## TABLE 1: REQUIRED DOCUMENTS

| BOOKMARK NAME | REQUIRED DOCUMENTS AND INSTRUCTIONS | |
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| Document Checklist | Please submit the completed Document Checklist. This should be used as your guide to ensure you have compiled all required pre-survey documents. For items that do not apply to your program, mark the item as N/A on the Checklist. | |
| Pre-survey Self-Assessment | Please submit your completed Pre-Survey Self-Assessment | |
| Accreditation/ Reaccreditation Application | Please submit your Application. | |
| Survey Itinerary | Please work with the lead surveyor to develop an itinerary for the survey visit. If completed by the time of submission of materials, please include it. If it is NOT completed by the submission date, note this in the Document Checklist. The final itinerary MUST be emailed to the Lead Surveyor no later than 10 days prior to the survey date. | |
| *Note: For each item listed below, please review the corresponding Standard and related Guidance for additional information that will help you to prepare the Required Documents.* | | |
| **Standard 1:** | **Recruitment and Selection of Residents** | |
| Recruitment and Selection Procedures | Please submit the documented procedure for recruitment, evaluation, and ranking of applicants. The documented procedure should include the process for Phase II of the Match, the process for Early Commitment for PGY2 programs (if applicable), and methods to assess applicants from pass/fail schools of pharmacy. Additional documents in this section to include scoring criteria/rubrics for initial screening of applications, scoring of interviews, and scoring of early commit applicants if applicable. | Standards 1.1.a - 1.1.f |
| Resident Roster | Please submit the completed Resident Roster (PGY1 Resident Roster or PGY2 Resident Roster) to include the current and the immediate past year's residents within the same table, as applicable. . | Standard 1.3 |
| **Standard 2:** | **Program Requirements and Policies** | |
| Leave Policies | Please submit the program's leave policies to include the amount of vacation, sick, and professional time allowed by the program. Policies should also address extended leave, maximum duration of extensions allowed by the program including whether extensions are paid or unpaid, and the status of benefits during extensions. | Standards 2.2, 2.2.a, 2.2.a.1, 2.2.b, 2.2.b.1, and 2.2.b.2 |
| Non-traditional Program Structure | If the residency is non-traditional or includes a non-traditional track, please submit the documented non-traditional program structure and overall | Standard 2.1 |

| | program duration; submission should include an example of a non-traditional resident's schedule. If this does not apply to the program, please mark this as N/A in the [Document Checklist] | |
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| **Duty-Hour, Moonlighting, and On-call (if applicable) Policies** | Please submit the duty-hour, moonlighting, and on-call (if applicable) policies, including a description of how duty-hours are documented and monitored. Policy should include actions taken to address non-compliance with policies or if resident moonlighting impacts their performance. The maximum number of moonlighting hours allowed should be defined.<br><br>If not using PharmAcademic™ attestations, please submit examples of how duty hours, moonlighting, on-call, etc. is tracked (submit evidence - not just a description in the policy). | Standards 2.3.a, 2.3.b, 2.3.b.1, 2.3.b.2, 2.3.c, and 2.3.d |
| **Requirements for Licensure** | Please submit the licensure policy which includes the date by which residents must be licensed. The policy should also include information about how the program will be modified if the resident is not licensed within 120 days of the start of the program (e.g., extension or dismissal) and terms of extensions if allowed (e.g., suspension, status of pay and benefits). | Standards 2.4 a and 2.4.b |
| **Program Completion Requirements** | Please submit the documented requirements for completion of the program, which includes requirements for achievement of educational objectives, required deliverables associated with educational objectives, completion of Appendices to Competency Areas, Goals, and Objectives (if applicable), and any other program-specific requirements as defined by the organization.<br><br>*Note: Required deliverables associated with educational objectives are different for each type of residency program. Programs must determine which deliverables will be included as a completion requirement for their program. See the Glossary in the [2023 Accreditation Standard] for examples.* | Standard 2.5.a, 2.5.a.1, 2.5.b, 2.5.c, and 2.5.d |
| **Remediation / Disciplinary Policy** | Please submit the remediation/disciplinary policy for the residency program (if separate from the Human Resources policy), which includes actions that will be taken for residents who fail to progress (as defined by the program) and any resident-specific behaviors that trigger the organization's disciplinary process. The policy should also include actions that may result in dismissal from the program. | Standard 2.6 |
| **Procedures for Verifying Completion of PGY1 program (PGY2 Programs Only)** | Please submit the documented procedure for verifying residents' completion of their ASHP-accredited PGY1 program. Procedure to include the timeframe for verification and consequences for residents not completing the PGY1 program. | Standards 2.7 and 2.7a |
| **Information and Policies Provided to Applicants Invited to Interview** | Please submit an example of the invitation to interview, along with a list of documents and information provided to applicants at the time the invitation to interview is extended. Documents should include: leave policies, duty-hour policy, licensure policy, completion requirements, remediation/disciplinary policy, program start date and term of appointment, stipend and benefit information, required learning experiences that are conducted at a location other than the primary site, and financial support for required professional meeting attendance and travel associated with required off-site learning experiences. Please also provide an example of a typical interview schedule. | Standards 2.8.a – 2.8.h |

