

**Canadian Pharmacy Résidence Board
Conseil canadien de la résidence en pharmacie**

Accreditation Policies and Procedures

February 2015

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The Canadian Pharmacy Residency Board (CPRB) is organized under the auspices of the Canadian Society of Hospital Pharmacists (CSHP). The development of Standards for Residency Programs and the process of accreditation are undertaken by the CPRB independently of CSHP. The CPRB consists of Residency program directors, Residency coordinators as well as a representative of a Faculty of Pharmacy in Canada.

Purpose of Accreditation

Residency Accreditation is a voluntary program of the CPRB. CPRB reviews and evaluates the *Request for Accreditation Survey* and survey reports that are submitted, and takes final action on all *Requests for Accreditation Survey* in accordance with the policies and procedures set forth below.

CPRB establishes national standards for pharmacy practice residency programs and accredits these programs. Residency Accreditation Standards define training requirements and outcomes for pharmacy residency programs. These standards provide residency programs with an effective method of monitoring and improving their performance on an ongoing basis. The CSHP **Standards of Practice**, which define exemplary pharmacy practice, serve as a reference for residency program accreditation.

CPRB conducts a survey visit at each pharmacy practice residency program at least once in each four year period, to provide an opportunity for external peer review and validation. The major focus of the accreditation program is promotion of exemplary patient care through high quality training of pharmacy residents. A health care organization awarded CPRB Accreditation possesses skilled and knowledgeable managers and preceptors, provides a high quality pharmacy service, and provides a residency program that is structured to meet all of the CPRB standards.

Definitions

Pharmacy Residency: For the purpose of accreditation, a pharmacy practice residency program is a defined curriculum delivered in accordance with a single set of governing policies and procedures that is intended to meet the CPRB accreditation standards, and the program has a single director.

Curriculum: Curriculum simply means course of study or syllabus. For the purpose of a residency program, a curriculum includes the “planned learning experiences” of the resident. This includes what the resident must learn, how this learning will occur, and how the learning will be assessed. The expected learning should occur through all program requirements and includes the relevant knowledge, skills and attitude acquired by the resident to meet the expected outcomes.

Single Campus Program: A residency program in which residency training occurs at a single campus of an organization, and no greater than 25% of residency rotations are conducted at sites external to the organization. The program has a Residency Program Director, Coordinator, and Residency Manual.

Multiple Campuses Program: A residency program in which residency training occurs at two or more campuses of an organization, and no greater than 25% of residency rotations are conducted at sites external to the organization. The program has a Residency Program Director, Coordinator(s), and Residency Manual.

Policies

The following policies shall apply to the Accreditation program:

1. The Accreditation Program shall be conducted as a service of CPRB to any hospital or other organized health-care setting (hereinafter referred to as the organization) voluntarily requesting evaluation of the program. When submitting a ***Request for Accreditation Survey*** of a pharmacy practice residency program, whether for initial evaluation (Appendix I) or renewal of accreditation status, the organization accepts the principles, processes and requirements contained herein, except as modified through the Memorandum of Agreement for Québec Programs (Appendix II A & B) to which CPRB and the organization (or its representatives) are signatory.
2. All information obtained through survey of any pharmacy residency program shall remain confidential with the Board and with surveyors.
3. Board members and surveyors that are scheduled to conduct a survey shall declare their Conflict of interest, and the Board shall establish alternate survey arrangements when one or more the following circumstances arises:
 - Within the preceding ten year period, the surveyor has completed a pharmacy residency or fellowship at the program that is being reviewed and there are still some of the same practitioners in a residency leadership role at the organization.
 - Within the preceding ten year period, the surveyor was a program director, program coordinator, director of pharmacy, faculty liaison, or preceptor for the program that is being reviewed.
 - Within the preceding ten year period, the surveyor trained the program director, director of pharmacy, or residency coordinator at the program that is being reviewed.
 - Within the preceding four year period, the surveyor has provided onsite consultation services for the department of pharmacy, health system, or university (i.e. Québec) that operates the program that is being reviewed.
 - The surveyor practices or resides within the same geographic area.
 - The surveyor has any business or close personal relationship with the residency program director or coordinator or director of pharmacy.
4. In submitting a ***Request for Accreditation Survey***, the organization agrees that the survey team will have authorization to review pertinent documents relating to pharmacy services and the pharmacy residency program. Contents of the survey report will be provided only to the Board, surveyors and the organization that owns, offers or sponsors the residency program.
5. The CPRB shall make public the list of accredited residency programs and programs seeking accreditation status through a vehicle of the Canadian Society of Hospital Pharmacists.
6. Any reference by an organization to CPRB Accreditation in certificates, catalogs, bulletins, communications, or other form of publicity shall state only the following: *“(Name of organization) is accredited for pharmacy practice residency training by the Canadian Pharmacy Residency Board.”*
7. Programs that meet accreditation standards shall be awarded a certificate of accreditation for a period not to exceed 5 years; however, the certificate remains the property of CPRB and shall be returned to the Board at any time accreditation is withdrawn.
8. An organization may elect to confer a credential such as “Accredited Canadian Pharmacy Resident/ACPR” upon an individual who graduates from a CPRB Accredited Residency Program. Such credential shall be valid for the life of the individual, provided s/he graduated from the program when the program held CPRB ‘Full Accreditation’ or ‘Accreditation with Review’ status.
9. Fees will be established by the Board to allow the Board to operate and provide services for the residency programs and maintain a balanced budget. The costs of administration and operations of the board travel, correspondence, translation services, site visits and other ancillary costs will be covered by these fees. The fiscal year runs from July 1st to June 30th.

Fee Structure:

- a) Programs commencing operations submit a non-refundable evaluation fee of a sum not greater than the annual accreditation survey fee for a program of that size. The fee shall be prorated provided that greater than one month remains in the year to which the survey fee applies. CSHP fiscal year is July 1st to June 30th.
- b) Annual Accreditation Fees, as established by the Board, shall be invoiced to the organization.
 - i. If an organization has multiple campuses where residency training occurs, campus groupings for a program will be determined by CPRB that can realistically be visited during one typical survey visit and each such grouping will be charged a separate accreditation fee.
 - ii. Residency Matching Service Fee (RMS) – for non-accredited programs Residency Matching fee will be charged on an annual basis to cover the costs associated with the residency matching service.
 - iii. Additional survey visit – Accredited programs shall be re-examined by site visit at least every 4 years, following receipt of a ***Request for Accreditation Survey***. In the period between on-site surveys, the Board reserves the right to request additional information in accordance with Board policies. Based on the information obtained, the Board reserves the right to carry out an additional on-site visit prior to the end of the four years cycle. Costs associated with this visit may be the responsibility of the organization.

