

# PGY2 Emergency Medicine Pharmacy Residency

## Graduation Requirements

Residency Requirement	Achieved	Date
1. Complete on-call/orientation checklist	<input type="checkbox"/>	
2. Licensed as per licensing policy	<input type="checkbox"/>	
3. Successful completion of all learning experiences as applicable and will be customized based on the resident's experiences and needs <ul style="list-style-type: none"> <li>a. Required (i.e. orientation, critical care, emergency medicine, pediatric critical care/emergency medicine, toxicology)</li> <li>b. Two elective (i.e. emergency department critical care outreach, infectious diseases, informatics)</li> <li>c. Longitudinal (i.e. academia, disaster preparedness, operations &amp; staffing, pharmacotherapist on-call, research, resuscitation &amp; trauma)</li> </ul>	<input type="checkbox"/>	
4. Complete a case report, MUE, or retrospective QI project	<input type="checkbox"/>	
5. Update/write a guideline, policy, monograph, or CDTM agreement	<input type="checkbox"/>	
6. Complete a longitudinal research project <ul style="list-style-type: none"> <li>a. Obtain IRB approval</li> <li>b. Conduct data collection &amp; analysis</li> <li>c. Present results at a clinical or pharmacy meeting (i.e. Eastern States Conference, NYC Regional Residency Conference, NYSCHP Annual Assembly)</li> <li>d. Submit an acceptable manuscript (reviewed by preceptor)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. Achieve $\geq 85\%$ of all residency goals and objectives as ACHR <ul style="list-style-type: none"> <li>a. All NI have been resolved as SP or ACH</li> </ul>	<input type="checkbox"/>	
8. Complete all PharmAcademic™ evaluations	<input type="checkbox"/>	
9. Complete disease state topic list	<input type="checkbox"/>	
10. Complete all teaching requirements through LIU Pharmacy as outlined by Director of Postgraduate Programs (i.e. didactic lecture, APPE student assignment, lab/recitation)	<input type="checkbox"/>	
11. Optional - Complete teaching certificate through LIU	<input type="checkbox"/>	

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Resident (Print name)

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Residency Program Director (Print name)

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Resident (Signature)

\_\_\_\_\_  
Date

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Residency Program Director (Signature)

\_\_\_\_\_  
Date