

## Checklist for Successful Completion of Residency

Successful completion of the PGY1 Pharmacy Practice Residency at TidalHealth Peninsula Regional requires the following activities/projects to be completed prior to the end of the residency period:

- Pharmacy Licensure in the state of Maryland by October 1<sup>st</sup> the year of their residency start date (January 1, 2021 for 2020-2021 Residency Year)  
Date completed: \_\_\_\_\_
- Completed Residency Research Project with Manuscript submitted to Research Mentor & Residency Program Director and Eastern States Residency Conference presentation  
Dates completed: \_\_\_\_\_ & \_\_\_\_\_
- BLS and ACLS certification; Dates completed: \_\_\_\_\_ & \_\_\_\_\_
- Completion of medication information and policy development requirement
  - Formulary or Class Review; Date completed: \_\_\_\_\_
  - Medication Use Evaluation and poster presentation  
Dates completed: \_\_\_\_\_ & \_\_\_\_\_
- Completion of all required and elective learning experiences totaling 12 months with no needs improvement on any objective, goal, or competency area; must earn "Achieve" on 30/33 objectives  
Date completed: \_\_\_\_\_
- Completion of all evaluations in PharmAcademic™; Date completed: \_\_\_\_\_
- Completion of all assigned teaching requirements
  - At least four seminars/in-service presentations;  
Dates completed: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_
  - Present a Pharmacist Continuing Education (CE) Program; Date completed: \_\_\_\_\_
  - Didactic lecture at the University of Maryland Eastern Shore School of Pharmacy;  
Date completed: \_\_\_\_\_
  - Lead 30 minute topic discussion with APPE students; Date completed: \_\_\_\_\_
  - Completed at least 4 formal journal club presentations;  
Dates completed: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_

Failure to complete the above objectives within the time period of the residency may lead to dismissal from or extension of the residency program without further compensation.

Signature & Date of Resident upon completion of all items above:

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Signature & Date of Residency Program Director upon completion of all items above:

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