First Time Evaluation of Residency Programs

1. To be eligible for accreditation, a residency program must:

- a. Notify the Board of its intent to seek accreditation by submitting a Notification of Intent to Apply for CPRB Accreditation (Appendix I). Upon receipt of such notice, the Board shall provide the applicant with an Accreditation Information Package and the applicant organization shall be added to the CPRB roster with program status “Accreditation Application Submitted”.

An Accreditation Information package consists of:

- (i) CPRB Accreditation Standards;
 - (ii) CPRB Accreditation Policies and Procedures;
 - (iii) Program Conflict of Interest Form;
 - (iv) *Request for Accreditation Survey* form;
 - (v) Program Sample Itinerary and related documents;
 - (vi) Program Self-Assessment;
 - (vii) Program Interviews - What to Expect; and
 - (viii) Program Survey Evaluation Form.
- b. Participate in and comply with requirements of the CPRB Residency Matching Service (RMS).
 - c. Submit a non-refundable evaluation of a sum not greater than the annual accreditation survey fee for a program of that size. The fee shall be prorated, provided that greater than one month remains in the year to which the survey fee applies. CSHP fiscal year is July 1st to June 30th.
 - d. Submit a ***Request for Accreditation Survey*** (Appendix II) and all supporting documents, provided that the following conditions will be met at the time of the on-site survey:
 - (i) Program will have been in operation for one full year;
 - (ii) Program will have graduated one resident, and;
 - (iii) One or more resident(s) who graduated will be available to the surveyors.

If accreditation is granted, it shall be retroactive to the date on which a valid and complete **Request for Accreditation Survey**, including all requested supporting documents, is received by the Chairperson of the Board, CPRB. Submit the request for accreditation survey only after the program has started operation. For example, if the resident starts in June 2014, the program should submit the request for accreditation at that time. The survey will be scheduled for the spring of 2015 so the resident can be present for the survey. Upon the award of accreditation of the program, the date of accreditation would be retroactive to June 2014.

2. Program evaluation shall be by on-site survey of duration determined by the Board, for which an appropriate fee, established by CPRB, shall be assessed to the organization. CPRB reserves the right to grant a survey. A survey may be denied by CPRB based on a review of the **Request for Accreditation Survey**. Programs granted a survey shall be listed as “Accreditation Status Pending” on the CPRB roster.
3. Programs granted a survey shall be reviewed by an accreditation survey team consisting of at least two individuals who have no declared conflict of interest with respect to the organization being accredited. On occasion, the Board may send observers or surveyors-in-training to attend the on-site survey.
4. The Board, in consultation with the applicant, may elect to defer decision on the accreditation award if the program request for accreditation is judged to be premature. A decision may then be rendered at any time, pending receipt of satisfactory progress reports or other information obtained from a supplemental on-site survey that add strength to the **Request for Accreditation Survey** documents. Deferral of the initial award decision may be extended for a period up to two years following the first on-site survey. If a decision is not made during this two years period, the program must file a new **Request for Accreditation Survey** if it desires to proceed with accreditation.

Continuing Evaluation of Accredited Programs

1. CPRB regards evaluation of accredited residency programs as a continuous process; accordingly, the Board shall request Program Directors to submit periodic written *Status Reports* or *Progress Reports* to assist the Board in evaluating the continued conformance of individual programs to the Accreditation Standard. Written *Progress Reports* (Appendix IV) or *Status Reports* shall be required from Program Directors at least every 2 years.
 - a. Organizations that receive an “Accreditation with Review” award are required to submit a *Progress Report* prior to the expiration of the accreditation award period (e.g., at one or two years). Continued Accreditation of the program is dependent on the response by the program to any recommendations (outstanding) made in the most recent on-site survey report. The program’s description of progress in fulfilling the recommendations (with supporting documentation) must be sufficient such that the Board can determine whether recommendations (outstanding) and Standards have been met.
 - b. Programs receiving “Full Accreditation” are required to submit a *Status Report* at mid-cycle.
2. Accredited programs shall be re-examined by a site visit at least every 4 years, following receipt of a **Request for Accreditation Survey**. In the period between on-site surveys, the Board reserves the right to request additional information in accordance with Board policies. Based on the information obtained, the Board reserves the right to carry out an additional on-site visit prior to the end of the four year cycle. Costs associated with this visit may be the responsibility of the organization.
3. The Board reserves the right to grant a survey for the purpose of continued evaluation of the program. The Board may deny a survey based on review of the **Request for Accreditation Survey**. A program must have graduated at least one resident within the previous four years, have a resident enrolled in the program at the time of requesting accreditation renewal, and participate in and comply with requirements of the CPRB Residency Matching Service.
4. In the event that the Accreditation Standard is revised, all accredited programs will be expected to meet the revised Standard within one year of the publication date for the revised Standard, irrespective of their Accreditation status at the time the Standard is published.

5. An organization offering an accredited program that temporarily ceases (i.e., resident not enrolled in program) must so notify the Board by May 1st. Accredited status shall be retained in the absence of a resident for a period of up to two years if accreditation fees continue to be paid, the required *Progress Reports* are submitted to maintain Accredited status, and the program actively recruits and enrolls (a) resident(s) in the subsequent program year.
6. Any change in the organization of a residency program, including reorganization of the corporate entity that owns, offers or sponsors the program, will be considered justification for re-evaluation. A *Status Report* must be submitted within 90 days of a change in the organization. The Board will determine the need for re-survey at an earlier date or submission of a *Progress Report*.

