

MULTICARE AUBURN MEDICAL CENTER

AUBURN, WASHINGTON

PHARMACY (PGY1) RESIDENCY PROGRAM



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I. INTRODUCTION

General Description and Background Information

MultiCare Auburn Medical Center (MAMC) is a non-profit medical center with (195 beds) located 26 miles south of Seattle. MAMC offers South King County residents a wide range of medical expertise including intensive/critical care, stroke and cardiac services, newly renovated emergency department, medical surgical, family birth center, neonatal, psychiatric care, oncology, diabetic and anticoagulation clinics. MAMC supports a physician internal medicine residency program.

MAMC is a recognized health center receiving the Washington State Department of Health Certificate of Recognition for its Antimicrobial Stewardship Program, the American Heart Association/American Stroke Association’s 2017 "Get With The Guidelines Stroke Gold Plus Quality Achievement Award, and the HIMSS Analytics Stage 7 award representing the pinnacle of achievement in digital health records — an honor attained by just a small percentage of U.S. hospitals.

MAMC is part of the MultiCare Health System, an integrated health system comprised of 8 acute care facilities, ambulatory surgical centers, ambulatory infusion clinics, off-site emergency departments, urgent care centers, multiple physician clinics and offices servicing the state of Washington.

Forbes named MultiCare one of “America’s Best Employers by State”, ranking MultiCare in the top third of 36 Washington-based organizations across all sectors of industry.

MultiCare Health System Pharmacy Services Mission, Vision and Core Values and Key Philosophy Statements

Mission Statement:

Collaborate with patients and other healthcare providers to ensure optimal care and service

Vision Statement:

Pharmacy Services will be the leader in providing a comprehensive array of high quality, high value and convenient services to our patients and community.

Pharmacy Services will:

- Recruit and retain the most capable and qualified staff to deliver exceptional care and customer service to our patients
- Provide excellent stewardship of our resources and drug use.
- Affect patient outcomes in a positive manner through our knowledge and optimization of drug therapy, ability to educate, collaborate with others, and solve problems.
- Strive to use most current technology to improve safety and efficiency

We employ a decentralized clinical pharmacist concept wherever it is cost effective to do so. This concept places the pharmacist in the patient care areas and integrates the pharmacist's responsibilities with the physicians and nurses providing patient care. Essential to this process is expansion of the responsibilities of pharmacy technicians to support the pharmacists.

All customers, staff, and managers are treated with courtesy and respect in a timely manner.

Core Values:

Respect, Integrity, Stewardship, Excellence, Collaboration, Kindness, and Safety

Respect

I seek first to understand. Hear people without interrupting. Show curiosity rather than judgment. Appreciate differences. Maintain an environment that fosters concentration, healing, and quiet.

Integrity

I will do the right thing. Protect privacy and confidentiality. Respond quickly to requests. Follow through. Be honest. Walk and talk our values.

Stewardship

I will live lean. Make things easy and seamless for patients and co-workers. Look for waste and work to eliminate it. Take ownership to solve problems.

Excellence

I will be my best. Plan, do, check and adjust for continuous learning and improvement. Use best practices, research and standards for interacting, working and improving. Represent MultiCare positively in appearance and interactions. Adopt change as needs and as circumstances change. I will support and share learning experiences with co-workers.

Collaboration

I will team up. Engage people in decisions that affect them. Share information. Round consistently. Initiate connections with people.

Kindness

Create warmth and comfort. Acknowledge people and their feelings. Introduce myself. Describe the duration of what to expect. Explain what to expect next. Say Thank You.

Help others find their way. Be courteous in person, on the telephone and in written communication. Make eye contact, smile, say hello and be friendly, even when just passing in the hall.

Safety

I will be vigilant when carrying out my work responsibilities to ensure a safe and zero defect environment for our patients and their families, my coworkers and myself. Communicate complete and accurate information at handoffs; ask questions. Know the patient's story. Do my part to eliminate harm to patients and co-workers.

Key Philosophy Statements:

SAFETY: The department and hospital have adopted the principles of being a Highly Reliable Organization (HRO) that defines the expectations, standard processes, and culture of excellence that results in patient and employee safety. We have a culture to do the right thing and embrace transparency to ensure patient safety.

