



ASHP Administrative Procedures on Accreditation of International Pharmacy Practice Residencies

I. Introduction

ASHP believes that postgraduate residency programs are the best source of a highly qualified pharmacy workforce and that it has an obligation to support residencies through the development of standards and a program of accreditation. To ensure adherence to the principles and philosophy of such standards, ASHP administers an accreditation program. For purposes of accreditation, a pharmacy residency is considered to be a postgraduate program of organized education and training that meets the requirements of either the *ASHP Accreditation Standard for International Pharmacy Practice Residency Programs* or the *ASHP Accreditation Standard for International Advanced Pharmacy Practice Residency Programs* (hereinafter the Standard) set forth and approved by ASHP and, as applicable, its partners in residency program development.

II. Authority

The program for accreditation of postgraduate residency programs is established by authority of the Board of Directors of ASHP and is implemented by the ASHP International Accreditation Commission (IAC). At its meetings the IAC shall review and evaluate applications and site survey reports submitted and shall be authorized to take action on all applications for accreditation in accordance with the policies and procedures set forth herein. All matters of policy relating to the accreditation of programs will be submitted for approval to the ASHP Board of Directors. The minutes of the IAC shall be submitted to the Board of Directors for review and action as appropriate.

III. Accreditation Status

- A. Accreditation:** the act of granting approval to a postgraduate residency program after the program has met set requirements and has been reviewed and evaluated through an official process (document review, site survey, review and evaluation by the IAC). An approved program is in an “ASHP-accredited” status.

- B. Pre-candidate:** the status that may be granted to a program that has submitted a completed application indicating intent to seek “candidate” status. Programs in pre-candidate status will receive access to PharmAcademic™. By the conclusion of this status, the program must have submitted an application for accreditation or the “candidate” designation will be removed and

will not be granted to the same program again. Programs in this status must submit an application for accreditation when training of the first resident begins.

- C. **Candidate:** the 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, and review and evaluation by the IAC.
- D. **Conditional accreditation:** the status granted to an accredited program that is not in substantial compliance with The Standard, as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings.

Programs with conditional accreditation are subject to withdrawal of accreditation unless substantial improvement in areas of non-compliance and/or partial compliance occurs in the time frame designated by the IAC. Programs with conditional accreditation may also be required to undergo an additional on-site survey at the discretion of the IAC.

E. **Accreditation Status References in Program and Promotional Materials**

1. Programs must use the following language when referencing the program's accreditation status in formal program and promotional materials (e.g., residency manual, residency web site, residency brochures, posters, etc.):
 - a. Programs in Pre-candidate Status: The *(residency program type, such as the International Pharmacy Practice Residency Program)* conducted by *(organization name, city, and state)* has an accreditation pre-candidate status with ASHP.
 - b. Programs in Candidate Status: The *(residency program type, such as the International Pharmacy Practice Residency Program)* conducted by *(organization name, city, and state)* has an accreditation candidate status with ASHP.
 - c. Accredited Residency Programs: The *(residency program type, such as the International Pharmacy Practice Residency Program)* conducted by *(organization name, city, and state)* is accredited by ASHP.
2. ASHP pre-candidate status, candidate-status, and accredited logos are also available for use by the residency program in connection with formal pharmacy residency materials such as brochures, promotional materials, posters, and residency manuals. Refer to Exhibit C for ASHP logo use requirements.
3. When ASHP accreditation logos are used in program materials or promotional materials, the appropriate explanatory language, as reference in Exhibit B, must be used in conjunction with the logo.
4. For candidate-status and accredited residency programs, these logos may also be used on certificates of completion issued to residents.

IV. Program Operator

The Program Operator is the organization (e.g., hospital, college of pharmacy, corporation, Ministry of Health, outpatient clinic, or other business entity) that applies for accreditation, and is administratively responsible for compliance with The Standard. The Program Operator is also responsible for submitting the accreditation application and ensuring periodic evaluations of the program are conducted.

