### Canadian Pharmacy Residency Board Conseil canadien de la résidence en pharmacie

#### CPRB PROGRAM STATUS REPORT - Year 1 and Year 2

The information provided will update the Canadian Pharmacy Residency Board (CPRB) survey team and the hospital on the status of the pharmacy residency training program. Please forward the original copy of this report and additional attachments to Vanessa Glasby at <a href="mailto:vglasby@cshp.ca">vglasby@cshp.ca</a>.

Application is hereby made for continuation of accreditation of our 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.

| Name of person responsible for completing St | ne of person responsible for completing Status Report: |                          |  |  |  |
|--|--|--------------------------|--|--|--|
| Name of health care organization:            |  |                          |  |  |  |
| Address:                                     |  |                          |  |  |  |
| City:  | Province:  | Postal Code:             |  |  |  |
| Phone:                                       | Fax:   |                          |  |  |  |
| Date:  |  |                          |  |  |  |
|  |  |                          |  |  |  |
| Signature, Residency Program Director        | Signature, Reside                                      | ency Program Coordinator |  |  |  |
| Name   | Name   |                          |  |  |  |
| Title  | Title  |                          |  |  |  |
| Phone  | Phone  |                          |  |  |  |
| Fax  | Fax  |                          |  |  |  |
| Email  | Email  |                          |  |  |  |

# **Guidelines for writing Status Reports**

|   | I. Organization and Pharmacy Updates  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   | Provide the Board with updates to your organization and pharmacy department since the last on-site survey visit |  |  |  |  |  |  |
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## **II.** Residency Program Information

**Residency Year** 

Include a summary of admissions to the program, certificate conferrals, and withdrawals from the program since the last on-site survey (it is not necessary to include the resident names in this summary).

Number of Certificate(s) Granted

Withdrawals

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

Number of Resident(s)

| Residency real     | Recruited                     | Number of Certificate(s) drafted | Withitiawais |
|--------------------|-------------------------------|----------------------------------|--------------|
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| If residency certi | ficates were not granted, ple | ease explain why.                | 1            |
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## **III. Residency Program Changes**

| Include any steps taken to bring the program into alignment with the version of the Standards in force at the time |          |  |  |  |  |
|--|----------|--|--|--|--|
| ne Status Report is filed and any other programmatic changes.  | the time |  |  |  |  |
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Adapted with permission from the ASHP Guidelines for Preparing Responses to Residency Accreditation Survey Reports and Progress Reports document.

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