INTEGRATION: The department shall aggressively pursue opportunities to extend and improve services and systems of care in a manner consistent with MHS Vision statements. In terms of the overall health care team, the work of pharmacists and technicians should complement rather than duplicate the work of others, add value, and be well integrated into the overall work of the healthcare team.

TRANSITION OF CARE: Pharmacy Services strongly believes in insuring safe and optimal patient medication management across the continuum of care. Pharmacy offers a wide array of services to support this transition from admitting medication reconciliation, discharge medication reconciliation, and discharge prescription service. We continually pursue opportunities to expand these services.

TEAM APPROACH: We strongly believe in a team approach in providing pharmaceutical care to our patients. Our staff works collaboratively with all disciplines in providing patient care including, but not limited to, medical staff, nursing, dietitians, respiratory therapy, and social services. In addition, pharmacy has defined service teams having specific patient care and scope of practice responsibilities. These teams are responsible for the provision of pharmaceutical care services to their specific areas. Team members work together to establish and managed services that will improve patient and fiscal outcomes.

CUSTOMER SERVICE: All staff shall strive to improve each "guest's" (patient's) perception of the value received from each contact with Pharmacy Services. Each staff shall greet guests face to face, graciously welcome them, identify themselves and determine how to best meet the patient's needs.

PRACTICE METHODOLOGY: Pharmacists shall apply a consistent practice methodology in the care of all patients. An explicit practice methodology shall identify the minimum level of care, which ALL patients can expect, and a standardized process by which care is delivered.

SUPPORT STAFF: Increasingly, pharmacy technicians shall be responsible for the operation of the distribution system.

ADVANCE TECHNOLOGY: The department shall take measured steps to use technology, including automation and advance computer systems, to improve patient safety, be good stewards of our resources, and improve the efficiency of the delivery system.

STAFF DEVELOPMENT: Our staff is the most valuable resource in the department. Staff development is a responsibility shared by staff and management. Each staff member has a responsibility to remain competent, increase their capabilities and remain relevant. Management has an obligation to provide growth and development opportunity such that each person can increase their value to MHS and can develop to their fullest potential.

INNOVATION: Innovation at the “boundaries” of healthcare at MHS shall be encouraged and supported by the department

CULTURE OF CONTINUOUS QUALITY IMPROVEMENT: It is critical that we continually improve our processes, workflows, and care models to provide the most appropriate and cost effective pharmaceutical care with zero defects. We use LEAN principles to eliminate waste, duplication, and non-value activity so that our customers and patients receive the highest standard of service from our department.

PROGRAM PURPOSE:

PGY1 pharmacy residency programs build on pharmacy education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

In addition,

The residency program will develop competent clinical practitioners who are able to

- Perform in a clinically oriented hospital or ambulatory clinic position,
- Perform in an introductory supervisory or management position,
- Meet the high standards of eligibility for hire within the MHS pharmacy system after completion of the residency program.

Specific skills are:

- Provide evidenced-based, patient-centered medication therapy management to a diverse patient population.
- Provide a high level of drug information and to educate and train patients, caregivers, and other healthcare professionals on medication practice-related issues.
- Develop, implement, and evaluate pharmacy programs and initiatives
- Manage and improve the medication-use process
- Exercise leadership and practice management skills.
- Monitor and evaluate one’s own progress to allow one to meet the future challenges of providing pharmaceutical care beyond the completion of the residency program.
- To be effective in work teams that are charged with planning activities, identifying opportunities for improvement, analyzing alternatives, implementing solutions, and evaluating results.

To accomplish this goal, this residency program shall promote the development of clinical,

analytical, organizational, and leadership skills necessary to provide pharmaceutical care as well as develop and implement systems of care. The program has adopted the ASHP Residency Learning System (RLS) to assist in the optimal learning of the resident.