- A. If several organizations share responsibility for the financial and management aspects of the residency (e.g., hospital, college of pharmacy, Ministry of Health, corporation, outpatient clinic, or other business entity), the organizations must mutually designate one organization as the Program Operator. The relationship between the Program Operator and other organizations who share responsibility or financial or management aspects of the residency must be agreed to in writing (e.g., memorandum of understanding), signed by all parties, and comply with accreditation standards

V. Program Personnel

- A. **Pharmacist Preceptor:** an experienced pharmacist who provides practical experience and training to a pharmacy resident during a learning experience. Pharmacist preceptors also have responsibility for providing feedback and evaluation of resident performance.

- B. **Residency Program Director (RPD):** an experienced pharmacist responsible for direction, conduct, and oversight of the residency program. The IAC is responsible for approving residency program directors (RPD). In a multiple-site residency program, the residency program director is a pharmacist designated in a written agreement between the program operator and all of the program sites.

1. The RPD must be from a practice site of the program or employed by the Program Operator (i.e., college of pharmacy). If the Program Operator employs the RPD, they must be designated as the RPD in a written agreement between the Program Operator and the Practice Site.
2. New Residency Program Directors must provide a curriculum vitae and an ASHP Academic and Professional Record Form to ASHP (global@ashp.org).
3. The IAC will evaluate the credentials of each new RPD using the requirements outlined in The Standard. ASHP will then notify the new RPD of the evaluation results. Below are the designations.
 - a. **Full Approval:** RPD meets all qualifications and eligibility criteria as outlined in The Standard.
 - b. **Provisional Approval:** RPD does not meet all qualifications and eligibility criteria as outlined in The Standard but will meet them all within one year.

- C. **Interim RPD:** A pharmacist preceptor for the residency program appointed by the site to serve as the RPD due to vacancy or leave of absence of the RPD, for a period of no longer than 120 days. Interim RPD's do not need IAC approval.
- D. **Designee:** An individual designated by the RPD to perform duties as allowed by The Standard.
- E. **Site coordinator:** an individual in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site. This individual may also serve as a preceptor in the program.

VI. Types of Residency Programs

Residency programs are defined by the year of post-graduate training and the required Competency Areas, Goals, and Objectives for the program and include International Pharmacy Practice Residency (IPPR) and International Advanced Pharmacy Practice Residency (IAPPR). The Standard defines resident eligibility and requirements for each type of residency program.

VII. Residency Sites: Single and Multiple Site Residency Programs

- A. **Primary Practice Site:** The physical location, designated by the Program Operator, where the majority of a resident's training is conducted.
- B. **Practice Site:** A physical location (e.g., hospital campus, outpatient clinic) where the resident completes a learning experience.
- C. **Single Practice-Site residency:** A residency program in which ALL the following apply:
 1. All residents are based at the same single Primary Practice Site.
 2. The single Primary Practice Site is used for a minimum of 60% of the training for all residents in the program.
 3. No other Practice Site is used for more than 25% of any resident's training.

A Program Operator in partnership with one organization is still considered a Single Practice-Site residency, unless the program meets criteria for Multiple Practice-Site residency below.

- D. **Multiple Practice-Site residency:** There must be a compelling reason for offering the residency program in a multiple-site format (that is, the program is improved substantially in some manner that is described to OPA at the time of application for accreditation or in subsequent progress reports. For example:

1. RPD has the expertise, however, the site needs development (for example, the site has a good variety of patients, and the potential for good preceptors, however, the preceptors may need some oversight and/or development related to the residency program; or that pharmacy services need to be more fully developed to comply with requirements of the Standard;
2. The quality of preceptorship is enhanced by adding multiple sites;
3. An increased variety of patients and/or disease states allows for a wider scope of patient care experiences;
4. Increased administrative efficiency to develop more sites to support more residents across multiple sites/geographic areas;
5. Synergies of the multiple sites improves the quality of the overall program;
6. Allows the program to meet all of requirements set forth in the Standard that could not be done in a single site alone; and,
7. The ability to increase the number of residents in a quality, ASHP-accredited program.

