



The Brooklyn
Hospital Center

Pharmacy Residency Program | The Remedy is Experience

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"> a. Required (i.e. orientation, critical care, emergency medicine, pediatric critical care, pediatric emergency medicine, toxicology) b. Two elective (i.e. emergency department critical care outreach, infectious diseases) c. Longitudinal (i.e. academia, disaster preparedness, operations, pharmacist on-call, research, resuscitation & trauma) 	<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"> a. Obtain IRB approval b. Conduct data collection & analysis c. Present results at a clinical or pharmacy meeting (i.e. Eastern States Conference, NYC Regional Residency Conference, NYSCHP Annual Assembly) d. Submit an acceptable manuscript (reviewed by preceptor) 	<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"> a. All NI have been resolved as SP or ACH 	<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"/>	

Resident (Print name)

Residency Program Director (Print name)

Resident (Signature)

Date

Residency Program Director (Signature)

Date