Residency Program Director (RPD)

The residency program director (RPD) is responsible to ensure the program adheres to current ASHP accreditation standards and for the overall goals of the program are met, that appropriate preceptorship for each rotation is provided, that training schedules are maintained, and that resident evaluation is a continuous process. The RPD is also responsible for the selection of residents. This decision shall be made based on the recommendations of the residency interview committee. The RPD will establish and chair the residency advisory committee (RAC)

Preceptors

The program director is responsible for designating preceptors for each specific learning experience. The program director may also serve as a preceptor. Preceptors are directly accountable to the program director regarding their resident training responsibilities. Preceptors will have demonstrated an ability to educate residents in their area of pharmacy practice. In addition, preceptors will participate in a preceptor development plan and have been inserviced to the ASHP Residency Learning System (RLS) of training residents. Each preceptor is also responsible for aiding the program director in developing the specific goals for each resident rotation, as well as aiding in the resident evaluation process.

II. TRAINING SITE DESCRIPTION

ACUTE CARE:

Acute Care learning takes place primarily at MultiCare Auburn Medical Center (MAMC) campus. Services provided include critical care, level III trauma, emergency room services, surgical, general medicine, geropsychiatric and acute psychiatric service, level II neonatal intensive care, a family birth center.

Clinical services are supported by decentralized pharmacists in order to proactively work closely with medical staff, nursing staff, and patients in a team based approach to insure optimization of medication use and provide patient centered care. This activity is supported by prescriptive protocols, electronic medical record, and participation on multidisciplinary rounds. Decentral pharmacists do not have primary dispensing responsibilities. Decentralized pharmacists are available during the day and evenings, including weekends and holidays.

Distributive services are centralized at MAMC and include IV admixture service and unit dose system. The pharmacy is open 24 hours a day, 7 days a week. Distributive services are supported with electronic automated dispensing cabinets, pharmacy carousel medication storage units, USP 797 compliant IV admixture room, USP 800 compliant Chemo and Hazardous mixing and storage rooms, bedside barcode, and smart IV pumps.

AMBULATORY CARE:

Ambulatory care learning will occur at our MultiCare Clinic settings including our oncology, diabetic, family practice and anticoagulation clinics. In addition, MultiCare Health System has an extensive affiliated physician and medical clinic system that is serviced by pharmacy and its specialty pharmacy service.

DRUG INFORMATION:

A computerized drug information retrieval system is available via the MHS information system network which can be accessed by users most anywhere in the health system. The MHS information system network also allows for access to the internet for web-based drug information sites including OVID, Medline, Up-to-Date, Cochrane Stat Ref, and others. This also includes access to the MHS on-line drug formulary, which is maintained by the MHS drug information specialist.

INFORMATION TECHNOLOGY:

The organization implemented the EPIC health information system and electronic medication record (EMR) for its acute care services in June 2007. MHS ambulatory and physician clinics have been using EPIC for many years prior to the acute care implementation. The combination of the EPIC acute and ambulatory system provides clinicians with a very powerful and fully integrated health information system that allows improved quality and safety of care for our patients. The EMR has been a great tool to help our pharmacists further their clinical practice. MHS fully utilizes electronic dispensing cabinets throughout the acute care services as well as integrated smart pumps and bedside bar code technology. In addition, carousel technology is used in central pharmacy for medication storage, distribution, and inventory control.

III. RESIDENT LEARNING PROGRAM

Introduction

Each resident shall complete approximately twelve learning experiences during the year. The learning experiences will be a combination of rotational and longitudinal learning. Rotational learning is the traditional concentrated learning that takes place each day over a specified weekly period typically four to eight weeks. Longitudinal learning is learning that occurs intermittently over a long period of time, which can be three to twelve months. An example of longitudinal learning is the drug information and policy development learning experience. Activities under this learning experience occur intermittently throughout the year including participation at the monthly P&T meetings. The duration of each training experience shall depend on the training needs of each resident, availability of preceptors, personal interests of the resident, and other scheduling parameters. The resident rotation schedule will be mutually agreed upon by the Residency Director and resident.

The residency program focuses on four core areas for the development of resident's competence:

- Providing patient care
- Advancing practice and improving patient care
- Leadership and management
- Teaching, education, and dissemination of knowledge

Achievement of skills in the core areas by the resident is assessed using key goals and objectives and extensive evaluation by both preceptor and resident.