A residency program in which at least ONE of the following apply:

1. Less than 60% of residents' training occurs at a single Primary Practice Site;
 2. Another practice site is used for more than 25% of training for any resident in the program.
- E. In a multiple-site residency program, the following elements must be met:
- F. Residency programs that are managed by one corporate entity but are separated by distances requiring independent surveys (as determined by OPA) are considered to be separate residency programs and therefore, are not multiple-site residency programs. Factors affecting this requirement involved the RPD's ability to oversee and make appropriate changes, when needed, to all aspects of the residency program at each site and to assess the quality of the pharmacy services provided by each training site when they are separated by such distances or span of organizational control.
- E. Single Practice-Site and Multiple Practice-Site Residencies** must ensure:
1. A quality residency experience for residents in all training settings and practice sites by providing:
 - a. Time allocation for residency program directors and any designees to supervise

residents.

- b. Qualified preceptors to teach, model, coach and facilitate resident training and education in the program.
 - c. Designated workspace for residents and for preceptors, as applicable to the site.
 - d. No single accredited residency program shall have more than 20 pharmacy residents.
2. Programs disclose, at the time the interview invitation is extended, if their structure includes required travel to experiences that are not conducted at the Primary Practice Site(s). The following information is also provided:
- a. The number of required learning experiences that are not conducted at the Primary Practice Site.
 - b. Financial support (e.g., mileage reimbursement, parking fees, tolls), if provided per the organization's travel policy.

F. Multiple Practice-Site residencies must comply with the ALL of the following requirements:

1. A minimum of 40% of training is completed at the resident's Primary Practice Site.
2. Each resident's training is completed at no more than two other Practice Sites in addition to the Primary Practice Site (three sites total).
3. The program has a common residency purpose statement for all residents at all sites;
4. The program has a core program structure and consistent required learning experiences; Required learning experiences based at different practice sites are comparable in scope, depth, patient population, and complexity for all residents;
5. All sites used the ASHP-required technology for resident learning experiences;
6. The program ensures a uniform evaluation process and requirements across all sites;
7. Consistent requirements for completion of the residency program exist across all sites;
8. There is a single RPD for the multiple-site residency program;
9. A Site Coordinator is designated for each practice site that is used for more than 25% of the training for any of the program's residents, unless the residency program director's (RPD's) primary job location is at the practice site.
 - a. Each Site Coordinator is a pharmacist who:

- i. Meets all preceptor eligibility, responsibility, and qualifications requirements in The Standard;
 - ii. Precepts at least one learning experience at the practice site; and,
 - iii. Practices a minimum of ten (10) hours per week, on average, at the practice site.
- b. Each Site Coordinator is responsible for coordinating residents' and preceptors' activities at the practice site. S/he implements and adheres to the appropriate residency accreditation standard, administrative procedures and guidance documents in collaboration with the RPD;
 - c. The program's RPD establishes and maintains formalized communication with Site Coordinators for facilitation of resident training. At a minimum, Site Coordinators are members of any residency program oversight committees.

VIII. Accreditation Procedures

The accreditation program shall be conducted as a service of ASHP to any organization voluntarily requesting evaluation of its residency program.

A. Application

1. Application forms are available on the ASHP website (www.ashp.org). The application must be signed by the residency program director, the pharmacist executive of the practice site, and the Program Operator's administrator. Applications, along with the supporting documents specified in the application instructions should be submitted electronically, to ASHP's Office of Practice Advancement (global@ashp.org). A duplicate copy should be retained for the applicant's files.
2. The Senior Vice President, OPA, or designee will acknowledge receipt of the application, and review it for completeness and to make a preliminary judgment about conformance to the basic requirements of The Standard. If the program fails to meet the criteria of The Standard in some fundamental way, the Senior Vice President or designee will notify the signatories of the application accordingly and advise that the application has not been accepted.
3. From the time an organization's application for pre-candidate status or for accreditation has been accepted by the Senior Vice President, OPA or designee, the program will be in either a pre-candidate or candidate status, respectively.
4. Application for accreditation (candidate status) may be made as soon as a resident has begun training, but not sooner.

5. Application for pre-candidate status may be made at any time prior to the first resident cohort beginning the residency program. Programs will receive access to PharmAcademic™ for program management in advance of the program start date.

