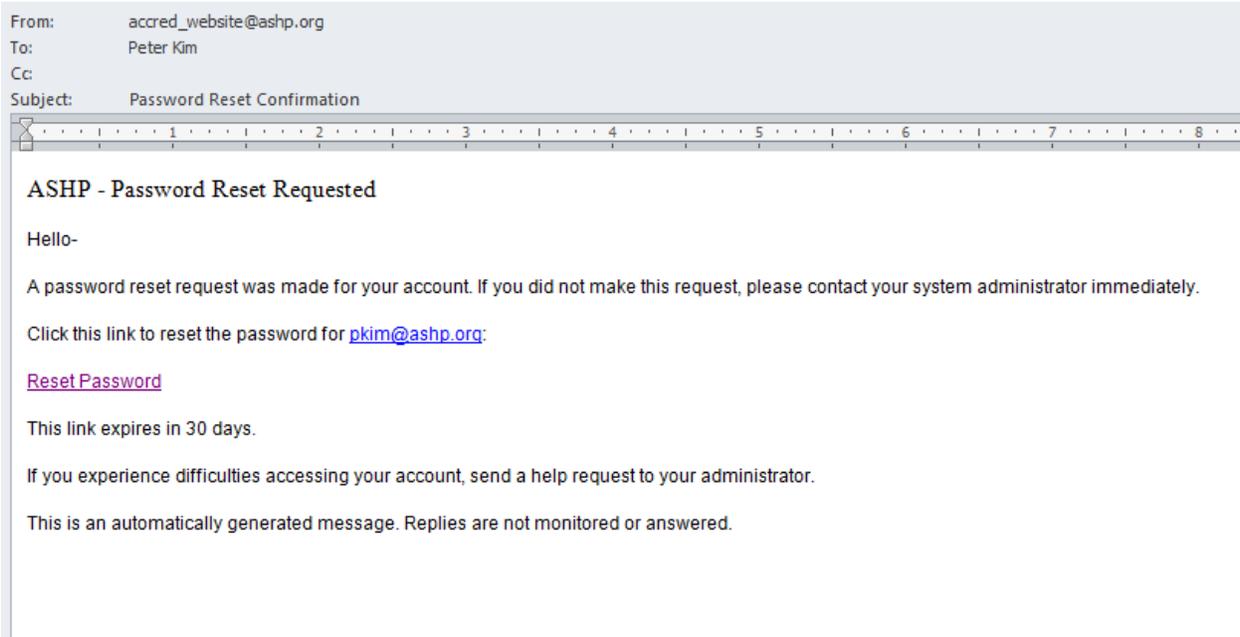


Residency Program

Log into Portal for the first time

Click [Reset Password](#) from the Registration Confirmation email from accred_website@ashp.org



Reset your password



Reset your Password

Please enter and confirm your new password.

[Return to the login screen.](#)

Updating Demographics as a Program Representative

Log into Fabric using your email and password at <https://accreditation.ashp.org/>



Log into your accredited program account
Please Log In by providing your Email Address and Password.

[Can't Log In or forgot your password?](#)

Choose the “Program Representative” persona. (NOTE: A person must be associated as a trusted contact for a program in order to have access to the dashboard for that program.)

Choose your Persona...

-  My Items
-  Program Representative
-  Staff

Please select a Program from the list if there are multiple programs.

Program Representative Dashboard

Your Programs

Please select a Program from the list below.

McGuire VA Medical Center

[Hunter Holmes McGuire VA Medical Center](#)
38101
Richmond, Virginia

Milan Institute - Las Vegas

[Milan Institute - Las Vegas](#)
NV-07
Las Vegas, Nevada

If you do not see the Program you are looking for, please contact your representative and ask them to grant you access.
[Choose Persona](#) | [Logout](#)

From the program dashboard, click the “Demographics” tab at the top of the screen.

HOME → DEMOGRAPHICS

You are assigned to more than 1 Program.

Hunter Holmes McGuire VA Medical Center
38101
McGuire VA Medical Center
Richmond, Virginia

Primary Contact
Meredith Bremer, Pharm. D. BCPS
Director, Postgraduate Year One Pharmacy Residency Program
meredith.bremer@va.gov
(804) 675-5000 ext. x2650
Richmond, VA

ACCREDITATION STATUS
Accredited
Final
Feb 17, 2000

0 Current Activities
There are no activities for your Program.

Notifications
No New Notifications

[VIEW ALL](#)

Click "Edit" in the demographic category you wish to edit.

DEMOGRAPHICS	
RESIDENCY	
Edit	
Starting Date No Data	Application Deadline No Data
Duration/Type 12 mo/residency	Number Positions 5
Estimated Stipend 41929	Interview Required Yes
Residency Special Features *NMS Code 290613 - for the traditional PGY1 pharmacy residency; NMS Code 290621 - for a PGY1 pharmacy residency with a focus in psychiatry. This residency program provides preparation for the Doctor of Pharmacy seeking a career in clinical practice or academia. Learning experiences are offered in several areas of pharmacy practice, including: primary care clinics with focus on	Fringe Benefits The resident receives a competitive stipend, health benefits, sick leave and vacation time. Administrative leave can be authorized for attendance at two professional meetings throughout the year.
Special Requirements for Acceptance No Data	Training Site Type Hospital
Owner Affiliate Government (VA facility)	Model Type(s) Teaching
Tax Status Nonprofit	Pharmacist Staff 70
Non-Pharmacist Staff 40	Total Beds 400

Make the necessary changes.

