

**NOTE: For Multi-program surveys, please review the**

**Multi-program Process in the OVERVIEW AND INSTRUCTIONS-PREPARING FOR YOUR SURVEY VISIT for further instructions on how to submit documents**

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| **TABLE 1: REQUIRED DOCUMENTS** |
| **Bookmark Name** | **Required documentS AND INSTRUCTIONS** |
| **Document Checklist** | Submit the completed [Document Checklist](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness). 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 Checklist.  |
| **Accreditation/****Reaccreditation Application** | Submit your [[Accreditation/Reaccreditation Application](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/applying-for-accreditation?loginreturnUrl=SSOCheckOnly)](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/applying-for-accreditation?loginreturnUrl=SSOCheckOnly) (available at: [Applying for Accreditation - ASHP](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/applying-for-accreditation?loginreturnUrl=SSOCheckOnly)) |
| **Survey Itinerary** | Please work with the lead surveyor to develop an itinerary for the survey visit. If completed by the time of submission of materials, please include it. If it is NOT completed by the submission date, note this in the Document Checklist. The final itinerary MUST be emailed to the Lead Surveyor no later than 10 days prior to the survey date. |
| *Note: For each item listed below, please review the corresponding Standard and related Guidance for additional information that will help you to prepare the Required Documents.* |
| **Standard 1:**  | **Recruitment and Selection of Residents** |
| **Recruitment and Selection Procedures**  | Submit the documented procedure for recruitment, evaluation, and ranking of applicants. The documented procedure should include the process for Phase II of the Match, the process for Early Commitment for PGY2 programs (if applicable), and methods to assess applicants from pass/fail schools of pharmacy. Additional documents in this section to include scoring criteria/rubrics for initial screening of applications, scoring of interviews, and scoring of early commit applicants, if applicable. Either a completed rubric or rubric template is acceptable.  | Standards 1.1.a -1.1.f |
| **Standard 2:** | **Program Requirements and Policies** |
| **Non-traditional Program Structure** | If the residency is non-traditional or includes a non-traditional track, submit the documented non-traditional program structure and overall program duration; submission should include an example of a non-traditional resident’s schedule. If this does not apply to the program, please mark this as N/A in the [Document Checklist](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness) | Standard 2.1 |
| **Leave Policies** | Submit the program’s leave policies to include the amount of vacation, sick, and professional time allowed by the program. Policies should also address extended leave, maximum duration of extensions allowed by the program including whether extensions are paid or unpaid, and the status of benefits during extensions. | Standards 2.2, 2.2.a, 2.2.a.1, 2.2.b, 2.2.b.1, and 2.2.b.2 |
| **Duty-Hour, Moonlighting, and On-call (if applicable) Policies** | Submit the duty-hour, moonlighting, and on-call (if applicable) policies, including a description of how duty-hours are documented and monitored. Policy should include actions taken to address non-compliance with policies or if resident moonlighting impacts their performance. The maximum number of moonlighting hours allowed should be defined. If not using PharmAcademic™ attestations, please submit examples of how duty hours, moonlighting, on-call, etc. is tracked (submit evidence - not just a description in the policy). | Standards 2.3.a, 2.3.b, 2.3.b.1, 2.3.b.2, 2.3.c, and 2.3.d |
| **Requirements for Licensure** | Submit the licensure policy which includes the date by which residents must be licensed. The policy should also include information about how the program will be modified if the resident is not licensed within 120 days of the start of the program (e.g., extension or dismissal) and terms of extensions if allowed (e.g., suspension, status of pay and benefits). | Standards 2.4 a and 2.4.b |
| **Program Completion Requirements** | Submit the documented requirements for completion of the program, which includes requirements for achievement of educational objectives, list of required deliverables associated with educational objectives, completion of Appendices to Competency Areas, Goals, and Objectives (CAGOs), if applicable, and any other program-specific requirements as defined by the organization. *Note: Required deliverables associated with educational objectives are different for each type of residency program. Programs must determine which deliverables will be included as a completion requirement for their program. PGY1 programs-See PGY1 harmonized CAGOs. PGY2 programs: See the Glossary in the* *[2023 Accreditation Standard](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf) for examples.*  | Standard 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d |
