-BASE ORGANIZATION PRACTICE LOCATIONS (STANDARD 6)**
   1. For each service provided at the site check the corresponding boxes adjacent to the services (for explanation of the services please refer to the PGY1 Community-based Pharmacy Accreditation Standard Guidance Document)
   2. For each service checked in the first section of the table, write a brief description (3-4 sentences) max describing the service and the activities that are involved in the next section of the table
   3. Complete the remainder of the table with the specific metrics on each individual service required in the Standard (for all metrics provided please indicate whether actual or estimated numbers) – be sure to note the time interval requested for the metrics (i.e. average number of **CMM EACH MONTH, Health and Wellness YEARLY PATIENT ENCOUNTERS**)

If your program uses additional practice locations that are located OUTSIDE of the Home-base Organization for training residents listed in Table 1, complete steps 4 and 5.

1. **Complete taBLE 3 - GENERAL Practice Location Information for ADDITIONAL PRACTICE Locations outside of home-base orgaNIZATION**
   1. Type the name of the additional **OUTSIDE** practice locations as applicable into the table in each column
   2. Indicate the approximate percentage of time, on average, that the resident spends at the additional **OUTSIDE** practice locations
   3. Complete each row of the requested information, indicating N/A if the information is not applicable to the location
2. **Complete Table 4 -** **SERVICES PROVIDED AT ADDITIONAL LOCATION(S) OUTSIDE OF THE HOME-BASE ORGANIZATION (STANDARD 6)**
   1. For each service provided at the site check the corresponding boxes adjacent to the services (for explanation of the services please refer to the PGY1 Community-based Pharmacy Accreditation Standard Guidance Document)
   2. For each service checked in the first section of the table, write a brief description (3-4 sentences) max describing the service and the activities that are involved in the next section of the table
   3. Complete the remainder of the table with the specific metrics on each individual service required in the Standard (for all metrics provided please indicate whether actual or estimated numbers) – be sure to note the time interval requested for the metrics (i.e. average number of **CMM EACH MONTH, Health and Wellness YEARLY PATIENT ENCOUNTERS**)

|  |  |
| --- | --- |
| # of Practice Locations **INSIDE** the Home-base Organization |  |
| # of Practice Locations **OUTSIDE** the Home-base Organization |  |

**TABLE 1 - HOME-BASE ORGANIZATION GENERAL PRACTICE LOCATION INFORMATION**

| *\*Denotes that resident is excluded from approximation or response* | **HOME-BASE ORGANIZATION LOCATION(S)\*** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home-base**  **Practice Location Name** | | **Additional Practice Location Names within the Home-base Organization** | | | | | | | |
|  | |  | |  | |  | |  | |
| **Percentage of Time Resident Spends at Home-base Location**  **(Minimum requirement is 40%)** | | **Percentage of Time Resident Spends at Each Location within Home-base Organization** | | | | | | | |
|  |  | |  | |  | |  | |  | |
| **Number of hours** practice location is open per week |  | |  | |  | |  | |  | |
| **Total number** of full-time pharmacists at location\* |  | |  | |  | |  | |  | |
| **Number** of PGY-1 Community-based Residents |  | |  | |  | |  | |  | |
| **Number** of college of pharmacy or faculty members practicing/ precepting at location |  | |  | |  | |  | |  | |
| **Number** of vacant full-time pharmacist positions |  | |  | |  | |  | |  | |
| **Yearly** number of student pharmacists completing an advanced pharmacy practice experience (APPE) |  | |  | |  | |  | |  | |
| Does this location provide patient-centered dispensing? | |  | | --- | |  | |  | | **Yes**  **No** | |  | | --- | |  | |  | | **Yes**  **No** | |  | | --- | |  | |  | | **Yes**  **No** | |  | | --- | |  | |  | | **Yes**  **No** | |  | | --- | |  | |  | | **Yes**  **No** |
| **Average number** of prescriptions filled per week (if applicable) |  | |  | |  | |  | |  | |
| Collaborative practice agreements/ protocols used at the site (provide details) |  | |  | |  | |  | |  | |