Denial or Withdrawal of Accreditation

1. Accreditation of a pharmacy residency program may be denied or withdrawn by the Board for any of the reasons stated below:
 - a. If the program, upon evaluation of its initial *Request for Accreditation Survey* after withdrawal of accreditation, fails to meet the requirements of the Accreditation Standard.
 - b. If the program, upon evaluation of its *Request for Accreditation Survey*, no longer meets the requirements of the Accreditation Standard (including, but not limited to replacement of a Program Director and/or Residency Coordinator by an individual whose qualifications fail to meet the requirements of the Accreditation Standard).
 - c. If a program or its agent (e.g., Internet service provider; recruitment agency, etc.) is non-compliant with the Residency Matching Service (RMS) policies and procedures.
 - d. Accredited programs without a resident in training for a period of 2 consecutive years, and with no registrant in the 3rd consecutive year, shall have accreditation withdrawn.
 - For example, a program that has no resident in training during the 2014-2015 and 2015-2016 academic years, and that fails to recruit a resident in training in the 2016-2017 academic year, would have accreditation withdrawn effective the 2016-2017 academic year.
 - e. Accreditation shall be withdrawn if the organization makes false or misleading statements about the status, condition, or category of Accreditation.
 - f. Non-payment of fees after a period of ninety (90) days may result in withdrawal of Accreditation.
 - g. The program ceases to operate.
 - h. Failure to submit progress or status reports to the Board in a timely fashion:
2. If accreditation is withdrawn, the organization shall submit a new *Request for Accreditation Survey* and undergoes re-evaluation to regain accreditation, according to the policies described for *Initial Evaluation of Residency Programs*.

Accreditation Procedures

Programs Seeking Evaluation for the First Time

1. Residency training programs seeking initial evaluation that submit a ***Request for Accreditation Survey*** with all accompanying documents and that fulfill the requirements of the policy regarding '*Initial Evaluation of Residency Programs*' will be notified at least 120 days in advance of the survey visit. The Board will determine the survey schedule in consultation with the Residency Program Director.
2. The Board Chairperson acknowledges receipt of the ***Request for Accreditation Survey*** and reviews it to make a preliminary judgment about the applicant's conformance to the basic requirements of the Accreditation Standard. If the Board Chairperson thinks that the program fails to meet the criteria of the Accreditation Standard in some fundamental way, s/he will notify the signatories of the ***Request for Accreditation Survey*** accordingly and advise against scheduling a site visit until the deficiencies have been corrected or until supporting documents are submitted. The applicant is not bound to accept the Board's advice to delay the accreditation site visit.

Programs Seeking Renewal of Accreditation Status

1. Residency training programs that require an on-site survey for renewal of accreditation status will be notified by the Board at least 120 days in advance of the survey visit. The Board will determine the survey schedule in consultation with the Residency Program Director.
2. A '***Request for Accreditation Survey***' and the 'Program Self-Assessment' are sent to health care facilities with the notification of an on-site survey. These forms include a list of required documents to be submitted as appendices. Other information and preparation required for the site survey is identified in Board documents forwarded with the ***Request for Accreditation Survey***. This information includes:
 - a. the pre-survey documents required prior to the survey (to be sent to the surveyors 30 days prior to the survey date using a USB or drop box);
 - b. the early document review documents required prior to the survey (to be forwarded to the surveyors' hotel in advance of their arrival);
 - c. the on-site survey documents required during the survey; and
 - d. a suggested survey itinerary.
3. The organization forwards a completed '***Request for Accreditation Survey***' and Program Self-Assessment (including the appendices), along with a confirmed survey itinerary, to the Board office at least 30 days in advance of the visit.

On-Site Survey

1. The on-site survey consists of a review of the residency program and the pharmacy services. The survey includes a review of pertinent documents, tours of the organization, and interviews with the pharmacy staff, pharmacy residents and a multidisciplinary team (including medical and nursing staff).
2. At least two surveyors will visit each program. The Board determines the surveyors and survey duration. The survey duration depends on the program structure and size. For single campus programs, the survey team will spend at least one but not more than two days at the organization. Multiple campuses programs may require an extended on-site survey period. On occasion, the Board may send observers or surveyors-in-training to attend the on-site survey.
3. If an organization has multiple campuses where residency training occurs, campus groupings for a program will be determined by CPRB that can realistically be visited during one typical survey visit and each such grouping will be charged a separate accreditation fee.

4. Accreditation surveyors will endeavor to visit all campuses of an organization that delivers greater than or equal to 60 residency training days in a full time program or equivalent of an academic year.
5. For organizations offering a program on multiple campuses, the accreditation process may be sequential (rolling) by campus groupings in each accreditation cycle or all campus groupings within the same program may be surveyed simultaneously at the discretion of the board in consultation with the program.
6. Upon completion of the survey, a wrap up discussion to highlight the program strengths and weaknesses with the surveyor(s) and the residency director and coordinator(s), and other invited participants. . There is an opportunity for the exchange of additional information following the closing remarks.

The Survey Report

1. Within four weeks of the on-site survey, the survey team prepares a report that includes *Findings*, *Recommendations*, and *Consultative Recommendations*.
 - a. ***Findings*** describe the observations made by the on-site survey team. *Findings* form the basis for *Recommendations* and *Consultative Recommendations*.
 - b. ***Recommendations*** indicate action required in order for the program to achieve compliance with the Accreditation Standards; therefore, these *Recommendations* influence the accreditation decision.
 - c. ***Consultative Recommendations*** are suggestions to strengthen the residency program and pharmacy services – they do not influence the accreditation decision.
2. A copy of the survey report is sent to the organization chief executive officer and the residency program director and coordinator(s), for review of factual accuracy and comment. The residency program director and coordinator(s) are invited to submit written comments to the Board within 30 days of receipt, if needed to clarify content of the written report. Any comment respecting the factual accuracy of the report must specifically set forth the facts contested, the reasons for the disagreement, and the organization’s contentions with respect to the facts.
3. The organization’s ***Request for Accreditation Survey*** file, including the survey report and any written comments received from the organization are reviewed by the Board at its meeting. The Board resolves any factual issues at that time, and then reviews in detail the findings of the surveyors with a focus on areas of compliance and non-compliance with CPRB and CSHP Practice Standards.
4. The accreditation award for the residency program is determined by majority vote of the Board.
5. The results of accreditation status are forwarded to the organization’s chief executive officer and residency program director.
 - For programs with Full Accreditation, submission of a *Status Report* is required at two years at the call of the Board.
 - For programs with Accreditation with Review, submission of *Progress Reports* is required at 1 or 2 years at the call of the Board.