The Role of the Pharmacy Practice Resident

Resident learning is accomplished by combining preceptor teaching and work experience during a one-year period. This program allows residents to apply educational information and techniques learned to actual work situations. Residents are expected to demonstrate learned clinical practice behaviors, apply learned concepts, and to use the residency experience to develop the array of

skills required to be a successful clinician.

Organizationally, residents are a unique set of employees who can effectively "live" in the worlds of both staff and management. It is expected that each resident shall integrate themselves into the staff and management structure of the Health System's Pharmacy Service and contribute to the achievement of department goals. Each resident is also expected to **actively** work with the program director and preceptor to shape the character of their individual program. Residents are expected to manage their program, which includes maintaining relevant documentation in their personal program file, scheduling meetings, arranging their scheduling jointly with their fellow residents, and other similar activities.

Expectations of Preceptors

It is expected that each preceptor, in conjunction with the resident and the program director, shall take part in the development of the goal, objectives, and activities prior to beginning of each resident training experience. It is also expected that the preceptor shall attempt to cover, through informal clinical conferences, each main area of clinical pharmacy practice associated with their specialty. It is also important that the preceptor attempt to focus on any of the resident's areas of special interest and growth. It is expected that the preceptor shall attempt to allow the resident as much "hands on" experience as possible in dealing with patients, medical staff, and nursing staff. The preceptor shall also be required to complete a summative evaluation of the resident's performance at the end of each learning experience and submit the document to the program director.

Learning Experiences:

Available training experiences

ACUTE CARE

- Orientation /Central Pharmacy Practice - 4 weeks
- Critical Care – 6 weeks
- Emergency Medicine – 6 weeks
- Medical – Surgical – 6 weeks
- Transitions of Care – 2 weeks
- Psychiatry – 4 weeks
- Administration – 4 weeks

AMBULATORY

- Oncology – 6 weeks
- Family Practice – 4 weeks
- Diabetes – 4 weeks
- Anticoagulation – 4 weeks

LONGITUDINAL:

- Practice Management – 9 months
- Infectious Disease/Antimicrobial stewardship – 12 months
- Major Project – 12 months
- Drug Information – 12 months

- Staffing – 12 months
- Teaching Certificate – 6 months

To allow for some flexibility in the program the resident may propose an elective learning experience to fulfill areas of growth and special interests. A significant amount of resident involvement may be required to develop this elective experience.

Program Management and Evaluations

The extent of residents' progression toward achievement of the program's required educational goals and objectives will be evaluated.

1. Summative evaluation of the residents' progress toward achievement of assigned educational goals and objectives, with reference to specific criteria will be conducted after each learning experience by the preceptor with the resident. For longitudinal rotations, evaluations will be completed on a quarterly basis. The resident and preceptor will schedule a planning session at the start of each learning experience to review and customize the established goals and objectives to the resident's needs and to establish mutual expectations of each other. An important component of residency training is teaching good self-assessment skills. As a result, residents will complete a self-evaluation for selected rotations.
2. Quarterly program progress report will be conducted with the Residency Director to assess residents' progress and determine if the development plan needs to be adjusted. Residents will provide a written self-evaluation of their progress toward attainment of the residency goals and objectives, major project, specific interest and goals, strengths, growth areas, and any adjustments to the residency plan.
3. The resident will maintain a program portfolio which records his/her learning activities performed and relevant documents. This will be helpful to the resident when completing self-evaluations and providing progress reports.
4. The resident will complete and discuss one evaluation of each preceptor and one evaluation of the learning experience at the end of each rotation.
5. Performance ratings:
Preceptors will check the appropriate rating for the goals and objectives being evaluated. In addition, preceptors may mark a goal as achieved for the residency program. Preceptors should use the following guidance for rating the goals and objectives:
 - a. For GOALS:
 - 1) Achieved (ACH) is earned for a goal if the resident has mastered a skill by earning achieved on ALL the objectives associated with that goal.
 - 2) Preceptors may mark a goal as ACH only if all the objectives associated with that goal are evaluated during that learning experience. Should the resident earn an achieved on all the objectives associated with a goal, and further evaluation in a different learning experience will not be necessary, "Achieved for the Residency" (ACHR) may be selected.
 - 3) Should the resident earn ACH on all the objectives associated with a goal, but during different rotations, the RPD will assess the need to mark

