**ASHP Accreditation Services Office (ASO)**

**Pharmacy Residency Program**

**Request for Primary Practice Site Change**

Residency programs in any accreditation status must request approval of the ASO to change a primary practice site in a program. Submit completed form via email to [asd@ashp.org](mailto:asd@ashp.org).

**Note**: *This form is to be used by all programs except for College of Pharmacy-sponsored PGY1 Community-based programs with more than one primary practice site. If a College of Pharmacy-sponsored PGY1 Community-based program with more than one primary practice site, please use the PGY1 Community-based program type designated 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. *\*\*\*Only PGY1 Community-based programs sponsored by a College of Pharmacy where the College is the program operator may conduct a residency program with more than one primary practice site.\*\*\**

***Note:*** *A change in primary practice site in a program may result in a change in the reaccreditation survey timeframe/date (e.g., survey scheduled earlier than original timeframe) and/or format (e.g., on-site vs. virtual).*

**Key Program Information**

Program Name:

ASHP Program Number (5-digit code):

Residency Program Director (RPD) Name:

RPD Phone Number:

RPD Email:

Current Primary Practice Site Name:

Current Primary Practice Site Address:

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

**Change in Primary Practice Site of Program:**

*Residency programs are permitted no more than one primary practice site with the exception of College of Pharmacy-sponsored PGY1 Community-based programs. By completing this section, the program is indicating that the above-outlined “current” primary practice site will be discontinued as a primary practice site and changed to a new primary practice site as outlined below.*

New Primary Practice Site Name:

New Primary Practice Site Address:

Director of Pharmacy/Pharmacist-In-Charge Name:

Director of Pharmacy/Pharmacist-In-Charge Email:

Director of Pharmacy/Pharmacist-In-Charge Phone Number:

Effective Date of Change to New Primary Practice Site in Residency Program:

**Reason(s) for change from the current primary practice site (check all that apply):**

* Funding is no longer available to support the residency program at the current site
* Business agreement discontinued with current site
* Preceptors at the current site have had a change in scope of service and/or are no longer able to precept residents
* Preceptors at the current site have had a change in affiliation with the accredited program
* Preceptors utilized at the current site have terminated employment at the site
* Pharmacy clinical services have been discontinued/significantly decreased at the current site
* Unable to expand patient care services at the current site to support resident training
* Unable to expand service volume at the current site
* Unable to meet the Standards to support a residency program
* Current Site purchased by another entity that is not interested in continuing the residency program
* Other—please describe

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Signature of RPD Date

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Signature of 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 NMS Informed:

Date PharmAcademic Informed:

ASO Records (Fabric Note and TRIM):