**TABLE 2 - SERVICES PROVIDED AT PRACTICE LOCATIONS INSIDE OF HOME-BASE ORGANIZATION**

|  | **HOME-BASE ORGANIZATION LOCATION(S)** | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home-base**  **Practice Location Name** | | | | **Additional practice locations Used within the Home-base Organization** | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Comprehensive Medication Management (CMM)\*\***  Includes the completion of comprehensive medication reviews (i.e., thorough review of the medication profile, medication history, medication adherence of patients and interviewing patients to obtain additional patient medication information).  ***\*****\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service provided | |  | | --- | |  | |  | | **Yes**  **No** | | | |  | | --- | |  | |  | | **Yes**  **No** | | | | | |  | | --- | |  | |  | | | | **Yes**  **No** | | |  | | --- | |  | |  | | | | **Yes**  **No** | | |  | | --- | |  | |  | | | | **Yes**  **No** | |
| If service provided, please provide a brief description of 1-3 sentences that describe the type and nature of the service |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Average** number of patient encounters for CMM performed **MONTHLY**  ***(Do not include Disease State Management Patients receiving medication management services in these totals)*** |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Number** of patients currently enrolled in CMM services with follow-up care |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Targeted Medication Interventions (TMM)\*\***  Includes completion of evidence-based targeted interventions integrated into the patient-centered dispensing process.  *\*\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service provided | |  | | --- | |  | |  | | **Yes**  **No** | | | |  | | --- | |  | |  | | | | **Yes**  **No** | | | |  | | --- | |  | |  | | **Yes**  **No** | | | | |  | | --- | |  | |  | | | **Yes**  **No** | | | |  | | --- | |  | |  | | | **Yes**  **No** | | |
| If service provided, please provide a brief description of 1-3 sentences that describe the type and nature of the service |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Average** number of TMM **MONTHLY** |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Disease State Management (DSM)\*\***  Includes services providing disease state management services while incorporating appropriate medication management services (e.g., diabetes, hypertension, hyperlipidemia, asthma, anticoagulation)  *\*\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Services provided | |  | | --- | |  | |  | | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | | | |  | | --- | |  | |  | | **Yes**  **No** | | | | |  | | --- | |  | |  | | **Yes**  **No** | | | | |  | | --- | |  | |  | | **Yes**  **No** | | | |
| **DSM services provided**  If service is provided, check the box next to the service and indicate on the line beneath the name of the service the estimated average number of patient encounters  **MONTHLY** |  | | **Asthma/COPD/ Other Respiratory Conditions** | |  | | **Asthma/COPD/ Other Respiratory Conditions** | | | |  | **Asthma/COPD/ Other Respiratory Conditions** | | | |  | **Asthma/COPD/ Other Respiratory Conditions** | | | |  | **Asthma/COPD/ Other Respiratory Conditions** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Depression** | |  | | **Depression** | | | |  | **Depression** | | | |  | **Depression** | | | |  | **Depression** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Diabetes** | |  | | **Diabetes** | | | |  | **Diabetes** | | | |  | **Diabetes** | | | |  | **Diabetes** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Dyslipidemia** | |  | | **Dyslipidemia** | | | |  | **Dyslipidemia** | | | |  | **Dyslipidemia** | | | |  | **Dyslipidemia** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Heart Failure** | |  | | **Heart Failure** | | | |  | **Heart Failure** | | | |  | **Heart Failure** | | | |  | **Heart Failure** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Hypertension** | |  | | **Hypertension** | | | |  | **Hypertension** | | | |  | **Hypertension** | | | |  | **Hypertension** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Osteoporosis** | |  | | **Osteoporosis** | | | |  | **Osteoporosis** | | | |  | **Osteoporosis** | | | |  | **Osteoporosis** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Pain** | |  | | **Pain** | | | |  | **Pain** | | | |  | **Pain** | | | |  | **Pain** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Rheumatoid Disease** | |  | | **Rheumatoid Disease** | | | |  | **Rheumatoid Disease** | | | |  | **Rheumatoid Disease** | | | |  | **Rheumatoid Disease** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Thromboembolic Disease/ Anticoagulation Management** | |  | | **Thromboembolic Disease/ Anticoagulation Management** | | | |  | **Thromboembolic Disease/ Anticoagulation Management** | | | |  | **Thromboembolic Disease/ Anticoagulation Management** | | | |  | **Thromboembolic Disease/ Anticoagulation Management** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Travel Health Management** | |  | | **Travel Health Management** | | | |  | **Travel Health Management** | | | |  | **Travel Health Management** | | | |  | **Travel Health Management** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
