

Residency Program Director Resource Manual



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Starting a New Residency Program—What Does an RPD Need to Know?

- The ASHP website has a dedicated section for Residency Program Resources that is key for a residency program director (RPD) to familiarize themselves to as it contains key documents, education, and other resources important to starting and maintaining a residency program
- Information and education related to initial steps to take in starting a residency program, information about the Match, and information related to CMS Pass-Thru Funding eligibility is located within the [Starting a Residency](#) section
- There are multiple platforms and partners that are involved in residency program-related management to be aware of that are used during each residency program year
 - [ASHP Resident Matching Program](#) (Operated by the National Matching Service/“NMS”)
 - [PhORCAS](#) (Pharmacy Online Residency Centralized Application Service)
 - [PharmAcademic™](#) (Pharmacy Residency Management System)
- Key documents to review and that continue to serve as references for any RPD for ongoing program management
 - [Accreditation Regulations](#)—Rules/policies governing the accreditation process and procedures for seeking and maintaining accreditation for which all programs must adhere to.
 - [Accreditation Standards](#)—Framework that guides residency programs and describes the criteria used in evaluation of programs that apply for accreditation and reaccreditation of their programs; Outlines required policies/procedures, structure, and oversight for residency programs. This document includes guidance on interpretation of the Standards and how the Standards will be surveyed.
 - Competency Areas, Goals, and Objectives (CAGOs)—Educational outcomes broken down into overarching competency areas (themes), goals, and specific objectives that must be incorporated into the residency program’s required structure. There is a set of [harmonized CAGOs for all three types of PGY1 residency programs](#) and separate [CAGOs for each PGY2 residency program type](#).
 - [Starting a Residency Program](#)—Provides guidance on what to consider in the development of a residency program
 - [Applying for Accreditation](#)—Provides guidance on pre-candidate and candidate application pathways, suggested timeline for pre-candidate status, program application forms, and Academic and Professional Record (APR)

Residency Program Key Documents	
Accreditation Regulations	The “rules” for conducting a residency program
Accreditation Standards	The “how” for conducting a residency program
CAGOs	The “what” of the skills to teach and evaluate in the residency program

Commonly Encountered Acronyms & Terminology

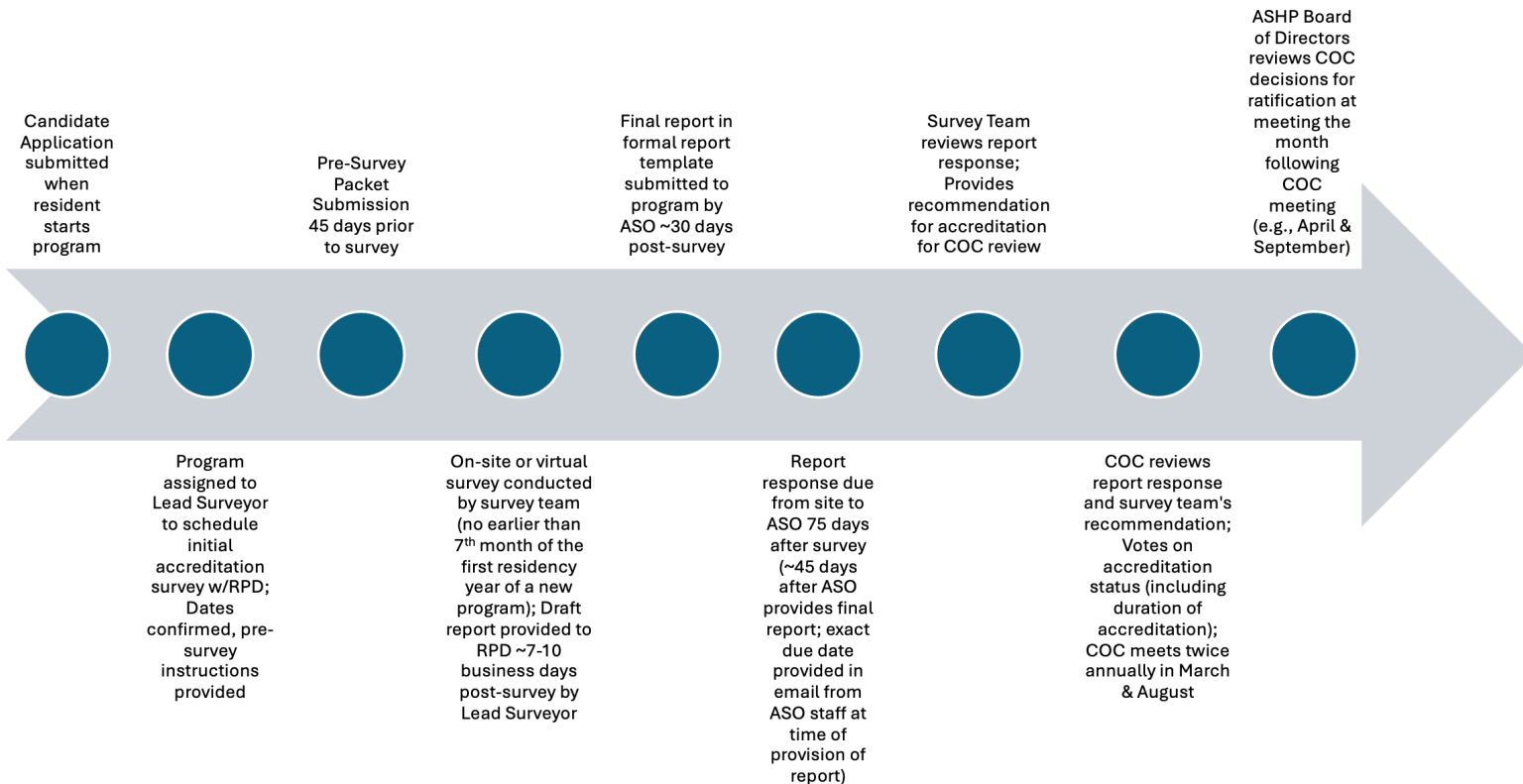
Acronym/Term	Definition/Clarification
APR	Academic and Professional Record (document required for each RPD and preceptor in residency programs)
ASO	Accreditation Services Office
CAGOs	Competency Areas, Goals, and Objectives <ul style="list-style-type: none"> Educational framework developed for each residency program type
Candidate Status	New program status granted to a program that has a resident(s) in training, has applied to ASHP for accreditation, and is awaiting the official site survey, review, and assessment by the COC
COC	Commission on Credentialing <ul style="list-style-type: none"> Comprised of PGY1 & PGY2 RPDs and professional organization appointees from AACP, ACCP, AMCP, APhA and public member in 3-year terms (6-year term if appointed to Chair) Approves initial and reaccreditation of residency programs, changes to Residency Program Accreditation Standards, Regulations, CAGOs
Communique	Newsletter for residency programs published by Accreditation Services twice per year which is emailed to RPDs and published on the website
Connect	Discussion platform for ASHP membership to post questions and comments, connecting with other members in virtual real-time written discussion <ul style="list-style-type: none"> Multiple “communities” based on topic/interest within ASHP Connect RPD Connect is an open community for RPDs, RPCs, etc. who are members of ASHP to post questions and participate in conversation on residency-related items Discussion boards monitored by ASHP staff and ASO leadership Serves as one of the communication methods utilized for broad program announcements/communication by ASO leadership (e.g., new resources available, communication/clarification on revised Standards, Regulations, processes, etc.)
Fabric	Database for ASO use for residency and technician training programs
LE	Learning Experience
LED	Learning Experience Description <ul style="list-style-type: none"> Required document to be maintained in PharmAcademic for each required and elective learning experience that outlines the learning experience detail Required elements include general description of the practice area, description of the role of the pharmacist in the practice area, expectations of the resident, expected progression of the resident, objectives assigned to the learning experience with corresponding learning activities to meet the objectives
MCM	Midyear Clinical Meeting
NMS	National Matching Service <ul style="list-style-type: none"> Manages the residency Match process
NPPC	National Pharmacy Preceptors Conference <ul style="list-style-type: none"> Conference that focuses on education for residency program preceptors
PharmAcademic™	Residency program management application utilized by all programs for maintenance of resident schedules, learning experience descriptions, evaluations, resident development plans, preceptor APRs, and other residency program documentation
PhORCAS	Pharmacy Online Residency Centralized Application Service managed by Liasion, Inc. PhORCAS is divided into three portals—the application portal, WebAdMIT, and the reference portal.
Pre-Candidate	Status that a program can opt to apply for via application process prior to having a resident in the program; Intent is to seek “candidate” status within one year. Programs in pre-candidate status will receive access to PharmAcademic™ and NMS

