

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

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

Length 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 recombine will be required to submit a new application for accreditation for a combined PGY1/PGY2 program and be surveyed.**

**Name of Organization:**

Address:

City/State/Zip:

**PGY1 Type: (please highlight or underscore type)**

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

ASHP Code Number:

PGY1 RPD Printed Name and Signature:

**PGY2 Type:**

(Name of advanced practice area)=

ASHP Code Number:

PGY2 RPD Printed Name and Signature:

Name of resident(s) and graduation date of last combined PGY1/PGY2 residency year:

Effective date of single, standalone PGY2 program:

Name of resident(s) entering the standalone program (if applicable):

**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.