ACHR for the goal during the quarterly evaluation and residency plan update.

b. For OBJECTIVES:

- 1) ACH is earned for an objective if the resident has mastered the skill and no longer needs evaluation by this or future preceptors. Should all objectives not be evaluated on the preceptor's rotation, the corresponding goal should be marked as satisfactory progress (SP).
- 2) Satisfactory progress (SP) is earned if the resident is on the learning curve, but still needs further experience requiring evaluation for an objective. Should an objective be marked satisfactory progress, the corresponding goal should also be marked as satisfactory progress
- 3) All objectives marked as needs improvement (NI) should also contain comments that include suggestions for improvement. Should an objective be marked as NI, the corresponding goal should also be marked as needs improvement

Staffing Commitments

1. Each resident is required to complete the following staffing commitments over the one year period as part of the staffing rotation.
 - At least one weekend shift per month (but not to exceed two).
 - Work independently in an assigned patient care area for at least 2 weeks toward the latter part of the residency year.
 - Coverage for sick leave or other emergencies on day or evening shift up to four days during the residency. Attempts shall be made to arrange for other staff coverage prior to using these days.
 - Coverage of at least one major holiday but not to exceed two and coverage of at least one minor holiday. Total holiday coverage not to exceed three per year. Major holidays: Christmas Eve, Christmas Day, Thanksgiving, and New Year's Day.
 - Potential 4 hour evening midweek shift each week.

Weekly Resident Meetings

1. These meetings are intended to serve the needs of residents and shall be one forum where the program can be discussed. Residents are required to attend these meetings weekly. In addition to discussion of the program, other subjects for these meetings shall be management related topics, contemporary issues in pharmacy practice, current healthcare issues and discussions of key departmental activities or programs. Readings will be assigned.

Requirements for Successful Completion of the residency program

Each resident is required to complete the following minimum experiences. Time periods quoted are approximate. Individual programs shall vary depending on baseline skills and career interests.

1. Orientation - 4 weeks
 - Residency learning system review
 - ACLS certification
 - Collaborative Drug Therapy Agreement Certification

- Completion of department competency programs
 - USP.797 and USP.800
2. Drug Information and Policy Development
 - Completion and presentation of at least three drug monographs and one medication use evaluation for the P&T Committee.
 3. Completion of the following required learning experiences:
 - Acute care
 - Medical-Surgical – 6 weeks
 - Critical Care - 6 weeks
 - Emergency Department - 6 weeks
 - Ambulatory care
 - Oncology Clinic - 6 weeks
 - Longitudinal
 - Drug Information - 12 months
 - Practice Management - 9 months
 - Major Project - 12 months
 - Staffing - 12 months
 - Infectious disease/antimicrobial stewardship - 12 months
 - Electives – 18 weeks
(Resident may choose rotations listed below or extend required rotations)
 - Family Practice Clinic - 4 weeks
 - Diabetes Clinic - 4 weeks
 - Psychiatry - 6 weeks
 - Transition of Care - 2 weeks
 - Administration - 4 weeks
 4. Major Resident Project - Each resident is expected to complete a major project as a requirement for successful completion of the residency program. The specific aims of the project should align with MultiCare Health System goals and strategic plan. The resident shall present the project in the spring at a Regional Residency Conference and complete a manuscript.
 5. Staffing rotation (see staffing commitments)
 6. Rotations in one specific patient disease state and population (i.e. critical care, oncology, medical-surgical) may be no more than one-third of the twelve-month program.
 7. Residents must spend two thirds or more of the program in direct patient care activities.

Goal Achievement –

Resident must score a rating of “achieved” on 80% of the assigned goals and objectives for successful completion of the residency program.