HOME DEMOGRAPHICS

[Edit](#)

Starting Date <input type="text"/>	Application Deadline <input type="text"/>
Duration/Type <input type="text" value="12 mo/residency"/>	Number Positions <input type="text" value="5"/>
Estimated Stipend <input type="text" value="41929"/>	Interview Required <input type="text" value="Yes"/>
Residency Special Features <p>B I U S x_2 x^2 T1 </p> <p>*NMS Code 290613 - for the traditional PGY1 pharmacy residency; NMS Code 290621 - for a PGY1 pharmacy residency with a focus in psychiatry. This residency program provides preparation for the Doctor of Pharmacy seeking a career in clinical practice or academia. Learning experiences are offered in several areas of pharmacy practice, including: primary care clinics with focus on</p>	Fringe Benefits <p>B I U S x_2 x^2 T1 </p> <p>The resident receives a competitive stipend, health benefits, sick leave and vacation time. Administrative leave can be authorized for attendance at two professional meetings throughout the year.</p>

Click the "Save" button.

Special Requirements for Acceptance <p>B I U S x₂ x² T! ↕</p> <p>Must possess a Pharm.D. degree from an accredited school of pharmacy and be a U.S. citizen.</p>	Training Site Type Hospital
Owner Affiliate Government (VA facility)	Model Type(s) Teaching
Tax Status Nonprofit	Pharmacist Staff 70
Non-Pharmacist Staff 40	Total Beds 400
Site Special Features <p>B I U S x₂ x² T! ↕</p> <p>The Hunter Holmes McGuire VA Medical Center is tertiary care medical center. Offering a wide variety of services and specialties, we are one of the flagship VA sites on the East Coast. We utilize a comprehensive electronic medical record. We are closely affiliated with the VCU Health System and VCU School of Pharmacy.</p>	Number of Patient Care Centers
Multisite 	Average Daily Census 300
Save Cancel	

Click on the link below.

<https://accreditation.ashp.org/directory/#/program/residency>

Search for your program.

Review the changes in the online directory

If you experience any technical problems or have any questions please send a message to ASD@ashp.org with the SUBJECT: Self Service Portal Problem.

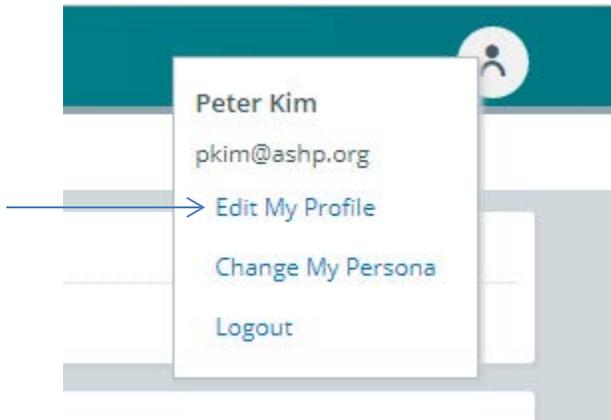
Additional Instruction –You can edit your profile information, making changes to the profile information does not change Online Directory Information. You will need to contact ASD@ashp.org to modify any online directory contact information.

