



## APPLICATION FOR PRE-CANDIDATE STATUS FOR AN INTERNATIONAL PHARMACY PRACTICE RESIDENCY PROGRAM

This form must be completed and submitted to ASHP's Practice Advancement Office at the time of application for pre-candidate status for an international pharmacy practice residency program.

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Country: \_\_\_\_\_

### TERMS AND INFORMATIONAL REQUIREMENTS

1. The above organization is applying for pre-candidate status with ASHP for an international pharmacy practice residency program. This application form must be completed in full; signed by the residency program director, the director of pharmacy, and the CEO; and accepted by the ASHP Practice Advancement Office before any further actions will occur on the application.
2. The organization named above accepts and understands the sole basis for accreditation/reaccreditation are the requirements in the currently effective *ASHP Regulations on Accreditation of International Pharmacy Practice Residencies* (Regulations), and the currently effective *ASHP Accreditation Standard for International Pharmacy Practice Residency Programs* (Standards). The current documents are available on the ASHP website, [www.ashp.org](http://www.ashp.org). These Regulations and Standards are incorporated by reference into this application form.
3. To the best of our knowledge, the residency program of this organization for which pre-candidate status is being sought meets the requirements of the accreditation Regulations and Standards by which the residency program will be reviewed for accreditation.
4. The organization agrees and accepts that programs may be in a pre-candidate status for no more than two residency program years. By the conclusion of this status, the program must have submitted an application for accreditation or this designation will be removed and not granted to the same program again. Programs in this status must submit an application for accreditation when training of the first resident begins.
5. **When training of the program's first resident begins, the organization agrees to submit an application for accreditation.**
6. All decisions to accredit or reaccredit a pharmacy residency program are determined solely through the ASHP International Accreditation Commission as authorized by the ASHP Board of Directors.
7. The pharmacy residency program for which pre-candidate status is being sought has no residents currently.
8. This organization conducts other ASHP-accredited, preliminarily-accredited, candidate, or pre-candidate status residency programs.  Yes  No  
If yes, please list other programs: \_\_\_\_\_

9. The following are highly recommended for the residency program director prior to the start of the first class of residents:
- a. The residency program director for this residency attended an ASHP "Applying for Accreditation – Finding the Pathway and Taking the Right Steps" discussion session in (month/year) \_\_\_\_\_
  - b. The residency program director for this residency attended an ASHP Residency Learning System (RLS) Workshop or Residency Program Design and Conduct Workshop in (month/year) \_\_\_\_\_
  - c. The residency program director conducted an evaluation of this program using the applicable "Pre-survey Questionnaire and Self-Assessment Checklist" to see that the program meets the accreditation Standard and ASHP Best Practices in (month/year) \_\_\_\_\_. (Submission of this document is not required until 45 days prior to site visit)
10. This residency is conducted at:  one site  multiple sites (Multiple site programs are those whereby residents spend greater than 25% of the program time at a second site). If multiple sites are used for this program, how many sites are used? \_\_\_\_\_. Please provide the name(s) of sites: \_\_\_\_\_  
 \_\_\_\_\_ Please indicate the distance in miles between sites and the home site: \_\_\_\_\_

**11. Application fees and annual accreditation fees are nonrefundable.**

Having read and understood the above application form, the Terms and Required Information, and the Regulations and applicable Standard for accreditation, the Organization agrees to the requirements outlined, and certifies that the responses provided in the application are correct and accurate.

**Residency Program Director's Information:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

\_\_\_\_\_  
 Signature, Residency Program Director

**Chief Executive Officer's Information:**

(if College sponsored, Dean of College of Pharmacy):

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

\_\_\_\_\_  
 Signature, Chief Executive Officer  
**(If CEO address is different from the Organization's please supply.)**

DATE SUBMITTED: \_\_\_\_\_

**Director of Pharmacy's Information:**

(if College sponsored, individual to whom the Residency Program Director reports):

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-Mail \_\_\_\_\_

\_\_\_\_\_  
 Signature, Director of Pharmacy

**ASHP Use Only:**

**Program Code:**

**ID Number:**

**Date Received:**