RAC	Residency Advisory Committee; Common name for program oversight committee (other names can be used by programs for the name of this committee)
RDP	Resident Development Plan
RPC	Residency Program Coordinator; Optional position for individual providing additional support to residency program management (other names can be used by programs if opting to have additional program leadership support)
RPD	Residency Program Director
RPDC	Residency Program Design & Conduct <ul style="list-style-type: none"> Workshop which is generally offered twice annually (in-person at MCM and virtually in spring) facilitated by Lead Surveyors, focusing primarily on Standards 3 & 4
WebAdMIT	Admissions Management System that serves as the selection portal for PhORCAS used by residency programs for application management and review. RPDs can manage application review assignments, scoring, and documentation within WebAdMIT as well as data tracking.

Residency Program Application Process—"Applying for Accreditation"

- Applications for Pre-Candidate and Candidate Status are to be downloaded from the ASHP [website](#), completed, signed, and submitted to ASO for processing utilizing the instructions contained within the application. Suggested timelines for application submission can be found in the "Applying for Accreditation" information on the website. Application processing time can take approximately four weeks when submitted by suggested deadlines. If submitted after recommended deadlines, longer processing times may occur.
- Pre-Candidate Status
 - Optional process for an organization that has secured approval and funding to start a residency program for which a program applies prior to having a resident in the program
 - Intent is generally to seek candidate status within one year of precandidate status application
 - Provides access to PharmAcademic, the National Matching Service, and ability to have program listed in the ASHP public-facing residency program online directory
- Candidate Status
 - New program status granted to a program with a resident(s) in training, after submission of application to ASHP for accreditation; awaiting an official site survey, review, and assessment by the COC
 - Candidate application should be submitted upon starting the first resident in the program
- The [fee schedule](#) for pre-candidate and candidate application fees and annual fees can be found [here](#). Annual accreditation fees are invoiced each November for the upcoming calendar year.

Accreditation Timeline & Process



Residency Program Directory & Residency Program Changes

Once a program's application (precandidate or candidate) has been approved, the RPD will be provided with access to the ASHP online directory where the residency program is listed. The RPD can update most elements of the online directory with detail specific to the program. Instructions for initial online directory self-service portal instructions are posted [here](#).

- Changes to residency program name, organization name, address, and residency program director, pharmacy director, and CEO/administrative designee names and contact information can only be changed by ASO staff
 - Email asd@ashp.org with information for such changes
 - If requesting a program and/or organization name change due to organization mergers or rebranding, include a marketing release indicating such name change or a memo on formal organization letterhead reflecting the name change. Include all program numbers that will require a name change within the email or memo.
 - If requesting a change in primary practice site or a change in a participating practice site, submit applicable form(s) as referenced below for each practice site change request
- RPDs are encouraged to review the online directory listing for the program routinely and update any program information changes (number of positions, start date, estimated stipend, fringe benefits, special features, etc.) in the demographics section of the directory listing. Additionally, it is important that programs ensure accurate information in the fields for institution **Model Types** and **Total Beds** in the program listing. This is to ensure accurate comparisons for the Annual Report Analytic Dashboards in PharmAcademic™. PharmAcademic™ displays key data from the individual program's annual survey and compares it with similar programs. Without having complete information, while the program will still be able to see its data, the comparisons may be limited and the overall combined results from similarly sized programs and institution type will not be accurate.
- [Changes in practice sites](#)
 - ASO must be informed (and [ASO process](#) followed) when a change to the program's structure occurs that results in the program's structure being significantly different from the structure that was accredited during the survey process. This includes informing ASO when adding, deleting, and/or changing a primary practice site (for PGY1 Community- Based programs sponsored by a College of Pharmacy) or when adding, deleting, and/or changing a participating site.
 - If a program has a question regarding whether a change results in the program's structure being significantly different, the program should contact the ASO Director, Operations.

Residency Program Director (RPD) Connect Community on ASHP Connect

- Open community for residency program directors to connect with each other, share ideas, and ask questions
- Must be an ASHP member to access
- Make sure to add the RPD Connect to your ASHP Connect Communities

PharmAcademic™ Resources

- PharmAcademic™ is required for use by all residency programs
- Must be used for the following items at minimum in the management and maintenance of residency programs
 - Program objective assignment grid (aka “Teach & Evaluate” or “TE” grid)
 - Learning experience descriptions
 - Resident schedules
 - Evaluations (Summative and quarterly evaluations, resident’s evaluations of preceptors and learning experiences)
 - Resident development plans
 - Resident close-out documentation
- Optional functionality in PharmAcademic™ continues to be added routinely and includes, but is not limited to:
 - Preceptor APRs
 - Resident file management (portfolio maintenance)
 - Custom evaluations
 - Appendix tracking (applicable to residency programs if the respective CAGOs includes a required appendix)
 - Extensive reports and dashboards
- [PharmAcademic™ Training Video for RPDs](#) (accessible to programs in precandidate, candidate and accredited status; must be logged into PharmAcademic™ account to access)
- [PharmAcademic™ Checklist for Building a Residency](#) (accessible to programs in precandidate, candidate and accredited status; must be logged into PharmAcademic™ account to access)
- PharmAcademic™ Pearls for RPDs
 - Utilize the searchable [Help Center](#) for a variety of resources and how-to guides.
 - Residents matching to programs during Phase I and Phase II are pre-enrolled in PharmAcademic™ . RPDs must then finish the enrollment process (Pathway: Manage Program → Residents → Enroll Resident).
 - Preceptor and resident email addresses cannot be updated by the RPD. This must be completed by the user or by PharmAcademic™ support.
 - All required evaluations are automatically scheduled once the RPD builds the learning experience and schedules the learning experiences for the resident(s).
 - Preceptors listed on the Learning Experience Preceptors tab does not result in automatic assignment of a preceptor to the resident’s schedule. Adding a preceptor to this tab allows the preceptors to update the learning experience (if the RPD has selected this functionality allowance in the program management build).
 - On the summative evaluation, when a preceptor marks “Achieve” (ACH) for an objective in a learning experience, this does not translate to “Achieved for Residency” (ACHR). ACH and ACHR are two separate ratings which should have two separate definitions developed by the program in its ratings scale definitions and evaluation strategy. The recording of an ACHR rating on an objective is a separate function within PharmAcademic™.
 - Extensive reporting and [dashboard functionality](#) is available for program review and

management within PharmAcademic™ (accessible to programs in precandidate, candidate and accredited status; must be logged into PharmAcademic™ account to access).

