



Department of Pharmacy
 PGY2 Medication-Use Safety and Policy
 Program Requirements Checklist

Activity	Completed (Y/N)	Date Completed
Obtained Pharmacist Licensure in the State of Ohio Within 90 Days of Start Date		
Rotations		
Orientation		
Drug Information Practice and Service		
Advanced Drug Information Practice and Service		
Formulary Management and Pharmacy and Therapeutics Committee Support		
Pharmacy Administration/Operations/Drug Use Policy		
Formulary Implementation		
Regulatory and Accreditation		
Medication Safety		
Pediatric Medication Safety		
Pharmacy Informatics		
All Resident Evaluations Completed		
Has No More Than Two Goals That Are Not Achieved		
Has No Objectives That Are Rated Needs Improvement		
Monographs		
Monograph 1		
Monograph 2		
Therapeutic Interchange		
Webmail Question for the Public		
Research Requirements		
Project Completed		
Manuscript Written		
Medication Use Evaluation Completed		
Medication Safety Project Completed		
Presentations		
Large Project Defense		
Large Project Results		
Small Project Defense		
Small Project Results		
Journal Club/Topic Discussion Presentation to Drug Information Staff 1		
Journal Club/Topic Discussion Presentation to Drug Information Staff 2		
Journal Club/Topic Discussion Presentation to Drug Information Staff 3		
APPE Student Presentation 1		
Seminar		
Required Meetings		
Presentation at the Ohio Chapter of Clinical Pharmacy (OCCP) meeting and/or a regional or national residency conference as agreed upon by the residency		

committee and Cleveland Clinic travel policies* (Taught and Evaluated in the Research Learning Description) <i>*Note: If travel restrictions do not permit completion of this activity at an external venue, participation in a local hospital-based research presentation will meet this requirement</i>		
Operations/Staffing (15 weekends per year and assigned 2 Cleveland Clinic-recognized holidays)		
On-Call Pager Coverage		
Drug Information On-Call Pager Coverage		
Exit Interview		
Residency Binder Complete and Turned In		

Resident Signature: _____

Date: _____