Accreditation Award

1. The process of accreditation requires that a set of educational and practice standards provide a benchmark against which a program is evaluated. Accreditation awards reflect the degree to which the most current *CPRB Accreditation Standards* and *CSHP Practice Standards* are met in the provision of the residency program. Although some organizations may comply minimally with accreditation and practice standards, the residency program may be granted accreditation if the resident's experience will not be compromised and the facility is seen to be making progress in addressing those areas of non-compliance.
2. Observations made during the on-site survey form the basis for an award recommendation that is proposed to the Board by the survey team. The recommendation is based on the organization's (program's) compliance with the *CPRB Accreditation Standards*. Surveyors identify areas of excellence as well as opportunities for improvement. The final decision is one of:
 - a. Full Accreditation (Status report required at two years)
 - b. Accreditation with Review (Progress report required at 2 years)
 - c. Accreditation with Review (Progress report required at 1 year)
 - d. Deferral of Accreditation Decision
 - e. Not Accredited
3. Full Accreditation is defined:

Substantial compliance with the majority of the *CPRB Standards*. No Standard is rated non-compliant or minimal compliance. *Recommendations*, if any, focus on continual improvement to assist programs in further improving the quality of residency training. A *Status Report* is required at two years after survey.
5. Accreditation with Review (Progress Report required at 2 years) is defined:

The compliance rating with the majority of Standards is substantial; however, some Standards are rated minimal. No Standard is rated non-compliant. *Recommendations* focus primarily on gaps in process implementation, or lack of evidence to support achievement of results. A comprehensive *Progress Report* (Appendix IV) is required within two years after survey. Continued Accreditation depends on the program's progress in meeting the Standards.
6. Accreditation with Review (Progress Report required at 1 year) is defined:

Compliance rating with the majority of standards; however, some Standards are rated minimal or non-compliant. *Recommendations* focus primarily on issues requiring immediate attention as well as gaps in process implementation or lack of evidence to support achievement of results. A comprehensive *Progress Report* (Appendix IV) is required within one year after survey. Continued Accreditation depends on the program's progress in meeting the Standards.
7. Not Accredited is defined:

The majority of Standards are rated minimally compliant or non-compliant. *Recommendations* focus primarily on the lack of basic structures and processes required for an effective resident training program. The organization may appeal the award decision or reapply for Accreditation when the program achieves greater maturity.
8. Deferral of Accreditation Award occurs when the Board, in consultation with the applicant, elects to defer decision on the Accreditation award (e.g., the program request for Accreditation is judged to be premature). A decision may then be rendered at any time, pending receipt of satisfactory progress reports or other information obtained from a supplemental on-site survey that add strength to the *Request for Accreditation Survey*. Deferral of the initial award decision may be extended for a period up to two years following the first on-site survey. If a decision is not made during this two years period, the program must file a new *Request for Accreditation Survey* if it desires to proceed with Accreditation.

Accreditation Status Reports

1. The Board, at its annual face to face meeting and monthly teleconferences, reviews all mid-cycle *Status Reports* submitted by programs with Accreditation. The *Status Report* must:
 - provide the Board with an update regarding changes to the organization, pharmacy and residency program since the last on-site survey;
 - include a summary of admissions to the program, certificate conferrals, and withdrawals from the program since the last on-site survey; and
 - describe progress on the program's action plan to address the version of the Standard in force at the time the *Status Report* is filed (in the event that a new version of the Standard has been enacted since the last on-site survey).
2. The Board receives *Status Reports* for information only.
3. For programs or organizations that have undergone restructuring, the Board reviews in detail the Status Report submitted by the organization, to determine the need for re-survey at an earlier date or submission of a progress report.

Accreditation Progress Reports

1. The Board, at its annual face to face meeting and monthly teleconferences, reviews all *Progress Reports* (Appendix IV) from organizations seeking continued accreditation of their residency programs. Continuing accreditation of the program is dependent on the progress that has been made. The *Progress Report* must:
 - provide the Board with an update regarding changes to the organization, pharmacy and residency program since the last on-site survey;
 - include a summary of admissions to the program, certificate conferrals, and withdrawals from the program since the last on-site survey; and
 - provide detailed documentation and relevant supporting information regarding progress made with recommendations from the last on-site survey; and
 - describe progress in the program's action plan to address the version of the Standard in force at the time the *Progress Report* is filed (in the event that a new version of the Standard has been enacted since the last on-site survey).

The results of accreditation status deliberations arising from the Board's review of *Progress Reports* are forwarded to the organization's chief executive officer and residency program director.

Appeal of Board Decision

1. In the event that the Board shall fail to accredit or reaccredit a program, the organization may appeal the decision on the grounds that the Board's decision was arbitrary, prejudiced, capricious, or based on incorrect application of the Standards to the institution.
 - a. The Residency Program Director must notify the Board Chairperson, in writing, by registered mail, of the intention to appeal within 30 days of receipt of the Board's decision. The grounds on which the appeal is being made must be clearly stated.
 - b. The Executive Officers of the CSHP will determine if these grounds for the appeal are justified.
 - c. The appellant will bear the total costs involved in conducting the appeal.
2. Upon receipt of an appeal notice, the Board Chairperson shall proceed to constitute an ad hoc appeal panel.
 - a. The appeal panel shall consist of one member of the Board of the Canadian Society of Hospital Pharmacists who shall serve as Chairperson, and two individuals involved in CPRB accredited programs, one to be named by the appellant and one by the CPRB Chairperson.
 - b. The Executive Assistant to the CPRB shall serve as corresponding secretary of the appeal panel. Immediately following the appointments to the appeal panel, the Executive Assistant to the CPRB shall forward to all appeal panel members copies of all written documentation considered by the Board in rendering its original decision. Upon appointment, panel members shall not contact, directly or indirectly, the appellant or members of the Board, except through the corresponding secretary.
 - c. Each member of the appeal panel shall review all written documentation forwarded to them by the corresponding secretary. The members shall vote on the appeal in neither less than 60 days nor more than 90 days from the date of receipt of an appeal by the CPRB Chairperson.
 - d. The appeal panel's decision will be based on one of two possible outcomes; re-survey by CPRB, or dismissal of the appeal. Appeal panel members will forward a decision ballot (to be provided by the corresponding secretary) to the CPRB Chairperson, who will in turn advise the appellant of the Board's decision in writing, within 10 days of the receipt of the final ballot. The decision of the appeal panel shall be final and binding on both the appellant and the CPRB.
 - e. Should the Appeal Panel decision determine a re-survey is to be carried out; the costs of the re-survey will be borne by the Board.