| **Remediation / Disciplinary Policy**  | Submit the remediation/disciplinary policy for the residency program (if separate from the Human Resources policy), which includes actions that will be taken for residents who fail to progress (as defined by the program) and any resident-specific behaviors that trigger the organization’s disciplinary process. The policy should also include actions that may result in dismissal from the program.  | Standard 2.6 |
| **Procedures for Verifying Completion of PGY1 program (PGY2 Programs Only)** | Submit the documented procedure for verifying residents’ completion of their ASHP-accredited PGY1 program. Procedure to include the timeframe for verification and consequences for residents not completing the PGY1 program.  | Standards 2.7 and 2.7a |
| **Information and Policies Provided to Applicants Invited to Interview** | Submit an example of the invitation to interview (including information provided to applicants at the time the invitation to interview is extended).  | Standards 2.8.a – 2.8.h |
| **Documentation of acceptance of the Match** | Submit at least one (1) example of the communication to Matched resident(s) and documentation of their acceptance of the Match results prior to the start of the program.  | Standards 2.9, 2.9.a, 2.9.b,  |
| **Documentation of review and acceptance of program policies** | If not already available in PharmAcademic™, submit an example of the signed and dated acknowledgement of review and acceptance of program policies by the resident. | Standard 2.10 |
| **Residency Manual**  | If not already available in PharmAcademic™, submit the residency program manual. | Standard 2.11 |
| **Documentation of Residents’ Completion of Program Requirements**  | If not already available in PharmAcademic™, submit documentation of resident(s)’ completion of program requirements for the last two (2) residency years (e.g., dated checklist of completion requirements). For programs who have not yet completed their first year, submit documentation of items completed by the current resident through the due date for the pre-survey materials. | Standard 2.13.a |
| **Residency Certificate**  | The survey team will review the certificates of completion in PharmAcademic™ for residents who have successfully completed the program.  For programs that have not had a resident complete the program, submit copies of the certificates (both Candidate and Accredited versions) that will be awarded to residents who successfully complete the program.  For programs undergoing initial accreditation who have had at least one resident successfully complete the program, submit draft copy of accredited-status certificate. | Standards 2.14, 2.14.a, 2.14.b.1 – 2.14.b.4 Additional requirement for PGY1 Managed Care programs : 2.14.c Additional requirement for PGY1 Community-based programs – 2.14.d  |
| **Multi-organization Agreement** | If the program shares responsibility for financial and/or management aspects of the residency program, submit the signed agreement between organizations that defines responsibilities for all aspects of the residency program to include: designation of a single RPD; RPD’s responsibilities and accountability to the Program Operator; a mechanism to empower the RPD to achieve consensus on evaluation and ranking of applicants; a mechanism for designating site coordinators; a method for coordinating the conduct of the program within all organizations; and, a method of evaluation to ensure the terms of the agreement are met. Do not provide affiliation agreements or contracts for pharmacy student rotations. If this does not apply to the program, please mark this item as N/A on the Document Checklist  | Standards 2.16.a, 2.16.a.1 – 2.16.a.7 |
| **Standard 3:** | **Structure, Design, and Conduct of the Residency Program** |
| **Program Structure**  | Submit the program’s documented program structure (or what page it is in the residency manual if not readily apparent).  The program's documented structure should include: a list of the program’s required and elective learning experiences and the duration of each. For learning experiences greater than 12 weeks during which a specific amount of time is scheduled on a recurring basis, the amount of  time should be documented in the structure (see Guidance for 3.1.a.3). Names of learning experiences must be consistent among program documents and materials (e.g., manual, recruiting brochure/ virtual open house slides, website, PharmAcademic™, others). | Standards 3.1.a, 3.1.a.1 – 3.1.a.4 |