B. Initial Site Survey

1. After acceptance of a program's application for accreditation (candidate status), an initial accreditation site survey will be scheduled. The survey dates will not be prior to the ninth month of the residency year.
2. The accreditation survey team assembled to conduct a site survey of the program, the organization and the pharmacy services generally consists of at least two individuals, the lead surveyor and the ASHP-designated practitioner surveyor.
 - a. **Lead Surveyor:** a pharmacist designated by ASHP's Senior Vice President, OPA or designee, who coordinates and conducts the accreditation site survey in conjunction with a practitioner surveyor. The Lead Surveyor is also responsible for notifying the program's RPD of the site survey dates.
 - b. **Practitioner Surveyor:** a pharmacist who is a subject matter expert and is typically an experienced residency program director in the residency area being surveyed who is trained to assist the lead surveyor in conducting an accreditation survey.
3. Members of the survey team and programs must disclose potential conflict(s) of interest to ASHP's Senior Vice President, OPA, who shall take appropriate actions to manage any conflict(s).
4. Instructions for preparation for the site survey (i.e., list of documents to be provided to the survey team and draft survey itinerary) will be provided to the residency program director after confirmation of the site survey dates. The instructions can also be found on the ASHP web site (www.ashp.org). The documents must be provided to ASHP in the manner described in the instructions no later than 45 days prior to the survey date. The survey itinerary, including the sites that will be surveyed for multiple-site programs, will be finalized after discussion between the Lead Surveyor and the program's RPD. The site shall provide a final itinerary, with names of the site personnel involved in each interview session to the Lead Surveyor at least ten business days prior to the survey.
5. Records for residents (to include documents not found in PharmAcademic™, such as residents' applications, acceptance letters, and deliverables associated with the program's Competency Areas, Goals and Objectives such as presentations, project manuscript, etc.) must be maintained from the date of acceptance of the initial application for accreditation and available to the survey team for review. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team.

6. A current resident or immediate past resident must be available during the accreditation survey.
7. After concluding its site survey evaluation, the survey team will present a verbal report of its findings to the organization's administrator, residency program director, and pharmacist executive.

C. The Survey Report and Follow-Up

1. Following the site survey, the survey team will prepare a written report, citing areas of noncompliance, partial compliance, and consultative recommendations. The written report will be sent to the residency program director, pharmacist executive, and organization's administrator within approximately 30 days of the survey.
2. Any written comments and supporting documentation that individuals from the program wish to make regarding the accuracy of the survey report must be submitted to the Senior Vice President, OPA, within 10 business days of receiving the report. Comments regarding the report's accuracy must set forth the specific reasons for the disagreement with the survey report.
3. Within 75 days from the end of the survey, the program must prepare and submit a response report to ASHP via electronic mail and/or using the ASHP-provided electronic cloud file that includes an action plan and supporting documentation outlining how the program will address areas of noncompliance and partial compliance. This action plan will be signed by the residency program director, pharmacist executive, and the organization's administrator.
4. Failure to submit a response to the survey report may result in accreditation being withheld or the application for accreditation shall be withdrawn.
5. The program's survey report and written response received from the program addressing areas of non-compliance and partial compliance will be reviewed by the IAC.

D. Initial Accreditation

1. The IAC will not recommend accreditation of a program until it has been in operation for one year and has had at least one graduate.
2. If accreditation is granted, it shall be retroactive to the date on which ASHP's Senior Vice President, OPA, received a valid and complete application for candidate status.
3. A program granted accreditation will continue in an accredited status until the IAC recommends further action.

4. A certificate of accreditation will be issued to a program that has become accredited. However, the certificate remains the property of ASHP and shall be returned to ASHP when accreditation is withdrawn or the program is discontinued.
5. A formal letter regarding accreditation status will be sent by electronic mail to the residency program director, pharmacist executive, and organization's administrator, as soon as the ASHP Board of Directors has reviewed and accepted the IAC meeting minutes. The letter will indicate that ASHP has acted either: (a) to accredit the program for a period not to exceed six years, (b) to accredit conditionally, or (c) to withhold accreditation.
 - a. For accreditation lengths less than six years (e.g., conditional, one year or three-year accreditation), programs will provide a progress report with an action plan and supporting documentation on remaining areas of non-compliance and partial compliance not resolved with the previous accreditation decision. Progress reports shall be provided for IAC review approximately three months prior to the IAC meeting where reaccreditation will be considered. The program will be notified of the due date by the Senior Vice-President, OPA or designee.