**Canadian Pharmacy Résidence Board
Conseil canadien de la résidence en pharmacie**

Appendix I

Notification of Intent to Apply for CPRB Accreditation

Notification is hereby made, indicating intent to pursue accreditation of a residency program in pharmacy practice.

Name of Organization that owns/sponsors program: _____
 Address: _____
 City/Province: _____
 Phone: _____ Fax: _____
 Date submitted: _____

Residency Program Director Information:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 Province: _____ P/C: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Signature, Residency Program Director

Chief Executive Officer Information:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 Province: _____ P/C: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Signature, Chief Executive Officer

Residency Program Coordinator Information:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 Province: _____ P/C: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Residency Program Coordinator Information:

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 Province: _____ P/C: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Signature, Residency Program Coordinator

Signature, Residency Program Coordinator

-
1. This residency is conducted at (check one):
[] One campus of the organization: Campus name _____
[] Multiple campuses of the organization: Campuses names _____

 2. This residency program has been in existence since _____ (day/month/year).
 3. This organization conducts _____ (indicate number) other CPRB-accredited residency programs.
 4. The last resident to complete this program graduated (month/year) _____
 5. The current resident began this residency program (month/year) _____
 6. *Date that a **Request for Accreditation Survey** is intended to be submitted _____
(*see Policies, Initial Evaluation of Program, and Section 1d regarding retroactive accreditation).

CPRB Use Only:

Date received: _____ RMS Code: _____

Date materials shipped: _____ Projected Survey Cycle: _____

Canadian Pharmacy Residency Board

c/o: Canadian Society of Hospital Pharmacists
30 Concourse Gate, Unit #3
Ottawa, Ontario, K2E 7V7

Telephone: 613-736-9733, ext. 231

Fax: 613-736-5660

E-mail: gday@cshp.ca

Website: www.cshp.ca

Canadian Pharmacy Residency Board
Conseil canadien de la résidence en pharmacie

Appendix II

Request for Accreditation Survey

- New Program
 Renewal

The information provided here will assist both the CPRB survey team and the hospital in the evaluation of the residency training program. Data submitted to a Hospital Pharmacy in Canada (Lilly) survey within the past 3 years may be used when completing Sections II-V. Please e-mail the completed application to the Board at gday@cshp.ca or send to [surveyors](#). Please type or print clearly.

Name of Health Care Organization: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____ Fax: _____

For organizations offering a program on multiple campuses, list the campuses where residency training occurs: _____

Participant in the Residency Matching Service: Yes No

Date submitted: _____

Signature, Residency Program Director

Name

Title

Phone

Fax

Email address

Signature, Residency Program Coordinator

Name

Title

Phone

Fax

Email address

Signature, Chief Executive Officer

Name

Title

Phone

Fax

Email address

Request is hereby made for accreditation of our hospital pharmacy residency program. We accept and understand the principles and requirements expressed in the residency accreditation process of the Canadian Pharmacy Residency Board (CPRB).

II. Demographic Data for Each Campus in Which Residency Training Occurs (print additional pages if necessary)

Demographic Data	Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
University Affiliation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acute Care												
Number of Beds												
Annual Admissions												
Average Length of Inpatient Stay (days)												
Clinic / Medical Day Unit Visits												
Emergency Department Visits												
Non-Acute Care												
Number of Beds												
Annual Admissions												
Average Length of Stay (days)												
Hours of Pharmacy Service per Week*												
Pharmacist on Call	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Total number of hours pharmacy is open per week with at least one pharmacist physically present

III. Pharmacy Human Resources Information for Each Campus in Which Residency Training Occurs

Staffing	Campus/Facility	Campus/Facility	Campus/Facility	Campus/Facility	Campus/Facility	Campus/Facility
	FTE*	FTE	FTE	FTE	FTE	FTE
Pharmacists						
Management						
Technicians						
Support Personnel (clerical, porter/aide)						
Residents						
Total FTE						
Paid hours per Acute Patient Day (excluding residents)						

FTE: Full Time Equivalent (i.e., equivalent of a full-time employee)

Proportion of Paid Hours Spent by All Pharmacists*	Campus/Facility	Campus/Facility	Campus/Facility	Campus/Facility	Campus/Facility	Campus/Facility
Drug Distribution (incl. investigational drugs)	%	%	%	%	%	%
Direct Patient Care (Clinical) Activities	%	%	%	%	%	%
Teaching	%	%	%	%	%	%
Pharmacy Research	%	%	%	%	%	%
Other Non-Patient Care Activities	%	%	%	%	%	%
Total (should equal 100% per site)	%	%	%	%	%	%

*Proportion of Time Spent by **All Pharmacists** (proportion of paid hours per activity/total paid hours for pharmacists) in each category

IV. Drug Distribution Service for each Campus in which Residency Training Occurs

Type of Distribution System Used and to What Percentage of Beds (or Patient Care Areas) Each was Provided	Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:		Campus/Facility and fiscal year for which data are provided:	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Check box that applies:												
Unit Dose												
• Some Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ≥ 90% of Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit-Based Automated Dispensing (e.g., Pyxis, McKesson, Omnicel)												
• Some Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ≥ 90% of Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional												
• Some Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ≥ 90% of Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Ward-stock												
• Some Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ≥ 90% of Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled / Carded Dose												
• Some Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ≥ 90% of Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of IV Admixture Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of Oncology Admixture Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of Nutrition Support (TPN) Admixture Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Direct Patient Care (Clinical) Service for Inpatients of each Campus in which Residency Training Occurs