| **Promotional Materials** | Submit promotional materials for the program (e.g., recruiting materials/brochures, website address).  | Standard 3.1.a.1 |
| **Evidence of Residents’ Completion of CAGO Requirements** | Compile and submit evidence of residents’ completion of requirements for specific objectives in the Competency Areas, Goals, and Objectives (CAGOs) for the program type as outlined in the Appendices. Submit evidence for one (1) resident from the most recently completed residency year. If your program is in Candidate status, please submit the Deliverables completed up to the date the pre-survey packet is due for one current resident. For college of pharmacy sponsored PGY1 community-based residency programs with more than one primary practice site, submit evidence for one (1) resident from each primary practice site for the most recently completed residency year.If deliverables are not already available in PharmAcademic™, they may be submitted via a separate PDF file along with the pre-survey materials. For more information about these two options, see [INSTRUCTIONS for Options to Submit Evidence of Residents’ Completion of CAGO Requirements](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness).  | Standard 3.1.b.1 |
| **Evidence of Residents’ Appendix Completion (for program types whose CAGOs require an Appendix)** | For programs types that require an Appendix, if Appendix completion is not tracked in PharmAcademic™, submit completed evidence of Appendix completion for one resident for the most recently completed residency year. If your program is in Candidate status, submit the evidence of Appendix completion up to the date the pre-survey packet is due for one current resident. | Standard 3.1.b.1.b |
| **Quarterly tracking of resident(s) progress towards program’s completion requirements** | If not already available in PharmAcademic, submit quarterly tracking of progress towards programs completion requirements for current and most recent residents. | Standard 3.3.e |
| **Standard 4:** | **Requirements of the Residency Program Director and Preceptors** |
| **RPD’s APR Form** | If not already available in PharmAcademic, submit the RPD’s [APR Form (Academic and Professional Record)](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness).  |  | Standards 4.2.a (PGY1) and 4.2.b (PGY2)Standards 4.3.a – 4.3.f  |
| **Program Oversight Committee Meeting Minutes** | Submit the minutes from the three (3) most recent meetings of the Program Oversight Committee. Note: For multi-program surveys, if there is an overall governing Residency Advisory Committee (RAC) that sets policy, those minutes should be included in the COMMON PACKET. Individual program RAC minutes should be submitted with Individual Program packets. | Standards , 4.4.a, 4.4.a.1, 4.4.a.2 |
| **Annual Program Evaluation** | Submit documentation of the most recent annual program evaluation. Documentation should include the date of the evaluation, participants, and the changes that will be made. For programs that have not yet completed a full year, please submit the plan for the initial annual evaluation.  | Standards 4.4.b.1, 4.4.b.1.a |
| **Preceptor Selection** | Submit the program’s criteria for appointment and reappointment of preceptors. Also submit documentation of the most recent appointment/reappointment decisions. (Examples of documentation may include committee meeting minutes, letter of appointment/reappointment, tracking tool.) | Standards 4.4.c, 4.4.c.1 - 4.4.c.3 |
| **Preceptor Development**  | Submit the current year’s preceptor development plan, including the preceptor development schedule and topics and evidence of preceptor participation.  | Standards 4.4.d and 4.4.d.1 |
| **Preceptor Roster**  | Submit the completed *Preceptor Roster and Requirements* form. Preceptors should be listed in **alphabetical order by last name**. Non-pharmacist preceptors should also be included and identified as such. NOTE: For multi-program surveys, use the Multi-program Roster (see Multi-program Process in the [OVERVIEW AND INSTRUCTIONS-PREPARING FOR YOUR SURVEY VISIT](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness) | [Preceptor Roster - Single Program](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness) [Preceptor Roster – Multi-program](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness) | Standards 4.5 and 4.6 |
| **Preceptors’ APR Forms**  | If not already available in PharmAcademic, submit all pharmacist preceptors’ *Academic and Professional Record (APR)* forms using most current version. See link. | [APR Form (Academic and Professional Record)](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness). | Standards 4.2, 4.3, 4.5, and 4.6 |