|  | | **Other (provide description):** | |  | | **Other (provide description):** | | | |  | **Other (provide description):** | | | |  | **Other (provide description):** | | | |  | **Other (provide description):** | | | |
|  | |  | | | |  | | | |  | | | |  | | | |
| **Health & Wellness Services\*\***  Includes diverse health and wellness services excluding immunization (e.g. screening services, nutrition, wellness education, disease education  *\*\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Services provided | |  | | --- | |  | |  | | **Yes**  **No** | | | |  | | --- | |  | |  | | | **Yes**  **No** | | | | |  | | --- | |  | |  | | | **Yes**  **No** | | | |  | | --- | |  | |  | | | | **Yes**  **No** | | |  | | --- | |  | |  | | | | **Yes**  **No** | |
| *If services are provided record the estimated number of* ***YEARLY*** *patient encounters for the type of health and wellness service provided as applicable* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes  Education |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Diabetes  Screenings |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Hyperlipidemia Education |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Cholesterol  Screenings |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Hypertension  Education |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Blood Pressure Screenings |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Asthma/COPD Education |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Pain Management Education |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Weight Management Education |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Smoking Cessation Education/ Counseling  & Support |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Osteoporosis Screenings |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| Additional Health and Wellness services  *List as many additional services that apply to this site as necessary* |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Care Transitions Services with Medication Reconciliation and Medication Management** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service provided | |  | | --- | |  | |  | | **Yes**  **No** | | | |  | | --- | |  | |  | | | | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | | |  | | --- | |  | |  | | | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | |
| If service is provided, please provide a brief description of 1-3 sentences that describe the type and nature of the service and number of patients |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Average number** of patient encounter **MONTHLY** |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |
| **Immunization** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check immunizations Administered  (For each immunization provide the estimated **YEARLY** number of immunizations administered next to the name of the immunization) |  | | DTaP/TD/ Tdap |  |  | | DTaP/TD/ Tdap | | |  |  | DTaP/TD/ Tdap | | |  |  | DTaP/TD/ Tdap | | |  |  | DTaP/TD/ Tdap | | |  |
|  | | Hepatitis A |  |  | | Hepatitis A | | |  |  | Hepatitis A | | |  |  | Hepatitis A | | |  |  | Hepatitis A | | |  |
|  | | Herpes Zoster |  |  | | Herpes Zoster | | |  |  | Herpes Zoster | | |  |  | Herpes Zoster | | |  |  | Herpes Zoster | | |  |
|  | | HPV |  |  | | HPV | | |  |  | HPV | | |  |  | HPV | | |  |  | HPV | | |  |
|  | | Influenza |  |  | | Influenza | | |  |  | Influenza | | |  |  | Influenza | | |  |  | Influenza | | |  |
|  | | Meningococcal |  |  | | Meningococcal | | |  |  | Meningococcal | | |  |  | Meningococcal | | |  |  | Meningococcal | | |  |
|  | | Pneumococcal |  |  | | Pneumococcal | | |  |  | Pneumococcal | | |  |  | Pneumococcal | | |  |  | Pneumococcal | | |  |
|  | | Varicella |  |  | | Varicella | | |  |  | Varicella | | |  |  | Varicella | | |  |  | Varicella | | |  |
|  | | Travel Vaccines |  |  | | Travel Vaccines | | |  |  | Travel Vaccines | | |  |  | Travel Vaccines | | |  |  | Travel Vaccines | | |  |
|  | | Other: |  |  | | Other: | | |  |  | Other: | | |  |  | Other: | | |  |  | Other: | | |  |

