**ASHP Accreditation Services Office (ASO)**

**Pharmacy Residency Program**

**Request for Addition or Deletion of Participating Site Change**

Residency programs in any accreditation status must submit notification to the ASO when a change to the program’s structure occurs that results in a significantly different structure than what was reviewed during the accreditation survey process. This includes informing ASO when adding or deleting a participating site in a program. This form is only to be used to inform ASO of changes to *participating site(s)* in the program. Changes to the program’s primary practice site must be requested utilizing the designated primary practice site change form available on the ASHP website.

**Primary Practice Site**: A physical location (e.g., hospital campus, federally qualified health center, community pharmacy, managed care facility, outpatient clinic) where the majority of the resident’s training is conducted relative to the other participating site(s), as applicable. For programs sponsored by a College of Pharmacy, the primary practice site is the clinical/patient care delivery site where the resident spends the majority of their time.

**Participating Site**: Site used to provide education experience(s) for the resident when

* Services are unavailable/insufficient to meet required/elective training and/or
* Additional resources are needed to execute the training

*A memorandum is needed for participating sites(s) that are not part of the same enterprise as the program operator.*

*Programs must disclose, at the time the interview invitation is extended, if the program structure includes required travel to experiences that are not conducted at the primary practice site, including the number of required learning experiences not conducted at the primary practice site and the financial support (if any) provided per the organization’s travel policy (e.g., mileage reimbursement, parking fees, tolls).*

**Key Program Information**

Program Name:

ASHP Program Number (5-digit code):

Residency Program Director (RPD) Name:

RPD Phone Number:

RPD Email:

Primary Practice Site Name:

Primary Practice Site Address:

Current Number of Supporting/Participating Sites (do not include primary practice site in total):

**Participating Site to be Added to the Program:**

Site Name:

Site Address:

Site-based Qualified Preceptor Name:

Learning Experience(s) conducted at participating site (indicate required/elective status):

Select rationale for addition of participating site to program:

□ Services at primary practice site are unavailable/insufficient to meet required/elective training

□ Additional resources are needed to execute the training

Effective Date of Site Addition to Residency Program:

**Participating Site to be Discontinued from Program:**

Site Name:

Site Address:

Learning Experience(s) conducted at participating site (indicate required/elective status):

Describe how the program structure will be changed based on the discontinuation of the participating site and impact on required learning experiences conducted at such site:

Effective Date of Site Discontinuation from Residency Program:

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Signature of RPD Date

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Signature of Site Director of Pharmacy/Pharmacist-In-Charge Date

(Or Dean of the College of Pharmacy if no Pharmacy Administrator)

**FOR ASHP REVIEW ONLY**

ASHP ASO Reviewer:

Date RPD Informed:

Date PharmAcademic Informed:

ASO Records (Fabric Note and TRIM):