E. Reaccreditation

1. The survey process for reaccreditation site surveys will follow the same process as outlined in under the Initial Site Survey and The Survey Report and Follow-Up (Sections VIII-B-C and D) with the following exceptions:
 - a. Records for residents (to include documents not found in PharmAcademic™, such as residents' applications, acceptance letters, and deliverables associated with the program's Competency Goals and Objectives such as presentations, project manuscript, treatment protocol, etc.) must be maintained from the date of the last site survey (i.e., up to six years).
 - b. Failure to submit a response to the survey report may result in conditional accreditation with intent to withdraw.
 - c. Notice of action taken regarding accreditation status will indicate that ASHP has acted either: (a) to accredit the program for a period not to exceed six years, (b) to accredit conditionally, or (c) to withdraw accreditation.
 - i. For accreditation lengths less than six years (e.g., conditional, one year or four year accreditation), programs will provide a progress report with an action plan and supporting documentation on remaining areas of non-compliance and partial compliance not resolved with the previous accreditation decision. Progress reports shall be provided for IAC review approximately three months prior to the IAC meeting where reaccreditation will be considered. The program will be notified of the due date by the Senior Vice-President, OPA or designee.

2. In addition to the required progress reports for programs accredited for less than six years, the IAC, on behalf of ASHP, may request other written reports at any time between the six-year site survey intervals. Failure of the program to submit reports as requested may result in reaccreditation being delayed, conditional accreditation, or withdrawal of accreditation.

IX. Scheduling of Reaccreditation Site Surveys

- A.** Accredited programs will be re-examined by site survey every six years. Schedule adjustments may be made in order to accommodate the addition of new programs.
 1. Sites with single programs: Reaccreditation surveys will be scheduled within twelve months of the six-year anniversary of the original site survey.
 2. Sites with multiple programs that submit a new program application:
 - a. If the application is submitted within three years of the most recent survey visit, the survey will be scheduled per normal scheduling procedures (i.e., within the first year of the program's existence). Subsequent site survey visits for the organization will be scheduled to accommodate review of all programs at the site during a single survey visit. Every effort will be made to schedule the combined survey such that no program will be reviewed for reaccreditation earlier than three years after their initial accreditation date or three years beyond the normal six-year accreditation cycle.
 - b. If the application is submitted greater than three years after the most recent survey visit, the survey visit will include a review of the new program and all existing programs during a single visit.

X. Resident Certificate of Completion

- A.** The certificate of completion provided to residents who complete program requirements for accredited programs and programs in candidate-status includes the following information:
 1. Organization name as documented in the ASHP website Residency Directory (www.ashp.org).
 2. City, province (if applicable) and country where the residency program is located as documented in the ASHP website Residency Directory.
 3. Resident's name and credentials.

4. Residency program type as is documented in the Competency Areas, Goals, and Objectives linked with ASHP accreditation status (e.g., ASHP-accredited International Pharmacy Practice Residency).
5. End date of resident's term of appointment.
6. When residency programs in candidate-status receive notice of accreditation, certificates of completion issued to residents while in candidate-status are replaced with a new certificate that reflect that the resident completed an ASHP accredited residency program.

XI. Continuing Accreditation

- A.** ASHP regards evaluation of accredited residency programs as a continuous process; accordingly, the IAC requires that directors of accredited residency programs submit periodic written status reports to assist the IAC in evaluating the continued conformance of individual programs to the applicable accreditation standard(s).
- B.** Directors of accredited programs (and also those in the accreditation process: pre-candidate and candidate) submit written notification of substantive changes to the residency program to ASHP's Senior Vice President, OPA, within 30 days of the change.
 1. Substantive changes include, but are not limited to changes to:
 - a. Leadership (e.g., changes in residency program director or pharmacist executive).
 - b. Content and construct of the program.
 - c. Organizational ownership and accreditation.
 - d. Organization name changes.
 - e. Primary Practice Sites. This also requires ASHP approval.
 - f. Practice Sites used for greater than 25% of any resident's training.
 - g. Any adverse change in licensure or accreditation status with organizations or agencies including, but not limited to, The Joint Commission International (TJC) and/or applicable accreditation and quality agencies used within the country, Department or Ministry of Health (DOH or MOH).
 2. Any substantive change in the organization of a program may be considered justification for re-evaluation of the program and/or a site survey.