ASHP Residency Information & Resources—How to Access on the Website

www.ashp.org

The screenshot displays the ASHP website's navigation bar. The 'PROFESSIONAL DEVELOPMENT' menu item is circled in red. A dropdown menu is open, listing various resources. A red arrow points to the 'Residency Information' option. Below the menu is a 'CLAIM YOUR CE' button. The page also features a 'REGISTER AND BOOK BY NOVEMBER 8' banner and a book cover titled 'Hidden Narratives'.

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PRACTICE RESOURCES **PROFESSIONAL DEVELOPMENT** MEETINGS & CONFERENCES ADVOCACY MEMBER CENTER

ashp Navigator

Professional Development

Continuing Education

Competency Assessments

CareerPharm

ASHP Podcasts

Residency Information

Student Information

Technician Information

Board Certification Resources

ASHP PROFESSIONAL CERTIFICATES™

MOUD Training Program

Microcredentials

Certified Pharmacy Executive Leader (CPEL)

CLAIM YOUR CE

REGISTER AND BOOK BY NOVEMBER 8

BOOK TODAY

Hidden Narratives
Perspectives of Diversity, Equity, and Inclusion in Pharmacy
Carla Y. White | Paula K. Davis | Nichole Ajala
Amanda L. Storywold | Kerri A. Wiltz

Residency Program Resources

Residency accreditation is an important driver for excellence, serving as a bridge between education and practice. ASHP is the only programmatic accreditor in the United States for pharmacy residency programs.

Newly Harmonized and Approved Accreditation Standard and Related Resources

- ASHP Regulations on Accreditation of Pharmacy Residencies - September 2024
- ASHP Accreditation Standard for Postgraduate Residency Programs - September 2024 revision, Effective September 20, 2024
- Standard Summary of Changes - September 2024
- Crosswalk for all Residency Standards to 2023 Accreditation Standard - Jan 2023
- Diversity Resource Guide - October 2024
- Well-Being and Resilience in Residency Training Resource Guide - March 2023
- Preceptor Academic and Professional Record (APR) Form
- Key Takeaways of the Accreditation Standard Revision Midyear 2022 presentation - [VIDEO] Dec. 2022
- Updates discussion to the Residency Accreditation Standard "At a Glance" - [PODCAST] Feb. 2023

RESIDENCY PROGRAM RESOURCES

- [PharmAcademic](#) →
- [Accreditation FAQs](#) →
- [Communique Newsletter](#) →
- [Helpful Tools](#) →
- [PhORCAS](#) →
- [National Matching Services](#) →
- [Accreditation-Related Online Education](#) →



Residency Accreditation

- [Duty Hours pdf](#) →
- [Regulations on Accreditation of Pharmacy Residencies pdf](#) →
- [PGY1 Pharmacy Residencies - Accreditation Standards](#) →
- [PGY1 Competency Areas, Goals and Objectives](#) →
- [PGY2 Pharmacy Residencies - Accreditation Standards](#) →
- [PGY2 Competency Areas, Goals and Objectives](#) →

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Starting a Residency Program

- [Starting a Residency](#) →
- [Applying for Accreditation](#) →
- [Residency Accreditation Survey Readiness](#) →
- [After an Accreditation Site Survey](#) →
- [Modifying or Changing a Residency](#) →

Residency Accreditation Tools

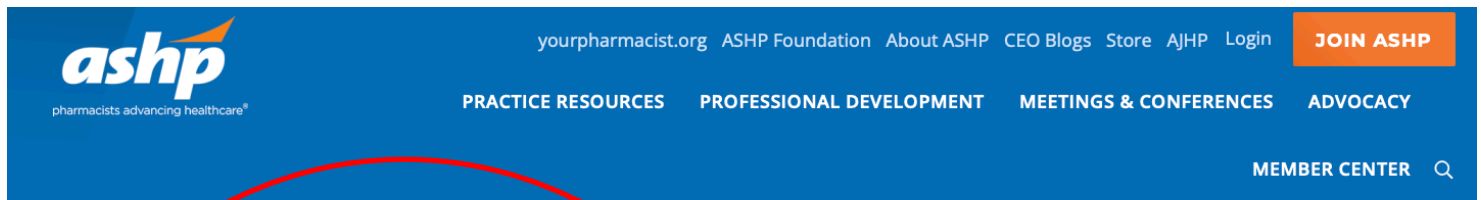
- Program Logo
- PharmAcademic™
- PhORCAS - Pharmacy Online Residency Centralized Application Service
- National Matching Services
- Accreditation-Related Online Education
- Duty Hours
- Preceptor Toolkit (requires ASHP login to access resources)
- Webinar: Optimizing GME Pass Through Reimbursement for Residency Training Programs [VIDEO 1:28:26] Handout [PPT] - 2017
- Accreditation Services & Commission on Credentialing MCM 2023 Town Hall Presentation Update - December 2023
- Accreditation Services & Commission on Credentialing MCM 2022 Town Hall Presentation - [VIDEO] Dec. 2022
- Q&A - Accreditation Services & Commission on Credentialing MCM 2023 Town Hall Presentation Update - Jan. 2024
- Communique - Accreditation Services Newsletter archive

Example Documents Section

Examples align with the newly published 2023 Standard - Additional examples coming soon!

Residency Program Resources—“Example Documents Section”

- Example policies and procedures for Standards 1 & 2
- Example program structure descriptions
- Example learning experience descriptions
- Example evaluations
- Example resident development plan and templates



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- [Communique - Accreditation Services Newsletter archive](#)

Example Documents Section

Examples align with the newly published 2023 Standard - Additional examples coming soon!