Editing Your Profile Information

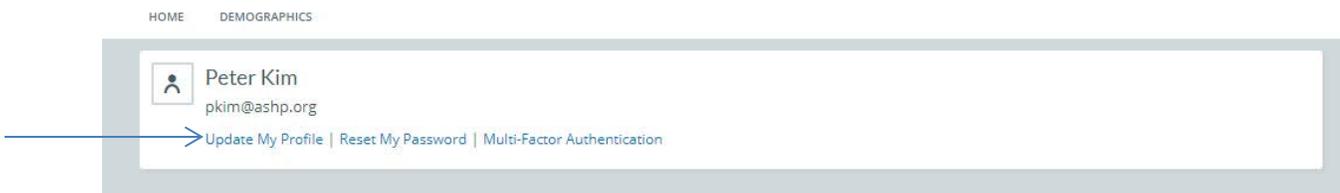
Click on the Icon on top right



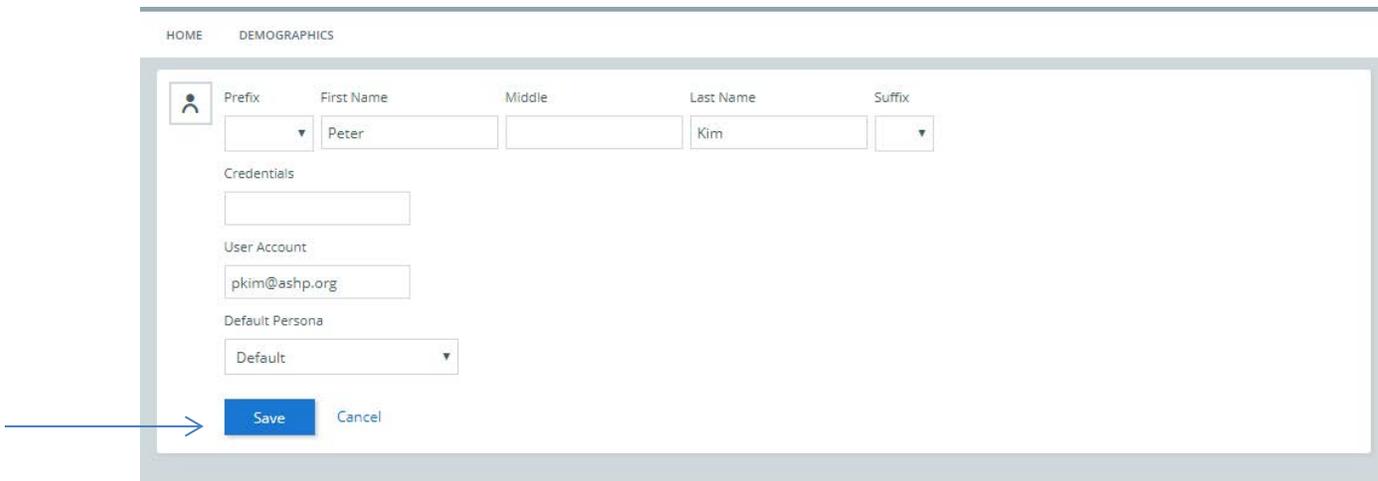
Click [Edit My Profile](#)



Click [Update My Profile](#)



Make the necessary changes and click [Save Button](#) to save



RESIDENCY ONLINE DIRECTORY SELF-PORTAL UNEDITABLE FIELDS

The following fields are not editable in the online directory. Please provide the requested information, including program code, in an email to: asd@ashp.org

Program: Name
Address
Phone/Fax number(s)
Website address

Director of Pharmacy: Name
Address
Phone/Fax number(s)
Email address
Mailing address

Residency Program Director: Name
Address
Phone/Fax number(s)
Email address
Mailing address

Please send Program Director change notifications and include the Program Director's Academic and Professional Record (available from: (<https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Directors/Residency-Accreditation/Applying-for-Accreditation>), curriculum vitae (CV), and full contact information to: asd@ashp.org.

Residency Contact Person (if different from Residency Program Director):

Name
Address
Phone/Fax number(s)
Email address
Mailing address

RESIDENCY ONLINE DIRECTORY SELF-PORTAL EDITABLE FIELDS

Residency Program:

Type/Duration: (12 mo. residency or 24-mo.res. w/degree)

No. of Positions: (Number format only)

Application Deadline Date

Starting Date

Estimated Stipend: (Number format only)

Interview required: (Yes or No)

Residency Special Features (describe special features of the residency program, e.g., areas covered, emphasis, special projects, opportunities to teach/make presentations/travel, electives, involvement with affiliated college of pharmacy)

Fringe Benefits (e.g., paid vacation/holidays/sick leave, health/life insurance, meals, travel, parking, uniforms, licensure/society membership and meeting fees)

Special Requirements for Acceptance (e.g., citizenship, Pharm.D. licensure, academic transcript, curriculum vitae, letters of recommendation, minimum GPA.)

Training Site Type: (Example: Hospital, Managed Care, Ambulatory Care, PBM, Home Care, Long-Term Care, etc.) This describes your health system as a hospital, a Managed Care, Ambulatory Care, PBM, Home Care agency, Long-Term Care agency or a private stand-alone primary care center. If your institution is a combination of various self-standing health systems, please indicate all that apply.

Training Site Owner/Affiliate: (Example: Government for VA, Federal for Military, State for University, the specific name of the Managed Care organization, Private for privately operated, etc.)

Training Site Model Type(s): (Example: Teaching, Tertiary, Acute Care, IPA, Staff/Group, etc. This primarily applies to Managed Care, etc. If you are a hospital or a combined hospital indicate if it is a Teaching, Tertiary or Community Hospital. If you are a managed care system indicate, IPA, Staff/Group, Network/Hybrid. If you are a PBM or Home Care Agency designate PBM or Home Care.)

Training Site Tax Status: (Profit or Nonprofit)

Number of Pharmacist Staff: (Number format only)

Number of Non-Pharmacist Staff: (Number format only)

Number of Patients, Enrollment, Covered Lives, Census: (Number format only)

Applies to Managed Care, PBM, Home Care, Long-Term Care facilities.

Training Site Total Beds: (Number format only)

Training Site Average Daily Census: (Number format only)

Training Site Number of Patient Care Centers: (Number format only)

(Applies to Multi-facilities within the health-system, i.e., joint hospitals, ambulatory care clinics, long-term care, home care, managed care centers.)

Site Special Features (e.g., affiliation with university, satellite facilities/clinics, specialization's/areas of research, geographic location/climate)

Multisite (Optional)

****No data required for inapplicable fields. Fields with no content will not display on the directory.**