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| **Documentation of acceptance of the Match** | Please submit at least one (1) example of the communication to Matched resident(s) and documentation of their acceptance of the Match results prior to the start of the program. The communication should include information about the hiring process, pre-employment requirements, program start date, and term of appointment. Matched PGY2 candidates must also be provided with information regarding verification of their PGY1 program. | Standards 2.9, 2.9.a, 2.9.b, |
| **Documentation of review and acceptance of program policies** | Please submit an example of the signed and dated acknowledgement of review and acceptance of program policies by the resident (to be completed within 14 days of the start of the program). | Standard 2.10 |
| **Residency Manual** | Please submit the residency program manual to include information/ organization (if multiple programs are conducted under the same program operator) about the practice site, program structure, program participants and roles, completion requirements (including the programs definition for overall achievement of educational objectives (ACHR), residency policies (or information on where located), program's overall evaluation strategy including required evaluations and the defined rating scale for summative evaluations) [see Standard 3.4.b.2], and other information pertinent to residents (e.g., residency project guidelines). | Standard 2.11 |
| **Documentation of Residents' Completion of Program Requirements** | Please submit <u>documentation</u> of resident(s)' completion of program requirements for the last two (2) residency years (e.g., dated checklist of completion requirements). For programs who have not yet completed their first year, please submit documentation of items completed by the current resident through the due date for the pre-survey materials. | Standard 2.13.a |
| **Residency Certificate** | Please submit at least one (1) example of the <u>signed</u> certificate awarded to a resident who most recently completed the program. For programs who have not graduated a resident, submit <u>draft copies</u> of the certificates (both Candidate and Accredited versions) that will be awarded to residents who successfully complete the program. | Standards 2.14, 2.14.a, 2.14.b.1 – 2.14.b.4<br><br>Additional requirement for PGY1 Managed Care programs : 2.14.c<br><br>Additional requirement for PGY1 Community-based programs – 2.14.d |
| **Multi-organization Agreement** | If the program shares responsibility for financial and/or management aspects of the residency program, please submit the signed agreement between organizations that defines responsibilities for all aspects of the residency program to include: designation of a single RPD; RPD's responsibilities and accountability to the Program Operator; a mechanism to empower the RPD to achieve consensus on evaluation and ranking of applicants; a mechanism for designating site coordinators; a method for coordinating the conduct of the program within all organizations; and, a method of evaluation to ensure the terms of the agreement are met. | Standards 2.16.a, 2.16.a.1 – 2.16.a.7 |

| | Do not provide affiliation agreements or contracts for pharmacy student rotations.<br><br>If this does not apply to the program, please mark this item as N/A on the Document Checklist | |
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| **Standard 3:** | **Structure, Design, and Conduct of the Residency Program** | |
| **Program Structure** | Please submit the program's documented program structure, including a list of the program's required and elective learning experiences and the duration of each. For learning experiences greater than 12 weeks during which a specific amount of time is scheduled on a recurring basis, the amount of time should be documented in the structure (see Guidance for 3.1.a.3) Names of learning experiences must be consistent among program documents and materials (e.g., manual, recruiting brochure/ virtual open house slides, website, PharmAcademic™, others).<br><br>NOTE:  For Community-based programs, please submit an example of a resident's schedule for a typical week or month, including an estimate of average hours spent per week in each learning experience (e.g., 4 hours per week on average, 16 hours per week). | Standards 3.1.a, 3.1.a.1 – 3.1.a.4 |
| **Promotional Materials** | Please submit promotional materials for the program (e.g., recruiting materials/brochures, website address). Promotional materials should include the same information outlined in the formal, documented program structure including consistent naming of learning experiences. | Standard 3.1.a.1 |
| **Evidence of Residents' Completion of CAGO Requirements** | Please compile and submit evidence of residents' completion of requirements for specific objectives in the Competency Areas, Goals, and Objectives (CAGOs) for the program type as outlined in the Appendices. Evidence should be submitted for one (1) resident from the most recently completed residency year. If your program is in Candidate status, please submit the Deliverables completed by the date the pre-survey packet is due for one (1) resident. Deliverables may be submitted via a separate PDF file along with the pre-survey materials OR uploaded to PharmAcademic™. Please see INSTRUCTIONS for Options to Submit Evidence of Residents' Completion of CAGO Requirements for more information about these two options. | Standard 3.1.b.1 |
| **Standard 4:** | **Requirements of the Residency Program Director and Preceptors** | |
| **RPD's APR Form** | Please submit the *Preceptor Academic and Professional Record (APR)* form using the most up-to-date document for the residency program director. **Do not submit CV** in lieu of the academic and professional record form. NOTE: If using PharmAcademic™ to document APRs, please note this on the Document Checklist. | RPD/Preceptor Academic and Professional Record (APR) form Unless using PharmAcademic™ for storage of all APRs. | Standards 4.2.a (PGY1) and 4.2.b (PGY2) Standards  4.3.a – 4.3.f |