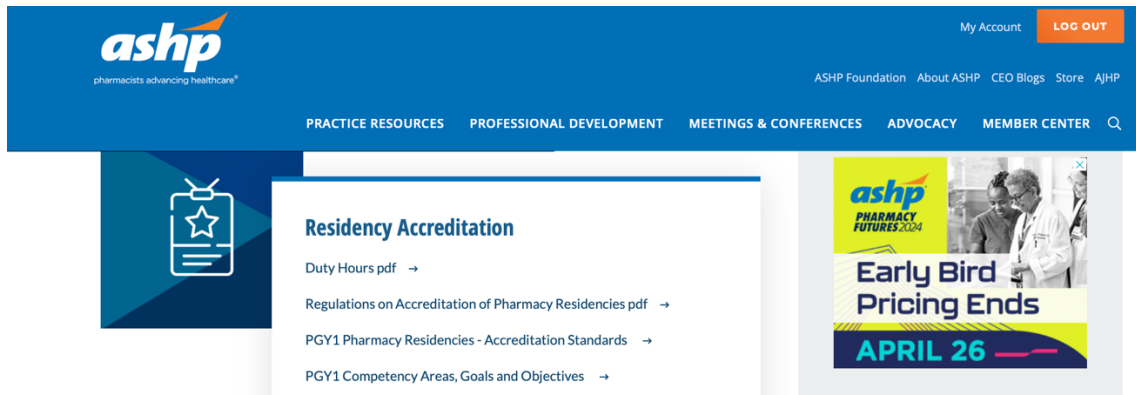
- [Helpful Interview and Recruitment Resources](#)
- [Learning Experience Description - PGY1 Example 1](#)
- [Learning Experience Description - PGY1 Example 2](#)
- [Learning Experience Description - PGY1 Example 3](#)
- [Learning Experience Description - PGY1 Community Example](#)
- [Learning Experience Description - PGY1 Managed Care Example](#)
- [Learning Experience Evaluation - Critical Care Example](#)
- [Learning Experience Evaluation - Internal Medicine Example](#)
- [Preceptor Evaluation - Critical Care Example](#)
- [Preceptor Evaluation - Internal Medicine Example](#)
- [Rating Scale Definition - Example 1](#)
- [Rating Scale Definition - Example 2](#)
- [Summative Evaluation - Critical Care Example](#)
- [Summative Evaluation - Internal Medicine Example](#)
- [Optional PGY1 Development Plan Template](#)
- [Optional PGY2 Development Plan Template](#)
- [Development Plan 1 - PGY1 Pharmacy Typical Resident](#)
- [Development Plan 2 - PGY1 Challenging Resident](#)
- [Residency Accreditation Pharmacist Licensure Policy Examples](#)
- [Residency Accreditation Policy Leave Examples](#)
- [PGY2 Resident PGY1 Completion Verification Procedures](#)
- [Duty Hour Policy Examples](#)
- [PGY1 Community-Based Pharmacy Completion Requirements Example](#)
- [PGY1 Managed Care Pharmacy Completion Requirements Example](#)
- [PGY2 Completion Requirements Example](#)
- [Remediation-Dismissal Policy Examples](#)

HSPAL Resource Library

- [HSPAL Resource Library to Support Didactic Learnings for CAGO - Access for Members](#)

Pre-Survey Packet Information (when preparing for an accreditation survey)

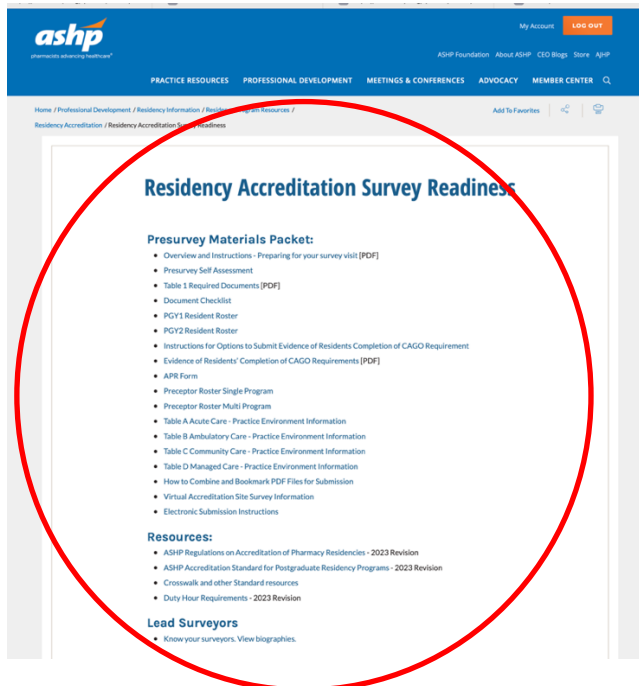
- Provides instructions for pre-survey packet content and instructions for pre-survey packet submission (electronic submission of bookmarked PDF files)



The screenshot shows the ASHP website's navigation menu. The top navigation bar includes the ASHP logo, "My Account", and "LOG OUT". Below this, a secondary navigation bar lists: "PRACTICE RESOURCES", "PROFESSIONAL DEVELOPMENT", "MEETINGS & CONFERENCES", "ADVOCACY", and "MEMBER CENTER". A search icon is also present. A large blue banner on the left features a star icon and the text "Residency Accreditation". To the right, a promotional banner for "ashp PHARMACY FUTURES 2024 Early Bird Pricing Ends APRIL 26" is visible.



The screenshot shows a dropdown menu for "Residency Accreditation". The menu items are: "Starting a Residency", "Applying for Accreditation", "Residency Accreditation Survey Readiness", "After an Accreditation Site Survey", and "Modifying or Changing a Residency". A red arrow points to the "Residency Accreditation Survey Readiness" link.



The screenshot shows the "Residency Accreditation Survey Readiness" page. The page title is "Residency Accreditation Survey Readiness". The main content is titled "Presurvey Materials Packet:" and includes a list of links to various PDF documents and forms. A red circle highlights the "Presurvey Materials Packet:" section. Below this, there are sections for "Resources:" and "Lead Surveyors:".

Presurvey Materials Packet:

- Overview and Instructions - Preparing for your survey visit (PDF)
- Presurvey Self Assessment
- Table 1 Required Documents (PDF)
- Document Checklist
- PGY1 Resident Roster
- PGY2 Resident Roster
- Instructions for Options to Submit Evidence of Residents Completion of CAGO Requirement
- Evidence of Residents' Completion of CAGO Requirements (PDF)
- APR Form
- Preceptor Roster Single Program
- Preceptor Roster Multi Program
- Table A Acute Care - Practice Environment Information
- Table B Ambulatory Care - Practice Environment Information
- Table C Community Care - Practice Environment Information
- Table D Managed Care - Practice Environment Information
- How to Combine and Bookmark PDF Files for Submission
- Virtual Accreditation Site Survey Information
- Electronic Submission Instructions

Resources:

- ASHP Regulations on Accreditation of Pharmacy Residencies - 2023 Revision
- ASHP Accreditation Standard for Postgraduate Residency Programs - 2023 Revision
- Crosswalk and other Standard resources
- Duty Hour Requirements - 2023 Revision

Lead Surveyors

- Know your surveyors. View biographies.