IV. PERSONNEL POLICIES:

Licensure

1. The resident must have a Washington State Pharmacist License or a Washington State Pharmacist Intern License to start the program.
2. The resident will become a licensed pharmacist in the state of Washington by September

- 1 of the residency year. Failure to become licensed within the stated time frame may result in termination from the program depending on circumstances that have prevented the resident from becoming licensed (such as, but not limited to, delays by the Department of Health to process the application, an illness resulting in missing test date). The decision will be that of the Pharmacy Residency Director and MultiCare Health System in accordance with organization polices.
3. The resident will need to have been a licensed pharmacist for at least 2/3 of the residency year in order to meet Accreditation Standards. The residency program will not be extended if the resident is not licensed within 120 days of the beginning of the residency.

Duty Hours

1. Duty Hours are defined as all scheduled clinical and academic activities related to the residency program that are required to meet the goals and objectives of the residency.
2. Duty hours do not include: reading, studying, preparation time for presentations, travel time to/from conferences, and any hours not scheduled by the RPD
3. The program and resident will comply with the ASHP duty-hour standards. The program does NOT allow Moonlighting, In-House Call Programs, At-Home or other Call Programs.
4. The resident is required to attest to the compliance of the duty hour and moonlighting requirement during quarterly progress reports
5. <http://www.ashp.org/DocLibrary/Residents/Pharmacy-Specific-Duty-Hours.aspx>

Leave of Absence

The resident shall be considered an employee of the MultiCare Health System. The resident shall adhere to MultiCare rules, regulations, procedures, and policies during their period of instruction.

1. Leave of Absence (LOA) will be granted in accordance with the MHS policy and procedures.
2. Extended time off of more than 3 days during a rotation will need to be made up by the resident.
3. Extended LOAs that jeopardize the resident from completing required requirements for successful completion of the program within the 12 month time period may result in the dismissal from the program.
4. Extension of the program up to 4 weeks to allow the resident to complete program requirements will be dependent on MHS policy and budget, and whether it will be possible for the resident to complete the requirements of the program (i.e. completion of a major project).
5. The decision will be that of the Director of Pharmacy Services and MultiCare Health System in accordance with organization polices.

Dismissal from Program

1. The resident shall be considered an employee of the MultiCare Health System. The resident shall adhere to MultiCare rules, regulations, procedures, and policies during their period of instruction. MultiCare shall have the right to terminate the use of any of its facilities by any resident where flagrant or repeated violations of MultiCare rules, regulations, procedures, and policies occur. Such action will be in accordance with the MHS policies on Progressive Guidance. MultiCare reserves the right to take immediate action where necessary to maintain operations free from disruption.

2. Falsification of any information during the application interview or hiring process will be grounds for immediate dismissal

Influenza Immunization as a condition of employment:

MultiCare has a policy of influenza immunization during influenza season. Exception may be requested and reviewed by the MultiCare immunization accommodation committee based on medical reasons, but not for personal preference (criteria for exception is subject to change by MHS). If an exemption is approved, the employee will be required to wear a mask when on the floor, unit or department where patients receive care or when within six feet of a patient for more than five minutes when outside of these areas.

V. RESIDENCY PROGRAM STIPEND AND BENEFITS

1. Stipend

Residents are considered 1.0 FTE exempt staff and receive a stipend for the year. The residency year usually starts the latter part of June on the last New Employee Orientation for that month. The program duration is 12 months.

2. Benefits

- a. Paid time off (PTO) - 25 days per year
(Unused paid time off will be paid out at the end of the residency period. Vacation time must be approved by the program director. Vacation time may be used to interview for post residency positions.)
- b. Extended Sick time - 6 days per year
- c. Medical /Dental/Life/Vision Insurance
- d. Education leave:
 - Funding for Western States Conference.
 - Some or all funding to the ASHP Midyear Clinical Meeting. The amount will be disclosed prior to making reservations.
- e. Free parking
- f. Meal discounts

V. Special Requirements for Acceptance:

- a. Graduate or candidate for graduation of an ACPE accredited degree program.
- b. Application submitted through ASHP PhORCAS system
- c. On-site interview is required
- d. Curriculum vitae, transcripts
- e. Three letters of recommendation from preceptor, instructor, or employer.
- f. Letter of intent
- g. Satisfy eligibility requirements for employment including acceptable results on a pre-employment drug screen and background check.
- h. The program does not accept work visa.