

PGY – 2 Infectious Diseases Graduation Requirements Infectious Diseases Pharmacy Resident

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. Orientation b. Foundations of Microbiology c. Antimicrobial Stewardship Program d. Infectious Diseases Consult Service e. Medical Intensive Care Unit or Emergency Medicine Antimicrobial Stewardship f. Pediatric Infectious Diseases g. Infectious Diseases in Immunocompromised Hosts h. Infectious Diseases specialist i. Longitudinal experiences (On-call, Research, HIV, Academia and Precepting, Management) 	<input type="checkbox"/>	
4. Complete a case report, MUE, or retrospective QI project	<input type="checkbox"/>	
5. Update/write a guideline, policy, or drug monograph	<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 (MAD-ID, ESRC, NYCRC, NYSCHP, etc.) 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. 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