FAQs

- Commonly encountered questions from programs

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Residency Program Resources

Residency Program Resources

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RESIDENCY PROGRAM RESOURCES

- PharmAcademic →
- Accreditation FAQs →
- Communique Newsletter →
- Helpful Tools →
- PhORCAS →
- National Matching Services →
- Accreditation-Related Online Education →

Residency Accreditation

- Duty Hours pdf →
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- PGY1 Competency Areas, Goals and Objectives →
- PGY2 Pharmacy Residencies - Accreditation Standards →
- PGY2 Competency Areas, Goals and Objectives →

Starting a Residency Program

- Starting a Residency →

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Report Response Process & Tools

- Instructions for sites on accreditation report response, required template for response and transmittal letter, resources on how to develop response

The image shows two screenshots of the ASHP website. The top screenshot displays the 'Residency Accreditation' section with a list of links: 'Duty Hours pdf', 'Regulations on Accreditation of Pharmacy Residencies pdf', 'PGY1 Pharmacy Residencies - Accreditation Standards', 'PGY1 Competency Areas, Goals and Objectives', 'PGY2 Pharmacy Residencies - Accreditation Standards', and 'PGY2 Competency Areas, Goals and Objectives'. Below this is the 'Starting a Residency Program' section with links: 'Starting a Residency', 'Applying for Accreditation', 'Residency Accreditation Survey Readiness', 'After an Accreditation Site Survey' (highlighted with a red arrow), and 'Modifying or Changing a Residency'. Further down is the 'Residency Accreditation Tools' section with a list of resources including 'Program Logo', 'PharmAcademic™', 'PhORCAS - Pharmacy Online Residency Centralized Application Service', 'National Matching Services', 'Accreditation-Related Online Education', 'Duty Hours', 'Preceptor Toolkit', 'Webinar: Optimizing GME Pass Through Reimbursement for Residency Training Programs', 'Accreditation Services & Commission on Credentialing MCM 2023 Town Hall Presentation Update - December 2023', 'Accreditation Services & Commission on Credentialing MCM 2022 Town Hall Presentation - [VIDEO] Dec. 2022', 'Q&A - Accreditation Services & Commission on Credentialing MCM 2023 Town Hall Presentation Update - Jan. 2024', and 'Communique - Accreditation Services Newsletter archive'. The bottom screenshot shows the 'Example Documents Section' with a note: 'Examples align with the newly published 2023 Standard - Additional examples coming soon!'. It lists 'Helpful Interview and Recruitment Resources' and 'Learning Experience Description - PGY1 Example 1'. The main content area of the bottom screenshot is titled 'After an Accreditation Site Survey' and includes 'VIEW RELATED LINKS' with a dropdown arrow. Below this are sections for 'Guidelines for survey Report Response', 'Report Response Tips for Success', 'Electronic Response Submission Instructions', 'Examples' (with links to 'Example Documents to be Sent with a Report Response - Programs Surveyed Pre-July 2023' and 'Example Documents to be Sent with a Report Response - Programs Surveyed on 2023 Standard'), 'Transmittal letter' (with links to 'Single program' and 'Multi-program'), and 'Response Template' (with links to 'Single program' and 'Multi-program'). A large red circle highlights the 'After an Accreditation Site Survey' page content in the bottom screenshot.

Combining PGY1 and PGY2 Residency Programs

If a site is interested in combining an existing accredited PGY2 program (e.g., PGY2 CPAL, PGY2 HSPAL, PGY2 Pharmacy Informatics, PGY2 MUSP, PGY2 SPAL, etc.) with an existing accredited status PGY1 program at the same practice site, the site would need to complete and submit a [“Request to Combine a PGY1 and PGY2 Program” form](#) via email to asd@ashp.org if the intent to discontinue the standalone PGY2 program and only operate the combined PGY1/PGY2 program. If the program chooses to have combined PGY1/PGY2 residents complete a Masters degree program, this should be indicated in the request form as well. Once the combination of the programs is approved by ASO, the standalone PGY2 program will be discontinued and the combined PGY1/PGY2 program will be built in the database and listed in the online program directory. The ASHP program code (and associated accreditation status) for the standalone PGY2 program would be transferred to the newly combined PGY1/PGY2 program.

Should a resident in a combined PGY1/PGY2 program not matriculate into the PGY2 year of the combined program or the combined PGY1/PGY2 program has a situation where the second year of the program will be empty and the program desires to recruit for both the combined PGY1/PGY2 program and for the second (PGY2) year of the program so as not to have a “gap” in residents in the program, the RPD should email asd@ashp.org to request a one-time use 2nd Match code. Once approved by ASO with notification to NMS of such approval, the combined PGY1/PGY2 program will have two Match codes for the applicable year in order to recruit for both years of the program.

If the site is interested in maintaining the standalone PGY2 program and adding a combined PGY1/PGY2 program, the site would need to submit a new program pre-candidate or candidate status application (dependent on whether the site wants to pursue the pre-candidate pathway or candidate pathway).

Additional considerations for PGY1/PGY2 combination programs:

- The resident in the combined PGY1/PGY2 program would need to have their PGY1 year fully mirror all other PGY1 residents in the standalone PGY1 program—same program structure (must complete all the same required learning experiences for the same duration, must have the opportunity to complete the same number of electives), same program completion requirements as all other PGY1 residents in the PGY1 program, same PGY1 year duration (minimum 52 weeks) that the standalone PGY1 program residents complete, follow all the same policies, procedures, staffing commitments, etc.
- Items that can be different in the PGY1 year for the combined PGY1/PGY2 program are the types of electives that the resident may choose from (the program could choose to have elective opportunities more geared toward leadership and management, medication safety, policy work, regulations, etc. as long as the resident still spends at least 2/3 of the PGY1 year in direct patient activities).
- The resident in the combined program would get a PGY1 certificate at the end of the PGY1 year if successfully completed. The resident cannot start the PGY2 year of the combined program until their PGY1 program has been completed. The PGY1 program certificate would be the same certificate as provided to all other PGY1 residents in the standalone PGY1 program.
- The certificate at the end of the PGY2 year would be for the PGY2 program.
- Orientation to the PGY2 program at the beginning of the PGY2 year is required. However, this would typically be of a shorter duration than an orientation to a resident who is new to the system. Orientation in the 2nd year of the combination program would typically focus on orienting to the

applicable PGY2 program CAGOs, PGY2 year program completion requirements, other practice sites that the resident has not had exposure to (if applicable), and those elements that were not encountered during the PGY1 year or that are different from the PGY1 year.

- During the PGY1 year, the PGY1/PGY2 program RPD will want to determine whether the PGY1 RPD, PGY1/PGY2 program RPD, or another designee is responsible for completing the development plan during the PGY1 year as well as completion tracking requirements documentation. If the PGY1 RPD does handle all of this for the combined program resident, then the PGY1/PGY2 program RPD would still want to ensure participation in the RAC and/or preceptor meetings in which the PGY1 residency year and PGY1 residents' progression are discussed.

If the site wishes to “uncombine” a PGY1/PGY2 program, this can be requested via the emailed submission of a completed [“Request to Uncombine a PGY1 and PGY2 Program” form](#) to asd@ashp.org.

Residency Program Tracks

- Each residency program type has a standard naming convention that must be followed as per the ASHP Regulations on Accreditation of Pharmacy Residencies
 - Programs may not add special designations or alter the title of residency program types (e.g., “PGY1 Pharmacy Residency” must be used and not “PGY1 Pediatric Pharmacy Residency” or “PGY1 Pharmacy Residency—Ambulatory Care”, etc.)
 - The practice setting and features of the program where the residency program is based can be further outlined in the program description and promotional materials
- Programs may have “tracks” based on having multiple primary practice sites (PGY1 Community-based programs sponsored by a college of pharmacy only), practice setting within the same primary practice site (e.g., acute care setting and ambulatory care setting within the same primary practice site/medical campus), timeframe for program completion (PGY1—Traditional and PGY1 Non-Traditional), or based on elective offering differences (e.g., PGY1—Ambulatory Care Electives and PGY1 Pediatric Electives, etc.). Such tracks are designated with a program descriptor for which guidelines on use is outlined directly below.