- C. When requested annually, residency program directors provide ASHP's Senior Vice President, OPA, a list of names of residents who have completed the program's requirements that year using ASHP-approved technology systems (i.e., PharmAcademic™).
- D. All programs in the accreditation process use ASHP-approved technology systems to manage the residency program (i.e., PharmAcademic™).
- E. Programs adhere to annual mandatory surveys conducted by the McCreadie Group, Inc., on behalf of ASHP and delivered through PharmAcademic™.
- F. Failure to submit reports requested by the IAC and/or failure to notify ASHP of substantive changes to the residency program may result in a negative impact on accreditation, including but not limited to, conditional accreditation or withdrawal of accreditation.

XII. Quality Improvement

Following a site survey, the residency program director will be provided a mechanism to evaluate the site survey team and process. This is an opportunity for the residency program director and pharmacist executive to provide feedback on the survey process and information for quality improvement of the accreditation process. Programs may submit constructive written comments to ASHP at any time by emailing OPA at global@ashp.org.

XIII. Accreditation Fees

- A. An application fee shall be established by ASHP and shall be assessed to the program at the time of application for pre-candidate or candidate status.
- B. An annual accreditation fee, established by ASHP, shall be assessed for accredited residency programs and those programs in a pre-candidate, candidate, or conditional status. The annual fee is based on a calendar year. This fee begins as soon as a program has filed an application for accreditation (it will be prorated for the first year, based on the number of months remaining in the calendar year, from point of application). The fee schedule is posted on the ASHP web site. (EXHIBIT XX?)
- C. Multiple-Site Residency Programs: Residency programs determined to be Multiple Practice-Site programs according to definitions provided are assessed additional accreditation fees according to an annually approved schedule of fees to account for complexity of surveying additional sites (see Exhibit XX), currently one-half of the annual fee for one program for each of the additional sites, in addition to the base fee.

XIV. Withdrawal of Accreditation

- A.** Accreditation of a program may be withdrawn by ASHP for any of the reasons stated below.
1. Accredited programs that no longer meet the requirements of The Standard shall have accreditation withdrawn. In the event that The Standard is revised, all accredited programs will be expected to meet the revised standard within one year.
 2. Inactive programs:
 - a. For sites with one ASHP-accredited residency program: accredited programs without a resident in training for a period of three consecutive years shall have accreditation withdrawn at the beginning of the fourth year. Annual accreditation fees must be paid.
 - b. For sites with more than one ASHP-accredited residency program: a program may remain vacant up to five years and maintain accredited status provided the residency program director for the program without a resident in training remains the same, the organization maintains at least one other ASHP-accredited program actively training residents during this time, and the program pays their annual fees. If the program director does not remain the same, the program shall have accreditation withdrawn at the beginning of the fourth year.
 3. A program makes false or misleading statements about the status, condition, or category of its accreditation.
 4. An accredited program fails to submit periodic written status reports as required or requested.
 5. A program that fails to submit appropriate annual accreditation fees as invoiced.
- B.** ASHP shall not withdraw accreditation without first notifying the residency program director by electronic mail of the specific reasons. The program shall be granted an appropriate period of time to correct the deficiencies.
- C.** Withdrawal of program accreditation may occur at any point during the residency year.
- D.** The program shall have the right to appeal the final decision of ASHP.
- E.** If accreditation is withdrawn, to regain accreditation the program may submit a new application and must undergo re-evaluation.
- F.** Programs may voluntarily withdraw from the accreditation process and/or forfeit accreditation at any time by notifying the Senior Vice President, OPA, in writing. When notified,

the Senior Vice President, OPA, will report these programs to the IAC and the ASHP Board of Directors.

