

**Request to Delete a Community-Based Primary Practice Site from an Existing Accredited Residency Program**

**Type All Information**

Program 5 digit ASHP Code:

Program Name:

Program Address:

Residency Program Director (RPD):

RPD Email:

RPD Phone Number:

Current number of Primary Practice Sites (PPS):

Name of Store/Location to be deleted as a PPS:

Full Address of Store/Location:

Site Coordinator Name and Email:

If residency program operated by a School or College of Pharmacy, provide full name and address:

Effective date this PPS will be closed and no longer used for residency training:

**Printed Name of RPD**

**Signature of RPD (digital ok)**

**If Operated by a School of Pharmacy:**

**Printed Name of the Dean**

**Signature of the Dean (digital ok)**

**Date Submitted**

SUBMIT COMPLETED FORM VIA EMAIL TO [ASD@ASHP.ORG](mailto:ASD@ASHP.ORG)

**FOR ASHP REVIEW**

ASHP ASO Reviewer(s)

Date RPD informed:

Date NMS Informed:

Date PharmAcademic Informed:

ASD Records (Fabric Note and TRIM):