

Section II: Pharmacy Residency Program Certification

INSTRUCTIONS: As a pharmacist residency program director you must:

1. Complete this Section, read, sign and date the certification below, and have your signature notarized by a Notary Public.
2. Send all pages of the completed form, measurement standards (see sample provided) as well as detailed information on measurement standards utilized for assessment of competencies to the address at the end of this page.

Name of resident: _____
(See Section I, item 3)

Name of residency program: _____

Date entered residency program: ____ / ____ / ____
mo. day yr.

Date completed the required competencies: ____ / ____ / ____
mo. day yr.

I am the residency program director and I hereby certify that:

1. The statements made on this form regarding this applicant's pharmacy practice residency experience are true, complete and correct; and
2. the applicant has successfully achieved each of the following competencies as part of a residency program in pharmacy practice approved by the Department (check all that apply):
 - sterile product preparation and technique;
 - non-sterile compounding preparation and technique;
 - performing dosing calculations, including but not limited to aliquot, proportions, and infusion drip-rates;
 - medication safety procedures, including, but not limited to, identifying potential look-alike and sound-alike drugs and other medication error prevention techniques;
 - drug distribution, including but not limited to preparing, dispensing and verifying the accuracy of filled prescriptions or medication orders; and
 - such other competencies in pharmacy practice as may be required by the department; and
3. the assessment of these competencies was made in an objective fashion, the methods of which will be shared with the Department.

The undersigned affirms under penalty of perjury that the answers and statements that he/she has made in the above application are true and have been made and given with the intent of having the New York State Education Department and the New York State Board of Pharmacy rely on the truth thereof.

Signature of Residency Program Director: _____ Date: ____ / ____ / ____
mo. day yr.

Print name: _____

License number: _____ State in which you are licensed: _____

Institution name: _____

Address: _____

City: _____ State: _____ Zip code _____

Telephone: _____ Fax: _____ Email: _____

Notary

State of _____ County of _____ On
the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the certification.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date ____ / ____ / ____
Month Day Year

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Pharmacy Unit, 89 Washington Avenue, Albany, NY 12234-1000.

SAMPLE OF PHARMACY PRACTICE RESIDENCY COMPETENCY ASSESSMENT

MEDICAL CENTER DEPARTMENT OF PHARMACY

Certification of Completion of Pharmacy Practice Residency Competencies for XXXXX

1. Sterile product preparation and technique

- a. Completed the IV admixture course on November 6th 2009 and scored 88.5%
- b. The media fill test did not produce any bacterial growth as of November 24th (incubated for two weeks)
- c. The glove fingertip sampling test was successfully completed on November 10th

2. Non-sterile compounding preparation and technique (completed throughout the months of August, September, and October)

- a. Successfully calculated and compounded 50 oral syringes of each: multivitamins, metoprolol, and levetiracetam. The appropriate labels were placed on the oral syringes including the patient labels and auxiliary label (for oral use only)
- b. Successfully calculated and compounded multiple strengths of topical phenytoin cream. The appropriate labels were placed on the ointment jars including patient labels and auxiliary label (for external use only)
- c. Successfully compounded 30 capsules of desmopressin for a pediatric patient d. Successfully compounded 60 clonazepam oral syringes for a pediatric patient

3. Performing dosing calculations, including, but not limited to, aliquot, proportions, and infusion drip-rates

- a. Successfully completed an exam testing on compounding calculations on Nov. 17th with a score of 88%

4. Medication safety procedures, including, but not limited to, identifying potential look-alike and sound-alike drugs and other medication error prevention techniques

- a. Successfully completed a LASA quiz on Nov. 16th with a score of 100%
- b. Successfully identified and documented medication errors during her inpatient clinical rotations during her residency

5. Drug distribution, including but not limited to preparing, dispensing and verifying the accuracy of filled prescriptions or medication orders

- a. Assigned at least every 2 weeks to function as a pharmacy intern in the Main Pharmacy from 5 PM to 10 PM. She performed all functions of a pharmacy intern and was supervised by two staff pharmacists.