Guidelines for Choosing Program Descriptions

Each program offered by a residency is identified in the NMS Match System and PhORCAS by the residency display name and a program description. ASHP has developed the following guidelines for determining an appropriate program description for each program.

General Guidelines:

- All program descriptions must start with the residency type under which the program is, or will be, accredited (e.g., PGY1, PGY1&2-Health Systems Admin & Leadership/Masters, PGY2-Ambulatory Care, etc.). For most programs, the program description will consist of only the program type.
- Information that describes the program, such as setting, location, emphasis areas, or characteristics, should be provided in the ASHP Directory.
- Program descriptions may have an additional label added after the program type only if necessary to ensure that the combination of residency display name and program description uniquely identifies

each program to applicants in the Match and PhORCAS. Acceptable program descriptions and labels are listed below.

- Program descriptions in the NMS Match System (including any label) are limited to 50 characters.

PGY1 Community-Based Residency Programs with Multiple Primary Practice Sites:

Residencies offering programs with primary practice sites at different locations (limited to PGY1 Community-based programs sponsored by a college of pharmacy only) should add the location of the program as a label on the program description:

Examples:

NMS Code	Organization	Program Description
410315	NMS University	PGY1 - Community - ABC Pharmacy Jacksonville
410321	NMS University	PGY1 - Community - Walgreens Gainesville
410322	NMS University	PGY1 - Community - Kroger Orlando

Multiple Track Residencies:

Residencies that offer different programs or tracks that segment their applicant pool into different groups, or that reflect different training experiences, can add a label on the program description.

Non-Traditional Program: Examples of acceptable program descriptions and labels:

NMS Code	Organization	Program Description
410513	NMS University	PGY1 - Traditional
410521	NMS University	PGY1 - Non-Traditional

International Applicants: Examples of acceptable program descriptions and labels:

NMS Code	Organization	Program Description
410513	NMS University	PGY1 - U.S.
410521	NMS University	PGY1 - International

Training Experiences: Labels may be added to the program descriptions to identify differences in terms of the electives offered in each track (do not use “emphasis” or “focus”). If one track offers a broader experience, that track should be distinguished from other tracks by the label “Traditional”.

Acceptable track labels are:

- Traditional
- Ambulatory Care Electives
- Acute Care Electives
- Adult Electives
- Pediatric Electives
- Mental Health Electives (avoid "Psychiatric")
- Public Health Electives
- Academic Electives
- Geriatric Electives
- Transitions of Care Electives
- Informatics Electives

Examples:

NMS Code:	Organization	Program Description:
410513	University of NMS	PGY1 - Traditional
410521	University of NMS	PGY1 - Acute Care Electives
410522	University of NMS	PGY1 - Ambulatory Care Electives

Organization Offering Separately Accredited Residencies of the Same Type:

Organizations that offer two separately accredited residencies of the same type (i.e., two different 5-digit ASHP codes), can add a label on the program description to distinguish the programs. For example:

Examples:

NMS Code:	Organization	Program Description:
411413	NMS University	PGY1 - Acute Care Setting
422313	NMS University	PGY1 - Ambulatory Care Setting

Exceptions

If the program or track does not fit into these guidelines, contact ASHP at asd@ashp.org to further discuss.

Considerations when determining whether to add a program track or pursue a separately accredited residency program of the same type (e.g., PGY1 Pharmacy) at the same site as a candidate or accredited program:

- Applying as a new PGY1 Pharmacy program
 - Can apply as pre-candidate or candidate status
 - Would have a unique ASHP residency program code and accreditation status
 - Will still follow same harmonized Standards and the same harmonized PGY1 CAGOs as other PGY1 programs
 - Will still need to have common manual for all residency programs conducted at same site with policies (most policies such as licensure, disciplinary action/dismissal, duty hours/moonlighting, leave, etc. will be the same but completion requirements may be different if desired)--Std 2.8 and Std 2.11 address this aspect in the guidance
 - Program structure can be as similar or dissimilar as the other PGY1 Pharmacy program
 - Will need to ensure that within the setting (e.g., pediatrics, ambulatory care, etc.) no more than 1/3 of the resident training is in one specific patient care unit/area (e.g., no more than 1/3 of the time in the same pediatric ICU, no more than 1/3 of the time in the same peds general medicine unit, no more than 1/3 of the time focusing on a specific disease state/therapeutic area, etc.)
- Establishing a track (e.g., pediatrics, ambulatory care, etc.) that is added onto the existing accredited PGY1 Pharmacy program
 - Would need to follow exact same policies and completion requirements as existing PGY1 Pharmacy program
 - Would need to have the same structure as existing PGY1 Pharmacy program (same required learning experiences with the same durations and cadence, same opportunities for number of electives barring any resident progression issues that require extension of required learning experiences at the expense of elective time)

- Could have different electives available for the pediatric track that are not available to the existing PGY1 Pharmacy program residents
- Could gear projects and deliverables to be of a specific focus (e.g., pediatrics, ambulatory care, administrative, etc.)
- Need to ensure that no more than 1/3 of the residency year is spent in the management of the same patient population (e.g., pediatrics, patients with chronic heart failure, etc.)
- Could have “selectives” in the track (e.g., Critical Care selective with options for Adult Med/Surg ICU, Adult Cardiac ICU, PICU, NICU; Amb Care selective with options for Adult Internal Medicine, Adult Pharmacotherapy Clinic, Peds Pulmonary/Cystic Fibrosis, Pediatric Oncology, etc.) but need to still ensure that no more than 1/3 of the residency year is spent in the management of the same patient population; If a program has multiple selective learning experience options that truly make it a selective for *both* tracks (e.g., residents in PGY1 existing program can select from at least two choices, residents in pediatrics track can select from at least two choices), then the program could either indicate that residents in certain tracks get priority for certain selective opportunities or that certain selectives are only available for each group of residents)

Process and considerations for development of a non-traditional pharmacy residency track:

- Ensure the pharmacy department leadership and organization leadership is supportive in providing this opportunity for pharmacists within the department
- Any accredited residency program can offer a non-traditional (NT) track for a residency program at the site. Generally, NT tracks are for existing employed pharmacists within the department and are not advertised to bring in a candidate who is not otherwise employed by the department. However, there is not a rule against this practice either.
- Determine the number of positions to be offered in, and the duration of, the NT track. The most common duration of an NT track is 24 months where the pharmacist alternates between a residency learning experience and staffing/“on-service” for a total of 104 weeks or more to meet the Standard which requires a minimum of a 52-week residency program commitment. Time away would need to be considered by the program (especially for employees with significant accrual of paid time off) to ensure that the NT resident is operating within the parameters of the Standards related to “time away.”
- The NT track resident continues as a full-time employee with their pharmacist salary and benefits over the course of the residency year.
- The RPD can decide on the program start date. This most commonly coincides with the start date of an incoming class in the traditional track of the program.
- The RPD will advertise the NT track of the residency program with the department alongside the traditional program.
- The RPD will request a Match code from NMS for the NT track alongside the Match code for the traditional track.
- Interested employees must register for the Match in the fall and apply to the program, submitting all required materials in PhORCAS as applicants to the traditional track do.
- The RPD and designated interview panel interviews both the traditional and NT track candidates.
- The RPD submits the rank order list for both the traditional and NT track candidates.
- Match results determine who the traditional and NT residents will be