Pharmacists are Assigned to Provide Direct Patient Care Service to the Following Inpatients	Campus/Facility			Campus/Facility			Campus/Facility			Campus/Facility			Campus/Facility					
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Check box that applies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain/Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular/Lipid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health/Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology/Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology/Anticoagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics/Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal/Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology/Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric/Neonatal Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Direct Patient Care (Clinical) Service for Outpatient/Ambulatory Care Patients of each Campus in which Residency Training Occurs

Pharmacists are Assigned to Provide Direct Patient Care Service to the Following Ambulatory Care (Out) Patients	Campus/Facility			Campus/Facility			Campus/Facility			Campus/Facility			Campus/Facility					
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Check box that applies:																		
Pain/Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular/Lipid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology/Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology/Anticoagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics/Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal/Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology/Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric/Neonatal Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Types and Levels of Direct Patient Care Pharmacy (Clinical) Service provided at each Campus in which Residency Training Occurs

Pharmacists Provide the Following Level of Each Service	Campus/Facility				Campus/Facility				Campus/Facility				Campus/Facility				Campus/Facility											
	Comprehensive*	Targeted*	Limited*	Not offered*	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered				
Check box that applies:	Comprehensive*	Targeted*	Limited*	Not offered*	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered	Comprehensive	Targeted	Limited	Not offered				
Admission Drug Histories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Resuscitation (CPR) Team Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Therapy Evaluation/Monitoring (does not apply if only drug orders are reviewed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent or Physician-Delegated Lab Test Ordering / Drug Dose Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication/Drug Counseling (does not apply if counseling solely involves review of label directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Rounds Participation (active, regular, at least 3 days/wk in acute care or 3 days/month in LTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacokinetic Consultations/ Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Information Service (formal service staffed by trained pharmacists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-service Education to Other Health Professionals (at least 4 times per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Evaluation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Research (pharmacist involved as principal or co-investigator and/or author/coauthor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for Clinical Trials (pharmacist is involved in drug distribution and record keeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Incident Reporting and Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Drug Reaction Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precept Student Pharmacists (undergraduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precept M.Sc. Pharmacy Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precept Pharm.D Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precept Student Pharmacy Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precept Other Health Disciplines Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehensive: delivered consistently to all patients (persons) requiring the service

Targeted: delivered to those who most need the service

Limited: provided only when time and resources permit

Not offered: service not provided by pharmacy staff members in this facility

APPENDIX A

Please attach the following documents as appendices to the application form:

1. Organizational structure of the healthcare organization
2. Organizational structure of the Pharmacy Services
3. Mission Statement and goals/objectives of the Pharmacy Services
4. Most recent Pharmacy Services annual report or progress report
5. Recommendations relating to pharmacy from the last report of Accreditation Canada (AC) and status of healthcare accreditation
6. Schedule of residency rotations including names of preceptors for previous 4 years
7. Terms of Reference and membership of Residency Committee (if in place)

Canadian Pharmacy Residency Board

c/o: Canadian Society of Hospital Pharmacists
30 Concourse Gate, Unit #3
Ottawa, Ontario, K2E 7V7

Telephone: 613-736-9733, ext. 231

Fax: 613-736-5660

E-mail: gday@cshp.ca

Website: www.cshp.ca

updated May 2014

Canadian Pharmacy Residency Board Conseil canadien de la résidence en pharmacie

Appendix II (A)

(French to follow)

Memorandum of Agreement between The Canadian Pharmacy Residency Board (CPRB) and The Québec Universities Master Programs

This agreement defines the responsibilities exclusive to the CPRB and the Québec universities in relation to the accreditation process. This agreement directs the application of the following conditions:

1. CPRB Representation

- a. The Québec representative to the CPRB is appointed by the Canadian Society of Hospital Pharmacists (CSHP) Council. Where practicable, this appointment shall comply with the principle of alternance of representation between the two Québec universities (Université Laval and Université de Montréal).
- b. The CPRB Québec representative shall be the official CPRB corresponding representative to the Accreditation Committees of both universities. The CPRB Québec representative shall participate in the CPRB accreditation process of both universities.
- c. It is agreed that the CPRB Standards (guidelines) shall be used by the universities to evaluate the health care organization pharmacy residency programs.

2. Program's Review Process

- a. The programs of each university shall be formally assessed every four years by means of a visit.
- b. During this visit, the accreditation process and any component regarding the health care organization pharmacy residency program's management shall be evaluated.
- c. This visit shall be conducted by the CPRB Chairperson (or a delegate, member of the CPRB) and the CPRB Québec representative.
- d. At mid-term, a preliminary report stating changes to the program shall be submitted by the Residency Program Director of each university to the CPRB.

3. Accreditation Requirements

- a. Based on the principle of a program review performed every four years, the CPRB agrees to recognize the Accreditation Requirements issued by the universities (i.e., duration of the term and number of residents).
- b. Each university shall provide to the CPRB a copy of the minutes of its Accreditation Committee meetings.

4. Financial Support

- a. Each university shall pay the fee for a multi-campus program, as determined by the CPRB.

5. Communication

- a. The CPRB Québec representative shall report to the Board on the conduct of the activities of the Québec universities programs.
- b. Each university may contact the CPRB Québec representative or Chairperson at any time for any question(s) regarding the residency program.
- c. This agreement can be amended or revoked provided a one-year advance notification.

Canadian Pharmacy Residency Board Conseil canadien de la résidence en pharmacie

Appendix II (B)

Protocole d'entente entre Le Conseil Canadien de la résidence en pharmacie (CCRP) et Universités du Québec - les programmes de maîtrise en pharmacie

Cette entente définit les responsabilités respectives du CCRP et des universités du Québec relatives au processus d'agrément. Cette entente régit les conditions suivantes:

1. Représentation du CCRP

- a. Le représentant québécois du CCRP est nommé par le Conseil de la Société canadienne des pharmaciens d'hôpitaux (S.C.P.H.). Autant que possible, cette nomination respectera le principe d'alternance de représentation entre les deux universités du Québec (Université Laval et Université de Montréal).
- b. Le représentant québécois du CCRP sera le membre correspondant officiel du CCRP au sein des comités d'agrément des deux universités. Le représentant québécois du CCRP participera au processus d'agrément du CCRP de chaque université.
- c. Il est convenu que les standards (lignes directrices) du CCRP seront utilisés par les universités dans le cadre de l'évaluation des programmes de résidence en pharmacie d'établissement de santé.

