

**ASHP Accreditation Services Office (ASO)**

**Pharmacy Residency Program**

**Request to Delete a Community-based Primary Practice Site**

**Primary Practice Site**: A physical location (e.g., community pharmacy, federally qualified health center, outpatient clinic, hospital campus, managed care facility) 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.

ASHP Program Number (5-digit code):

Program Name:

Program Address:

School/College of Pharmacy Name:

School/College of Pharmacy Address (if different than Program Address above):

School/College of Pharmacy Dean’s Name:

Residency Program Director (RPD):

RPD Email:

RPD Phone Number:

Current number of Primary Practice Sites (PPS):

Name of Site to be deleted as a PPS:

Full Address of Site to be deleted as a PPS:

Effective date this PPS will be closed and no longer used for residency training:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of RPD Signature of the Dean**

**Date Submitted:**

SUBMIT COMPLETED FORM VIA EMAIL TO ASD@ASHP.ORG

**FOR ASHP REVIEW**

ASHP ASO Reviewer(s)

Date RPD informed:

Date NMS Informed:

Date PharmAcademic Informed:

ASD Records (Fabric Note and TRIM):