

**REQUEST TO COMBINE A PGY1 AND PGY2 RESIDENCY PROGRAM**

Use of this Form: Residency Programs conducting separately accredited PGY1 and PGY2 advanced practice area residency programs seeking to combine and create a continuous 24 month residency program must fill out this form and submit to [asd@ashp.org](mailto:asd@ashp.org) for review and approval.

Individual programs in precandidate or candidate status may not combine until accreditation has been granted by the Commission on Credentialing (COC).

PGY1 or PGY2 programs in conditional accreditation status may not combine.

Duration of accreditation will default to the PGY2 program’s official length of accreditation.

The ASHP program code shall default to the accredited PGY2 program code.

This action may be taken only once and programs seeking to uncombine will be required to submit a new application for accreditation for a standalone PGY2 program and be resurveyed.

**Name of Organization:**

Address:

City/State/Zip:

**PGY1 Type: (indicate by highlighting the type with the parentheses below)**

(PGY1 pharmacy, PGY1 managed care or PGY1 community-based)

ASHP Code Number:

PGY1 RPD Printed Name

Signature/Date:

**PGY2 Type: (name of advanced practice area)**

Type:

ASHP Code Number:

PGY2 RPD Printed Name

Signature/Date:

This combined residency program will begin:

Are residents in the PGY1 program now that will be part of the newly combined program?

If yes: Names of resident(s)

**Director/Chief of Pharmacy’s Information**

Name:

Title:

Phone:

Email Address:

Signature:

Date:

**ASHP USE:**

Reviewed by:

Approval Date:

NMS Contacted:

PharmAcademic Contacted:

Document will be placed in TRIM and an entry made in the PGY2 notation section of the database.