2. Mécanisme de révision du programme

- a. Les programmes respectifs de chaque université seront évalués de façon formelle à tous les quatre ans au moyen d'une visite.
- b. Lors de cette visite, le processus d'agrément ainsi que tout élément concernant la gestion du programme de résidence en pharmacie d'établissement de santé seront évalués.
- c. Cette visite sera effectuée par le président du CCRP (ou son délégué, membre du CCRP) et le représentant québécois du CCRP.
- d. À mi-terme, un rapport d'étape soulignant les changements au programme devra être soumis par le directeur du programme de chaque université au CCRP.

3. Conditions d'agrément

- a. Basé sur le principe d'une revue du programme aux quatre ans, le CCRP s'engage à reconnaître les conditions d'agrément émises par les universités (soit durée du terme et nombre de résidents).
- b. Chaque université fera parvenir les copies des procès-verbaux de son comité d'agrément au CCRP.

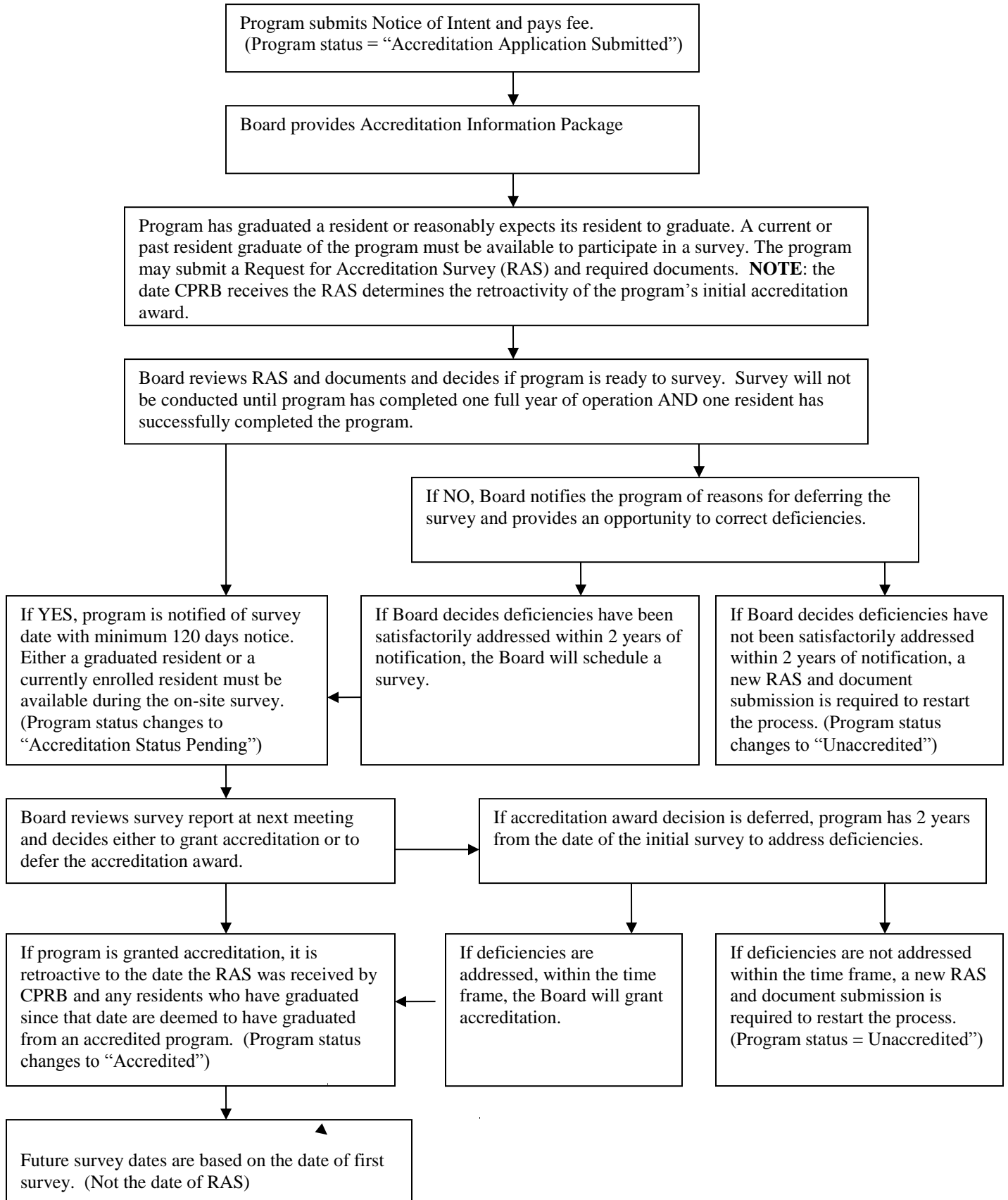
4. Contribution financière

- a. La contribution annuelle sera payée par chaque université selon l'entente déterminée par le CCRP.

5. Communication

- a. Le représentant québécois du CCRP informera le Conseil du déroulement des activités des programmes universitaires du Québec.
- b. Chaque université peut communiquer en tout temps avec le représentant québécois ou le président pour tout sujet relatif au programme de résidence.
- c. Cette entente peut être modifiée ou révoquée avec un préavis d'un an.

Appendix III - (CPRB) Process for First Evaluation of Residency Programs



Appendix IV

CPRB PROGRESS REPORT

The information provided will assist the CPRB survey team and the hospital in the evaluation of the residency training program. Please e-mail the completed report to Gloria Day at gday@cshp.ca. Please type or print clearly.

Name of person responsible for completing Progress Report Template: _____		
Name of health care organization: _____		
Address: _____		
City: _____	Province: _____	Code: _____
Phone: _____	Fax: _____	
Date Submitted: _____		

Signature, Residency Program Director
Name
Title
Phone
Fax
E-mail

Signature, Residency Program Coordinator
Name
Title
Phone
Fax
E-mail

Application is hereby made for accreditation of our hospital pharmacy residency program. We accept and understand the principles and requirements expressed in the residency accreditation process of the Canadian Pharmacy Residency Board (CPRB). Please complete this form exactly as indicated and do not alter the format.