**TABLE 3 - ADDITIONAL PRACTICE LOCATIONS OUTSIDE OF HOME-BASE ORGANIZATION GENERAL PRACTICE INFORMATION**

| *\*Denotes that resident is excluded from approximation or response* | **ADDITIONAL PRACTICE LOCATION(S) OUTSIDE OF HOME BASE ORGANIZATION** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Location 1 Name** | | **Additional Location 2 Name** | | | **Additional Location 3 Name** | | **Additional Location 4 Name** | |
|  | | |  | |  | |  | |
| **Percentage of Time Resident Spends at Each Additional Location OUTSIDE OF Home-base Organization** | | | | | | | | |
|  |  | | |  | |  | |  | |
| **Number of hours** practice location is open per week |  | | |  | |  | |  | |
| **Total number** of full-time pharmacists at location\* |  | | |  | |  | |  | |
| **Number** of PGY-1 Community-based Residents |  | | |  | |  | |  | |
| **Number** of college of pharmacy or faculty members practicing/ precepting at location |  | | |  | |  | |  | |
| **Number** of vacant full-time pharmacist positions |  | | |  | |  | |  | |
| **Yearly** number of student pharmacists completing an advanced pharmacy practice experience (APPE) |  | | |  | |  | |  | |
| Does this location provide patient-centered dispensing? | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | |  | | --- | |  | |  | |  | |  | | --- | |  | |  | | **Yes**  **No** |
| **Average number** of prescriptions filled per week (if applicable) |  | | |  | |  | |  | |
| Collaborative practice agreements/ protocols used at the site (provide details) |  | | |  | |  | |  | |