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| **Program Oversight Committee Meeting Minutes** | Please submit the minutes from the three (3) most recent meetings of the Program Oversight Committee. | | Standards , 4.4.a, 4.4.a.1, 4.4.a.2 |
| **Annual Program Evaluation** | Please submit documentation of the most recent annual program evaluation including an assessment of methods for recruitment that promote diversity and inclusion and program improvements implemented based on the assessment. Documentation should include the date of the evaluation, participants, and the changes that will be made. For programs that have not yet completed a full year, please submit the plan for the initial annual evaluation. | | Standards 4.4.b.1, 4.4.b.1.a |
| **Preceptor Selection** | Please submit the criteria for appointment and reappointment of preceptors; include examples of documentation for initial appointment and reappointment of preceptors. (Examples of documentation may include committee meeting minutes, spreadsheet, letter of appointment/reappointment, tracking tool.) | | Standards 4.4.c, 4.4.c.1 - 4.4.c.3 |
| **Preceptor Development** | Please submit the current year's preceptor development plan, including the preceptor development schedule and topics and evidence of preceptor participation. | | Standards 4.4.d and 4.4.d.1 |
| **Preceptor Roster** | Please submit the completed *Preceptor Roster and Requirements* form. Preceptors should be listed in **alphabetical order by last name**. The Roster should indicate the learning experiences assigned to each preceptor and whether the learning experience is Required or Elective. Non-pharmacist preceptors should also be included and identified as such. NOTE: For multi-program surveys, please use the Multi-program Roster (see Step 5.b, Multi-program Process in the OVERVIEW AND INSTRUCTIONS-PREPARING FOR YOUR SURVEY VISIT) | Preceptor Roster - Single Program<br><br>Preceptor Roster – Multi-program | Standards 4.5 and 4.6 |
| **Preceptors' APR Forms** | Please submit *Preceptor Academic and Professional Record* (APR) forms for all pharmacist preceptors in **alphabetical order by last name** for all learning experiences. **DO NOT SUBMIT CV** in lieu of the academic and professional record form. NOTE: If using PharmAcademic™, for documentation of APRs, note this on the Document Checklist. Only applies if ALL APRs are documented in PharmAcademic™; if some but not all are housed in PharmAcademic™, APRS MUST be submitted as part of the packet<br><br>For multi-program surveys, see Step 5.b in the OVERVIEW AND INSTRUCTIONS-PREPARING FOR YOUR SURVEY VISIT for further instructions on submitting a single APR file for all preceptors at the practice site. | RPD/Preceptor Academic and Professional Record (APR) form | Standards 4.2, 4.3, 4.5, and 4.6 |

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| **Privileging Policies** | Please submit policies which outline the criteria for pharmacist privileging and credentialing at the practice site/organization. If this doesn't apply to the practice site, please mark this item as N/A on the Document Checklist. | Standard 4.6.a (Guidance) |
| **Individualized Preceptor Development Plan** | For those <u>preceptors who do not meet preceptor qualifications</u>, please submit a documented, individualized preceptor development plan that will enable the preceptor to achieve qualifications within two years. If all preceptors meet preceptor qualifications, please mark as NA. | Standard 4.6.d |
| **Standard 5:** | **Pharmacy Services** | |
| **Scope of Services** | Please submit the documented scope of services to include hours of operation and a description of distributive/operational and clinical services provided by the pharmacy. | Standard 5.1.a.1 |
| **Service Grids** | Please complete and submit the Pharmacy Services Grid(s) respective to your program type. Grids must be completed for all practice sites involved in residency program as applicable to training.<br><br>o **TABLE A. Acute Care -Practice Environment Information** PGY1, PGY2, and PGY1/PGY2 Hospital-based programs<br><br>o **TABLE B. Ambulatory Care -Practice Environment** <u>Information</u> Hospital-based programs if ambulatory care clinics are associated with the hospital<br>o Stand-alone PGY2 Ambulatory Care Pharmacy programs<br>o PGY2 Specialty Pharmacy programs<br><br>o **TABLE C. Community - Practice Environment Information**PGY1 Community-based Pharmacy programs. PGY1 Community-Based Pharmacy residency programs sponsored by a College of Pharmacy that include more than one primary practice site must include a grid for each primary practice site.<br><br>o **TABLE D. Managed Care - Practice Environment Information**PGY1 Managed Care Pharmacy Programs | Standard 5.1.a.1 |
| **Organizational Charts** | Please submit the organizational chart for the pharmacy/pharmacy department and the organizational chart that identifies to whom the pharmacy leader reports. | Standard 5.1.a.2 |
| **Pharmacy Department Plan** | Please submit the pharmacy/pharmacy departments' plan, including short- (1 year) and long-term (3 year) goals. The plan should include an assessment of current and future pharmacy needs. | Standard 5.1.a.3 |
| **Medication-use System Committees List and Membership/or** | Please submit a list of organization-level committees which have authority for medication-use system planning and decisions along with the names and titles of pharmacy representatives on each committee. Examples of medication-use committees may include Pharmacy and Therapeutics, Quality, Medication Safety, Information Technology, | Standard 5.1.a.4 |