XV. Appeal of Decision

- A. Notification of intent to appeal.** In the event that a program is not accredited, is not reaccredited, is placed in a conditional status, or if accreditation is withdrawn, the residency program director, the pharmacist executive, or the organization's administrator (hereafter referred to as the appellants) may appeal the decision to an appeal board on the grounds that the accreditation decision was arbitrary, prejudiced, biased, capricious, or based on incorrect application of the standard(s) to the program. An appellant must notify the Senior Vice President, OPA, of the program's intent to appeal, by electronic mail, within 10 business days after receipt of the notice. The appellant must state clearly the grounds upon which the appeal is being made. The appellant shall then have an additional 30 days to prepare for its presentation to an appeal board.
- B. Appeal board.** On receipt of an appeal notice, the Senior Vice President, OPA, shall contact the ASHP General Counsel. The office of the ASHP General Counsel will proceed to constitute an *ad hoc* appeal board. The appeal board shall consist of one member of ASHP's Board of Directors, to be appointed by the President of ASHP, who shall serve as Chair and two program directors of accredited pharmacy residency programs, neither of whom is a member of the IAC, one to be recommended by the appellant and one by the Chair of the IAC. The President of ASHP will appoint a health care administrator in an *ex officio*, nonvoting capacity. The General Counsel of ASHP shall serve as Secretary of the appeal board. The Senior Vice President, OPA, shall represent the IAC at the hearing in an *ex officio*, nonvoting capacity. As soon as recommendations for appointments to the appeal board have been made, ASHP General Counsel will contact all parties to confirm their appointment and the hearing date. The ASHP General Counsel will immediately forward copies of all of the written documentation considered by the IAC in rendering its decision to the ASHP Board of Directors. ASHP General Counsel will send the documentation to the appeal board members.
- C. Potential conflict of interest.** All members of the appeal board will complete an ASHP "Disclosure Report" form regarding professional and business interests prior to formal appointment to the appeal board. The appeal board Chair will take appropriate action to manage potential conflicts.
- D. The hearing.** The appeal board shall be convened in no less than 30 days and no more than 60 days from the date of receipt of an appeal notice by the Senior Vice President, O P A . ASHP General Counsel shall notify appellants and appeal board members, at least 30 days in advance, of the date, time, and place of the hearing. The program filing the appeal may be represented at the hearing by one or more appropriate officials and shall be given the opportunity at such hearing to present written, or written and oral, evidence and arguments intended to refute or overcome the findings and decision of the IAC. The appeal board shall advise the appellant organization of the appeal board's decision, by registered or certified

mail, within 10 business days of the date of the hearing. The decision of the appeal board shall be final and binding on both the appellant and ASHP.

- E. Appeal board expenses. The appellant shall be responsible for all expenses incurred by its own representatives at the appeal board hearing and shall pay all reasonable travel, living, and incidental expenses incurred by its appointee to the appeal board. Expenses incurred by the board member, IAC-selected program director, and health care administrator shall be borne by ASHP.

Approved by the ASHP Board of Directors on January 18, 2024.

Developed by the ASHP International Accreditation Commission and approved on December 14, 2023.

Supersedes the previous Administrative Procedures approved on

EXHIBIT A

ASHP FEE SCHEDULE

Application Fee (US Dollars) \$
(Application fee is a one-time fee.)

Annual Accreditation Fee (US Dollars) \$
(Anticipate modest increases annually)

Survey Team Expenses: All direct travel expenses for the on-site survey team based upon actual expenses (Typically 2-3 persons)

Description of ASHP International Pharmacy Practice Residency Accreditation Fees

Application Fee

This is a one-time fee when applying for accreditation and payment is due upon execution of this Agreement and application for accreditation.

Ongoing Annual Assessment Fees

The annual assessment fee supports the accreditation process and infrastructure and all services related to accreditation. This is billed on a calendar year each January, and is due 30 days from the invoice date. This fee must be submitted annually to maintain accreditation status.

The annual assessment fee is payable at the time of application and is prorated for the remaining months in the calendar year in which the application is received.