| **Privileging Policies** | If applicable, submit policies which outline the criteria for pharmacist privileging and credentialing at the practice site/organization. If this doesn’t apply to the practice site, please mark this item as N/A on the Document Checklist. | Standards 4.6.a and 5.1.c.3 (Guidance) |
| **Individualized Preceptor Development Plan** | For those preceptors who do not meet preceptor qualifications, submit a documented, individualized preceptor development plan that will enable the preceptor to achieve qualifications within two years. If all preceptors meet preceptor qualifications, mark as NA. | Standard 4.6.d |
| **Standard 5:** | **Pharmacy Services** |
| **Service Grids**  | Complete and submit the Pharmacy Services Grid(s) respective to your program type. Grids must be completed for the primary practice site. If the program’s residents have a required staffing learning experience/service commitment at a site other than the program’s primary practice site (i.e., a participating site), then a service grid also needs to be completed for that site. Programs based in ambulatory care and/or community-based settings must complete the applicable service grid(s) for the primary practice site AND all participating sites used for required direct patient care learning experiences.For PGY1 community-based pharmacy residency programs sponsored by of a college of pharmacy that include more than one primary practice site, complete a grid for each primary practice site.See Service Grids for more details. If you have questions about which grid(s) must be completed, contact your lead surveyor.* **[TABLE A. Acute Care -Practice Environment Information](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness)** PGY1, PGY2, and PGY1/PGY2 Hospital-based programs
* [**TABLE B. Ambulatory Care -Practice Environment Information**](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness) Hospital-based programs if ambulatory care clinics are associated with the hospital, Stand-alone PGY2 Ambulatory Care Pharmacy programs, PGY2 Specialty Pharmacy programs
* [**TABLE C. Community - Practice Environment Information**](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness)PGY1 Community-based Pharmacy programs.

PGY1 Community-Based Pharmacy residency programs sponsored by a College of Pharmacy that include more than one primary practice site must include a grid for each primary practice site.* [**TABLE D. Managed Care - Practice Environment Information**](https://www.ashp.org/professional-development/residency-information/residency-program-resources/residency-accreditation/residency-accreditation-survey-readiness)PGY1 Managed Care Pharmacy Programs

If unsure if a service grid for a participating site is needed, please clarify with your lead surveyor. | Standard 5.1.a.1 |
| **Pharmacy Department Plan** | Submit the pharmacy/pharmacy departments’ plan, including short- (1 year) and long-term (3 year) goals.  | Standard 5.1.a.3 |
| **Quality Assessment Reports**  | Submit 1-2 examples of the assessment and outcomes of a pharmacy managed protocol or CPA. (For PGY2 direct patient care residency programs, the examples submitted must be related to the PGY2 practice area.)* Examples of outcome measurements may include but are not limited to: routine performance of medication-use evaluations to assess the use of, and effectiveness of protocols.
* Submit example(s) specific to pharmacy practice rather than initiatives tracked by departments outside the pharmacy (e.g., quality department).

Examples specific to pharmacy practice may include (as applicable to the practice environment): * Pharmacist-managed service outcomes such as outcomes of a pharmacist-managed vancomycin or warfarin dosing service,
* Percent of patients at established therapeutic goals for A1c, blood pressure, lipid profile, etc.
* Antimicrobial stewardship program reporting metrics
* Capture rate of eligible patients for pharmacist-managed services in a managed care environment.
* Impact on medication compliance/adherence as a result medication synchronization programs (e.g., EQuIPP scores)
* Utilization of and patient access to naloxone and/or other medications that can be “prescribed per protocol” via state-based protocols
 | Standard 5.2.g.1 |
| **Collaborative Practice Agreements/Scope of Practice Documents** | For PGY1 community-based pharmacy programs, PGY1 managed care pharmacy programs, and any PGY1 pharmacy or PGY2 programs conducted in an ambulatory care environment:Submit Collaborative Practice Agreements/Scope of Practice Documents that allow pharmacists to initiate, modify, discontinue, and/or administer medication therapy as authorized and in accordance with the scope of their practice as defined by state laws and/or practice site policies.  | Standard 5.1.a.7 5.2.g , 5.3.b.2  |
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