| | Investigational Review Board, Clinical Services/Planning Committees among others as applicable to the practice site/environment. | |
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| **Medication Use Policies** | **Please submit the following policies (as applicable to the practice environment)**:<br><br>• High Risk/High Alert *(include the list of high risk/ high alert medications and storage/labeling guidelines)*<br><br>• Look-Alike, Sound-Alike *(include medication list and storage/labeling guidelines)*<br><br>• Controlled Substances<br><br>• Management of Medications in Automated Systems *(include a list of medications that may be overridden and/or auto-verified for each patient care area as applicable; override approval process; inclusion/exclusion criteria)*<br><br>• Management of Hazardous Medications<br><br>*Note: Lead surveyors may ask to see additional medication-use policies during a survey if questions arise or need clarification.* | Standards 5.2.b.1 – 5.2.b.7 |
| **Compliance Reporting** | Please submit compliance reports for information technologies/automation as applicable to the practice site for the most recent three (3)-month period. Example of compliance reports may include  bar coded medication administration (BCMA) compliance, automated dispensing cabinet override rates, smart IV pump compliance, drug utilization review (DUR) or drug interaction override reports, barcode scanning override reports (within the dispensing verification process), pill-packaging technology override reports, and others as applicable to the practice environment. If no medication-use technologies or automation are part of the practice environment, please mark this as NA on the Document Checklist. | Standard 5.2.e.2 |
| **Medication Safety** | Please submit the minutes for the most recent three (3)-month period from the committee that reviews adverse drug events/reactions and medication errors. | Standard 5.2.f |
| **Quality Assessment Reports** | Please submit documentation of the department's continuous quality improvement (CQI) process including assessments of the effectiveness, outcomes and use of treatment protocols, medication-use guidelines, and/or other systematic approaches to disease management.<br><br>Examples of effectiveness may include but are not limited to: routine performance of medication-use evaluations to assess the use of, and effectiveness of protocols. Examples of outcomes may include but are not limited to percent of patients at established therapeutic goals for A1c, blood pressure, lipid profile, antimicrobial stewardship program reporting metrics, proportion of days covered (PDC). Examples of use may include but are not limited to: capture rate of eligible patients, consistent use of protocols by all pharmacists.<br><br>Other examples may include review of the quality of clinical interventions made by pharmacists; acceptance rates of recommendations provided to other healthcare providers; impact on medication compliance/adherence | Standard 5.2.g.1 |

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| | as a result medication synchronization programs (e.g., EQuIPP scores); improvement in chronic diseases based on tracking of clinical markers (e.g., blood pressure, A1c, lipids); reports related to the utilization of and patient access to naloxone and/or other medications that can be "prescribed per protocol" via state-based protocols; analysis of antimicrobial stewardship data; reversal agent use; others as applicable to the practice environment. | |
| **P&T Committee Minutes** | P&T Committee meeting minutes (as applicable to the practice environment) for the two (2) most recent meetings. | Standard 5.1.a.4, 5.2.e.2, 5.2.f, 5.2.g |
| **Collaborative Practice Agreements, Scopes of Practice, and/or Protocols** | Please submit Collaborative Practice Agreements, Scope of Practice documents and/or Protocols that allow pharmacists to initiate, modify, discontinue, and/or administer medication therapy as authorized and in accordance with the scope of their practice as defined by state laws, collaborative practice agreements, protocols, and/or practice site policies. | Standard 5.1.a.7 5.2.g , 5.3.b.2 |
| **Transitions of Care Policy** | Please submit policies that define the process for services related to care transitions including medication history, medication reconciliation and patient education and capture rate data | Standard 5.3.a.6 |
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ASHP Regulations on the Accreditation of Pharmacy Residencies can be found at the following link: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.pdf  (October 2023)