- Both the traditional and NT residents complete all required program agreements and paperwork specific to the residency program. It is important for the program to work with Human Resources on a process/policy/communication for what situations that result in a NT resident being dismissed from a program would still allow for the individual to remain an employee within the department (usually related to educational deficiencies/failure to progress)—the Match letter for the NT resident should be modified to include this information.
- The RPD follows the same structure of all learning experiences (required and elective learning experiences) for both the traditional and NT tracks (e.g., same required learning experiences of same durations, same elective opportunities, same program requirements and deliverables, etc.). In some instances, no additional staffing needs to be included because of the NT resident’s staffing/”on-service” time that is alternated with the learning experience time in the NT track, but time would need to be substituted for other experiences for this NT resident. This should all be spelled out in the NT resident’s first development plan.
- Matched NT residents will be automatically enrolled in PharmAcademic™ in the same manner as matched traditional residents. The RPD will need to modify start and end dates for the NT resident’s schedule.
- The NT resident’s schedule may not be cleanly aligned with some residency program elements (poster presentations at the Midyear Clinical Meeting or other professional meetings, presentations at residency conferences) during the first half of the NT program so these can be scheduled during the second half of the NT program as needed.

Helpful “Nuggets”

- CMS Pass-Thru Funding
 - Some PGY1 residency programs are eligible for CMS pass-thru funding. A pass-thru funding toolkit and other resources are available on the ASHP website [here](#).
- Communique
 - The Communique is a comprehensive newsletter published by ASO twice annually which contains updates, reminders, upcoming residency-related events, tips, and other pertinent information beneficial to residency programs.
 - Previous issues of the Communique can be found [here](#).
- Program Structure
 - Ensure that the program structure is consistent wherever it is documented/described (residency manual, PharmAcademic™ schedules, learning experience descriptions, website, promotional/recruitment materials, ASHP online residency directory listing, etc.).
 - Required and elective learning experience offerings, learning experience naming conventions, durations, and cadence should be consistent across all documents.
 - All learning experience descriptions must be maintained in PharmAcademic™.
- Program Ratings Scale
 - Ensure that the ratings scale used by the program is fully defined for each definition used. The use of the ASHP standard ratings scale [(i.e., Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), and Achieved for Residency (ACHR))] is strongly encouraged. Ensure an adequate definition for each rating that are clear to all preceptors and residents.
 - Regardless of the ratings scale used, “Achieved for Residency” (ACHR) must be defined by the program. The criteria and process for conferring an ACHR rating should be documented and clear for all preceptors and residents.
- Program Completion Requirements
 - Ensure that the program completion requirements policy is consistent with the checklist/tool used to document and track program completion requirements.
 - Consider attaching the program completion requirements checklist to the residency development plan to ensure consistency with quarterly tracking and documentation.
 - Ensure that the program completion requirements are fully documented prior to issuing the residency program certificate of completion.
- Residency Program Certificates
 - Ensure that the program and organization name on the certificate is consistent with the program and organization name in the residency program directory.
 - Double-check that all required elements outlined in Standard 2.14 are included on the certificate.
 - The signed copy of the certificate must be uploaded to PharmAcademic when closing out residents who have successfully completed the program.
 - While the incorporation of the ASHP logo is not required on the certificate, specific verbiage indication ASHP accreditation status is required. Specific accreditation status verbiage and descriptions, along with the ASHP logos for each, are available on the ASHP website [here](#).
- Preceptors
 - Ensure that all active preceptors in the program are listed in PharmAcademic™. Ensure that any “lists” of preceptors in program documentation is consistent with PharmAcademic™.

- It is strongly encouraged for all preceptors to maintain their Academic and Professional Record (APRs) in PharmAcademic™.

Example Residency Program Annual Timeline for RPDs

Example timeline for programs (month by month reminders)

	Timeline of Pharmacy Residency Key Dates/Due Dates	Personnel Responsible
January		
1 st week	Residency applications due by January 2 nd	
1 st week	Assign review of residency applications in PHORCAS on Monday after application due date; Give reviewers ~1 week to review before mtg to rank	
1 st week	Schedule Qtrly due dates for longitudinal residency learning experience assignments, topic discussions & evals	
1 st week	Check for Residents' Qtrly Eval Completion by Preceptors	
1 st week	Complete 2nd Qtr RDPs, meet w/residents, share w/preceptors, upload to PharmAcademic™	
2 nd week	RAC Interview Selection Mtg	
2 nd week	Send applicants letters w/manual attached--send letters to those being granted interviews 1st and require their ranking of potential interview dates w/in 1 wk; If all accept, send letters to those being denied interviews after; May need to move some candidates from "wait list" for interviews to grant depending on interview acceptance response	
2 nd week	Submit travel auth report for regional residency conference for residents & 1-2 preceptors to Admin	
February		
1 st week	Work w/HR to prep paperwork for incoming resident positions	
4 th week	RAC Ranking Mtg	
March		
1 st week	Submit rank list to NMS	
1 st week	Resident abstracts for regional residency conference due	
3 rd Friday	Contact residents w/in 24hrs of Match	
4 th Monday	Send congratulatory letter & agreement form w/in 4 days of Match (*ASHP requires agreement letter to be sent w/in 30 days of Match)	
4 th Monday	Build residents replacement positions in HR system, have matched residents complete application online asap & complete "hiring" process for HR	
4 th week	RAC Mtg--Discuss ranking results, applicant review and interview process, revisions to rubrics & process as applicable	
April		
1 st Qtr	Schedule Qtrly due dates for longitudinal residency learning experience assignments, topic discussions & evals	

1 st week	Check for Residents' Qtrly Eval Completion by Preceptors	
1 st week	Complete 3rd Qtr RDPs, meet w/residents, share w/preceptors, upload to PharmAcademic™	
4th week	Residents present research at regional residency conference	
May		
1st week	Update PharmAcademic™ w/new residents' info; use personal email addresses for now for residents	
1st week	Confirm external preceptors' availability for precepting residents; Review student calendar for available precepting blocks by preceptors	
2 nd week	RAC mtg to review residents' progress for completion of residency program	
2 nd week	Submit request to Marketing for printing of residency certificates of completion; once ready, take to CEO to sign	
3rd week	Preceptors complete review and revisions of LEDs	
4th week	RAC Mtg--Discuss proposed changes to LEDs	
June		
2nd week	RAC Mtg--Annual Program Review; Discuss outgoing resident progress and review completion checklists	
2nd week	Submit travel auth request for Teaching Certificate program	
3rd week	Finalize changes to LEDs & TE grid as applicable from annual program review	
3rd week	Order lab coats for incoming residents	
3rd week	Contact Telecomm to convert residents' phones to new residents' names & reset voicemail system for new residents on last day of previous resident's program	
3rd week	Finalize any revisions to residency manual for 1st day of residency program to use for orientation; Have residents complete incoming self-assessments	
3rd week	Update PharmAcademic™ w/graduating residents' info	
4th week	Draft residents' schedule in PharmAcademic™; Review for dates of ASHP poster abstract deadlines, regional residency conference abstract & PPT slides submission deadlines, CPR & ACLS certification, new associate orientation, teaching certificate program, residency expo dates, etc.; Send out draft residents' schedule & completed incoming residency questionnaires to all residency preceptors	
4 th week	Complete Residency Qtrly Evals	
4th week	Resident Celebration Dinner (Include incoming residents)	
6/30	Resident Close-out eval completion; Sign-off on completion requirements checklists; Upload signed certificates and completion requirement checklists to PharmAcademic™, close residents out of PharmAcademic™	