**TABLE 4 - ADDITIONAL PRACTICE LOCATIONS OUTSIDE OF HOME-BASE ORGANIZATION GENERAL PRACTICE INFORMATION**

|  | **ADDITIONAL PRACTICE LOCATION(S) OUTSIDE OF HOME BASE ORGANIZATION** | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Location 1**  **Name** | | | **Additional Location 2**  **Name** | | | | **Additional Location 3**  **Name** | | | **Additional Location 4**  **Name** | | |
|  | | |  | | |  | | | |  | | |
| **Comprehensive Medication Management (CMM)\*\***  Includes the completion of comprehensive medication reviews (i.e., thorough review of the medication profile, medication history, medication adherence of patients and interviewing patients to obtain additional patient medication information).  ***\*****\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | |
| Service provided | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | |
| If service provided, please provide a brief description of 1-3 sentences that describe the type and nature of the service |  | | |  | | |  | | | |  | | |
| **Average** number of patient encounters for CMM performed **MONTHLY**  ***(Do not include Disease State Management Patients receiving medication management services in these totals)*** |  | | |  | | |  | | | |  | | |
| **Number** of patients currently enrolled in CMM services with follow-up care |  | | |  | | |  | | | |  | | |
| **Targeted Medication Interventions (TMM)\*\***  Includes completion of evidence-based targeted interventions integrated into the patient-centered dispensing process.  *\*\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | |
| Service provided | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | |
| If service provided, please provide a brief description of 1-3 sentences that describe the type and nature of the service |  | | |  | | |  | | | |  | | |
| **Average** number of TMM interventions performed **MONTHLY** |  | | |  | | |  | | | |  | | |
| **Disease State Management (DSM)\*\***  Includes services providing disease state management services while incorporating appropriate medication management services (e.g., diabetes, hypertension, hyperlipidemia, asthma, anticoagulation)  *\*\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | |
| Services provided | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | |
| **DSM services provided**  If service is provided, check the box next to the service and indicate on the line beneath the name of the service the estimated average number of patient encounters  **MONTHLY** |  | **Asthma/COPD/ Other Respiratory Conditions** | |  | **Asthma/COPD/ Other Respiratory Conditions** | |  | | **Asthma/COPD/ Other Respiratory Conditions** | |  | **Asthma/COPD/ Other Respiratory Conditions** | |
|  | |  | |  | |  | |
|  | **Depression** | |  | **Depression** | |  | | **Depression** | |  | **Depression** | |
|  | |  | |  | |  | |
|  | **Diabetes** | |  | **Diabetes** | |  | | **Diabetes** | |  | **Diabetes** | |
|  | |  | |  | |  | |
|  | **Dyslipidemia** | |  | **Dyslipidemia** | |  | | **Dyslipidemia** | |  | **Dyslipidemia** | |
|  | |  | |  | |  | |
|  | **Heart Failure** | |  | **Heart Failure** | |  | | **Heart Failure** | |  | **Heart Failure** | |
|  | |  | |  | |  | |
|  | **Hypertension** | |  | **Hypertension** | |  | | **Hypertension** | |  | **Hypertension** | |
|  | |  | |  | |  | |
|  | **Osteoporosis** | |  | **Osteoporosis** | |  | | **Osteoporosis** | |  | **Osteoporosis** | |
|  | |  | |  | |  | |
|  | **Pain** | |  | **Pain** | |  | | **Pain** | |  | **Pain** | |
|  | |  | |  | |  | |
|  | **Rheumatoid Disease** | |  | **Rheumatoid Disease** | |  | | **Rheumatoid Disease** | |  | **Rheumatoid Disease** | |
|  | |  | |  | |  | |
|  | **Thromboembolic Disease/ Anticoagulation Management** | |  | **Thromboembolic Disease/ Anticoagulation Management** | |  | | **Thromboembolic Disease/ Anticoagulation Management** | |  | **Thromboembolic Disease/ Anticoagulation Management** | |
|  | |  | |  | |  | |
|  | **Travel Health Management** | |  | **Travel Health Management** | |  | | **Travel Health Management** | |  | **Travel Health Management** | |
|  | |  | |  | |  | |
|  | **Other (provide description):** | |  | **Other (provide description):** | |  | | **Other (provide description):** | |  | **Other (provide description):** | |
|  | |  | |  | |  | |
| **Health & Wellness Services\*\***  Includes diverse health and wellness services excluding immunization (e.g. screening services, nutrition, wellness education, disease education  *\*\*refer to Guidance Document for further information and explanation of specific patient care services* | | | | | | | | | | | | | | |
| Services provided | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | |
| *If services are provided record the estimated number of* ***YEARLY*** *patient encounters for the type of health and wellness service provided as applicable* | | | | | | | | | | | | | |
| Diabetes  Education |  | | |  | | |  | | | |  | | |
| Diabetes  Screenings |  | | |  | | |  | | | |  | | |
| Hyperlipidemia Education |  | | |  | | |  | | | |  | | |
| Cholesterol  Screenings |  | | |  | | |  | | | |  | | |
| Hypertension  Education |  | | |  | | |  | | | |  | | |
| Blood Pressure Screenings |  | | |  | | |  | | | |  | | |
| Asthma/COPD Education |  | | |  | | |  | | | |  | | |
| Pain Management Education |  | | |  | | |  | | | |  | | |
| Weight Management Education |  | | |  | | |  | | | |  | | |
| Smoking Cessation Education/ Counseling  & Support |  | | |  | | |  | | | |  | | |
| Osteoporosis Screenings |  | | |  | | |  | | | |  | | |
| Additional Health and Wellness services  *List as many additional services that apply to this site as necessary* |  | | |  | | |  | | | |  | | |
| **Care Transitions with Medication Reconciliation and Medication Management** | | | | | | | | | | | | | | |
| Service provided | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | | |  | | --- | |  | |  | | | **Yes**  **No** | | |  | | --- | |  | |  | | **Yes**  **No** | |
| If service is provided, please provide a brief description of 1-3 sentences that describe the type and nature of the service and number of patients |  | | |  | | |  | | | |  | | |
| **Average number** of patient encounters **MONTHLY** |  | | |  | | |  | | | |  | | |
| **Immunization Services** | | | | | | | | | | | | | | |
| Check immunizations Administered  (For each immunization provide the estimated **YEARLY** number of immunizations administered) |  | DTaP/TD/ Tdap |  |  | DTaP/TD/ Tdap |  |  | | DTaP/TD/ Tdap |  |  | DTaP/TD/ Tdap |  |
|  | Hepatitis A |  |  | Hepatitis A |  |  | | Hepatitis A |  |  | Hepatitis A |  |
|  | Herpes Zoster |  |  | Herpes Zoster |  |  | | Herpes Zoster |  |  | Herpes Zoster |  |
|  | HPV |  |  | HPV |  |  | | HPV |  |  | HPV |  |
|  | Influenza |  |  | Influenza |  |  | | Influenza |  |  | Influenza |  |
|  | Meningococcal |  |  | Meningococcal |  |  | | Meningococcal |  |  | Meningococcal |  |
|  | Pneumococcal |  |  | Pneumococcal |  |  | | Pneumococcal |  |  | Pneumococcal |  |
|  | Varicella |  |  | Varicella |  |  | | Varicella |  |  | Varicella |  |
|  | Travel Vaccines |  |  | Travel Vaccines |  |  | | Travel Vaccines |  |  | Travel Vaccines |  |
|  | Other: |  |  | Other: |  |  | | Other: |  |  | Other: |  |