Guidelines for writing Progress Reports:

Restate each recommendation from the survey report summary page(s). Your report should address the findings in the same numerical order as listed in the summary section of the survey report. (It is not necessary to include reference to the paragraph of the standard for the recommendation.)

Describe progress that has been made in implementing remedies to recommendations. Information should be presented in a way that conveys the positive steps that have been taken since the accreditation survey to address areas that were cited in the survey report.

Your responses should describe specific changes that have been implemented and the specific time of implementation. If changes have not occurred but are planned, timelines for future plans must be provided and a responsible individual should be identified.

Attach appendices to support responses when appropriate. Appendices might include examples of forms or other concise, specific examples of pertinent documents. In all cases, copies of completed documents, as opposed to blank forms, should be forwarded to illustrate to the Board how the documents have been utilized.

While it is not mandatory to address consultative recommendations in the report, it may be helpful to the Board to receive an update on those areas that your program and department have pursued.

I. RESIDENCY PROGRAM INFORMATION:

Recruitment to and graduation from the program since the last on-site survey

Residency Year	Number of Resident(s) Recruited	Number of Certificate(s) Granted

II. REVIEW OF CPRB PROGRESS SINCE LAST ACCREDITATION AWARD

Recommendation:
Activities to date:
Further follow-up required:
Target date for completion:
Recommendation:
Activities to date:
Further follow-up required:
Target date for completion:
Recommendation:
Activities to date:
Further follow-up required:
Target date for completion:

Recommendation:
Activities to date:
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Activities to date:
Further follow-up required:
Target date for completion:
Recommendation:
Activities to date:
Further follow-up required:
Target date for completion:

Adapted with permission from the ASHP Guidelines for Preparing Responses to Residency Accreditation Survey Reports and Progress Report document (April 2004)
 New – August 2008

Appendix V

Canadian Pharmacy Residency Board (CPRB)

Canadian Society of Hospital Pharmacists

Residency Program/CPRB

Conflict of Interest Disclosure Form

Background

The purpose of this process is to provide programs and surveyors the assurance of an objective survey by providing:

- a method to document, track and reach an agreement with programs regarding surveyor visits
- a process in which a program can safely raise objections to the surveyors assigned for their visit if the program perceives a conflict of interest
- a process for individual surveyors to self-identify perceived or real conflicts of interest for their assigned survey visits and be able to address these situations
- a system that allows for inter-provincial surveyors where it is deemed to be appropriate-current examples would be ON and QC but may include other areas in future

Surveyor-Identified Conflicts of Interest

Surveyors review the potential conflict criteria listed below. If there is a potential for a conflict of interest or perceived conflict of interest, the surveyor completes the declaration in Appendix A and submits to Chair of the CPRB. This should occur at the time that the draft survey schedule is circulated to the Surveyors Group.

Program-Identified Conflicts of Interest

The program being surveyed reviews the potential conflict criteria listed below. If the program identifies a potential conflict of interest the residency program director completes the declaration in Appendix A and submits to the chair of the CPRB.

Conflict of Interest Criteria

- 1) The surveyor has completed the residency or fellowship at the site within the past 10 years and/or there are still some of the same practitioners in a residency leadership role at the organization.
- 2) The surveyor was a program director, program coordinator, director of pharmacy, faculty liaison, or preceptor for the program that is being reviewed within the past ten years.
- 3) The surveyor trained the program director, director of pharmacy, or residency coordinator at the program that is being surveyed within the last ten years.
- 4) The surveyor has provided consultation services for the department of pharmacy, health system, or university (i.e. Québec) within the last 4 years.
- 5) The surveyor practices or resides within the same geographic area.
- 6) The surveyor has any business/professional or close personal relationship with the Residency Program Director, Residency Program Coordinator, Director of Pharmacy, current residents or preceptors
- 7) The CPRB surveyor works closely or is associated with the program to be surveyed. Examples of “working closely with” are:
 - The CPRB surveyor directs or coordinates a program that offers rotations to residents of the program being surveyed
 - The CPRB surveyor serves as a faculty advisor or preceptor to residents of the program being surveyed
 - The CPRB surveyor is a member of a Residency Advisory Committee with representatives of the program being surveyed
 - The CPRB surveyor is a close working colleague of the director, coordinator or preceptors of the program being surveyed
 - The CPRB surveyor is an employee of a hospital whose residents complete rotations at the residency program being surveyed

Appendix A

CPRB/Program Conflict of Interest Declaration

Completed by (√): Program Surveyor

To: Chair of the Canadian Pharmacy Residency Board

Program: _____

Date: _____

Please be advised I/we have identified a potential conflict(s) of interest as identified below with respect to the scheduled residency program survey visit for <organization> to be surveyed by <insert name of surveyor(s)>.

In order to avoid any real or perceived conflict of interest I/we request an alternate assignment.

Check all Applicable (√)	Conflicts
	The surveyor has completed the residency or fellowship at the site within the past 10 years and/or there are still some of the same practitioners in a residency leadership role at the organization.
	The surveyor was a program director, program coordinator, director of pharmacy, faculty liaison, or preceptor for the program that is being reviewed within the past ten years.
	The surveyor trained the program director, director of pharmacy, or residency coordinator at the program that is being surveyed within the last ten years.
	The surveyor has provided onsite consultation services for the department of pharmacy, health system, or university (i.e. Québec) within the last 4 years.
	The surveyor practices or resides within the same geographic area.
	The surveyor has any business or close personal relationship with the Residency Program Director, Residency Program Coordinator, Director of Pharmacy, current residents or preceptors.
	The CPRB surveyor directs or coordinates a program that offers rotations to residents of the program being surveyed.
	The CPRB surveyor serves as a faculty advisor or preceptor to residents of the program being surveyed.
	The CPRB surveyor is a member of a Residency Advisory Committee with representatives of the program being surveyed.
	The CPRB surveyor is a close working colleague of the director, coordinator or preceptors of the program being surveyed.
	The CPRB surveyor is an employee of a hospital whose residents complete rotations at the residency program being surveyed.
	No conflict identified.
	Other (provide details)

Print

Name: _____

Signature: _____