Travel Costs Related to the Accreditation Survey or Focused Survey

In addition to application and annual accreditation fees, international program operators are responsible for paying all travel costs for the surveyors. This includes transportation (business class airfare for flights exceeding 6 hours, train, car, etc.) and hotel accommodations, including a set daily rate for meals and incidental expenses. This rate will not exceed the current rates established by the United States Department of State, Office of Allowances, for international travel. For international surveys, there will be an additional day before starting the survey and may be a day after the survey needed for travel and acclimation to time differentials. Unless the organization directly pays for surveyors' airfare expense, ASHP will invoice the organization for surveyors' airfare costs immediately upon making reservations. Subsequently, ASHP will invoice the organization for all other travel expenses, based on receipts, within 30 days of the on-site survey, if the organization does not directly pay expenses.

Postponement Fees

In rare circumstances ASHP may approve a request to postpone a survey for an organization. In such cases, the organization may be charged a fee to defray already established costs by ASHP (e.g. airfares).

Cancellation Fees

A survey can be cancelled without penalty or damages by either party in events of natural disasters, war, terrorism, government regulation, strikes, civil disorder, or other emergencies of a similar nature that make it unreasonable, impossible, or illegal to proceed with a survey. Notice of the events must be communicated in writing as soon as practically possible. Additionally, ASHP will follow the advice of government or ministries concerned with evaluating political and military circumstances with regards to scheduling surveys.

If an organization cancels a survey thirty (30) or fewer days prior to the survey visit (other than for those reasons listed above) ASHP may require them to pay any of the travel costs that have already been incurred (e.g. airfare). There is no reimbursement for application fees or annual fees already submitted to ASHP.

If ASHP cancels a survey for any reason, the organization will not be charged any travel costs related to the survey.

EXHIBIT B

ASHP LOGO GUIDELINES

The logos are offered to quality residency training programs that have undergone and passed, or are in the process of undergoing the rigors of the ASHP accreditation review process and to US pharmacy practices and international hospital pharmacy services that have undergone and passed the rigors of the ASHP accreditation or certification review process.

The logos are available in horizontal and vertical versions to accommodate most needs. We have included CMYK version for print, RGB version for Word documents, presentations and websites, and a grayscale version. See examples below.



The logo can be prominently displayed on printed program materials, brochures, certificates, Word documents, presentations, and websites. See the [ASHP Administrative Procedures on Accreditation of International Hospital and Health-System Pharmacy Services](#) for additional information on appropriate use of the logo. Please read the Legal Disclaimer before utilizing the logo.

Legal Disclaimer: Use of Accreditation and Certification Trademark and Logo

These ASHP Accreditation trademarks, logos and icons may be downloaded from the ASHP web site or received via email from ASHP and used only by ASHP-accredited or certified programs, practices, or services that have submitted completed applications after receiving formal written notification from ASHP. The trademarks and logos may be used only by the ASHP-accredited or certified programs, practices, or services in connection with activities such as brochures, promotional materials, posters, certificates of completion issued to residents, catalogs, and bulletins. The trademarks may not be used in conjunction with routine pharmacy departmental communications or other departmental or institutional activities that are unrelated to the pharmacy residency programs or accredited or certified pharmacy services. ASHP reserves the right to monitor use and revoke use of the accreditation and certification trademark and logo if used inappropriately or for any illegal or unauthorized purpose. All inquiries regarding the use of the ASHP accreditation and certification trademark and logo are to be directed to the Office of Practice Advancement at PracticeAdvancement@ashp.org.

There are three versions of the ASHP accreditation logo available: "Pre-Candidate," "Candidate," or "Accredited" and several versions of the Certificate of Excellence logo. Please download the version that is appropriate to your program's status. Explanatory text must be used in conjunction with the logo (see examples below):

- **For programs in "Pre-Candidate" phase:**
The (*program type, such as an International Pharmacy Practice Residency*) conducted by (*organization name, city, and state*) has an accreditation pre-candidate status with ASHP.
- **For programs in "Candidate" phase:**
The (*program type, such as an International Pharmacy Practice Residency*) conducted by (*organization name, city, and state*) has an accreditation candidate status with ASHP.
- **For programs that are "Accredited":**
The (*program type, such as an International Pharmacy Practice Residency*) conducted by (*organization name, city, and state*) is accredited by ASHP.
- **For programs accredited by ASHP in partnership with other pharmacy associations (if applicable):**
The (*program type, such as International Pharmacy Practice Residency*) conducted by (*organization name, city, and state*) is accredited by ASHP, in partnership with (*association name*).