July		
1st week	Finalize preceptor development activities w/scheduled dates for new residency year	
1st week	New Resident Orientation (1st Day = HR; 2nd Day = RPD orients residents to program; 3rd Day = Begin Dept Orientation)	
1st week	Submit travel auth request for regional residency showcase	
1st week	Have residents complete business card order form & submit to Marketing	
1st week	Schedule Qtrly due dates for longitudinal residency learning experience assignments, topic discussions & evals	
2nd week	Complete resident attestation of orientation to residency policies and procedures	
3rd week	Submit travel auth request for ASHP Midyear Mtg	
3 rd week	Reserve ASHP Residency Showcase Booth	
3 rd week	Have residents & preceptor(s) make reservations at ASHP Midyear hotel only (wait to register & make flight reservations until travel auths approved and returned)	
3rd week	Review that residents have completed hospital new associate competency modules before Day 30 of employment; Have residents complete pharmacy competency modules before Day 90 of employment	
4th week	Complete 30-day new associate follow-up meetings w/each resident & send completed form to HR Generalist; Save copy in residents' dept files	
4 th week	Finalize drafts of initial resident development plans, present to RAC, discuss w/residents; Upload to PharmAcademic™	
August		
1st week	Submit travel auth requests for career fairs; Register for residency booth	
2nd week	Complete ASHP NMS matching agreement, submit to DOP & have CEO sign; Submit to ASHP & save copy for residency file	
September		
2nd week	Prepare schedule for upcoming residency year application due dates, application review date mtg for interview ranking, interview dates, notification of interview dates, RAC ranking mtg, final agreement letter due dates, etc.; Send to residency preceptors; Notify pharmacy dept scheduler of dates	

2nd week	Update ASHP residency directory listing info, work w/Marketing to update residency information on health-system website	
2nd week	Order residency recruitment showcase materials from Marketing	
2nd week	Topic Discussion w/residents on recruitment, applicant review, interview, and hiring processes; Prep for resident recruitment at local and MCM showcases	
2nd week	Reserve conference rooms for upcoming residency year interview dates	
4th week	Complete 90-day new associate follow-up meetings w/each resident & send completed form to HR Generalist; Save copy in residents' dept files	
4th week	Collect residents' new employee training check-off packet; Save copy in residents' dept files	
4th week	Check for completion of quarterly evals in PharmAcademic™	
October		
1 st	Schedule Qtrly due dates for longitudinal residency learning experience assignments, topic discussions & evals	
1 st	Finalize application requirements for upcoming residency year & make any necessary changes in PhORACS	
1st	ASHP MCM Resident Poster Abstract Submission Deadline	
1 st week	Check for Residents' Qtrly Eval Completion by Preceptors	
1st week	Complete 1st Qtr RDPs, meet w/residents, share w/preceptors, upload to PharmAcademic™	
4th week	RAC Mtg--Finalize any policy/procedure changes	
November		
3rd week	Resident posters to printer for ASHP MCM	
4 th week	Submit ASHP residency program annual fees invoice to Accounting to pay	
December		
1st week	ASHP MCM Mtg	
2nd week	Submit Midyear Expense reports for reimbursement	
2nd week	RAC Mtg--Review applicant review and interview process, applicant and interview review rubrics, interview questions; All preceptors new to interviewing to complete Implicit Bias Training	

Example PGY2 RPD Annual To-Do List

Jul-2024

- Resident Onboarding
- ASHP- Midyear Booth Application Due
- New Hire- HR 30-Day Check-In
- Teaching Cert Program - Registration Due
- Resident Development Plans- Initial**
- Quarterly RAC Meeting**
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Aug-2024

- Submit Website Updates
- Update ASHP Listings (Directory + Booth)
- Update ACCP Directory Listing
- NMS- Register to Participate in the Match
- New Hire- HR 60-Day Check-In
- PA- Annual Preceptor Survey Due
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Sep-2024

- Submit Residency Budget to DOP & CFO
- Update all Marketing/Recruiting Info
- PA- Annual ASHP Accreditation Survey Due
- New Hire- HR 90-Day Check-In
- New Hire- Non-Clinical Competencies Due
- New Hire- 100-Day Breakfast with C-suite
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Oct-2024

- ASHP- Register all (+ book hotel rooms)
- Recruitment Materials for ASHP Booth (update and obtain)
- Res Development Plans- Q1**
- Quarterly RAC Meeting**
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Nov-2024

- ASHP- Pay Accreditation Fees
- ASHP- Pack Booth Materials
- ASHP- Print posters
- ASHP- Review Fall Communique
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Dec-2024

- ASHP Midyear: Dec. 8-12
- Select RIC & Dates (DOP), Rooms, Cater
- WebAdmit- Review & Assign Reviewers
- Submit to Concur for ASHP MCM Reimbursement
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Jan-2025

- Application deadline: Jan 6
- Create Sign-Up Genius for Interviews
- RIC Meeting (then invite interviewees)
- Res Development Plans- Q2**
- Quarterly RAC Meeting**
- Email Calendar Link (Day 1 of each RLE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Feb-2025

- Interview Days: Feb. 17, 19, 21, 24
- RIC Meeting (discuss interviews and rank)
- Phase I Rankings Open: Feb. 18
- NMS- Submit Rank Order
- Ask DOP for Residency Position Reqs
- Email Calendar Link (day 1 of each RLE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Mar-2025

- Phase I Rank Due: Mar 6
- Call Residents- Match Results: Mar 19
- Reg Conf- Register all (+ book hotel rooms)
- Specialty Conf- Register all (+ book hotel rooms)
- Start New Master Calendar
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Apr-2025

- Phase II Rank Due: Apr 15
- Phase II Match Results: Apr 23
- Send All Offer Letters: No later than Apr 18 for Phase I & May 22 for Phase II
- Reg Conference: Apr 25-26
- PA- Enroll New Residents
- Res Development Plans- Q3**
- Quarterly RAC Meeting**
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

May-2025

- Specialty Conference: May 8-11
- Send Preceptor Survey + Research Ideas
- Order Preceptor of the Year Plaques
- Get Certificates Printed & Signed
- PA- Review Checklist (LEs, preceptors)
- Finish Annual CQI Document
- ASHP- Review Spring Communique
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*

Jun-2025

- Get Certificates Framed
- Submit New Resident Documents
- Review Preceptor APRs + CQI Document
- PA- Close-out Residents (backup portfolio)
- PA--Upload Completion Checklists & Certificates for Residency Close-out
- PA- Assign New Residents' LEs
- Email Calendar Link (Day 1 of each LE)*
- PA- Cosign all Evals & Run Overdue Report*
- Monthly Preceptor & Resident Meetings*



Key (for Example RPD Annual To-Do List on previous page):

RAC--Residency Advisory Committee

RIC--Residency Interview Committee

NMS--National Matching Services

PA--PharmAcademicTM

LE--Learning Experience

RegConf--Regional Residency Conference CQI--Continuous Quality Improvement