



**Anticoagulation Forum TRAIN Pharmacist Grant Application
Spring 2024 Application Cycle**

Applicant Information:

Organization Name:	
Department:	
First Name:	
Last Name:	
Degree:	
Title:	
Email:	
Phone Number:	

How many total PGY2 pharmacy resident and fellowship positions does your health system currently have?

Which of the following PGY2 pharmacy residency programs are currently available at your health system (check all that apply)?

- Ambulatory Care
- Cardiology
- Critical Care
- Emergency Medicine
- Geriatrics
- Infectious Disease
- Informatics
- Internal Medicine
- Investigational Drugs and Research
- Medication Use Safety and Policy
- Neurology
- Oncology
- Pediatrics
- Pharmacotherapy
- Other (please describe)

If your organization currently offers a Pharmacist Fellowship program, please describe it here:

Please describe your candidate recruitment plan (including do you offer early commitment) - word limit 1,000 characters:

Please describe baseline requirements you seek in residents:

Is your institution an Anticoagulation Forum Center of Excellence (this is not a requirement)?

PROGRAM DESCRIPTION

Please upload a description of your potential residency program, including:

1. Brief curriculum outline and learning experiences you intend to offer. Distinguish between required and elective experiences, and indicate whether each is a formal block or longitudinal.
2. The institution's current service(s) in thrombosis and hemostasis management
3. The pharmacy department's involvement in managing thrombosis and hemostasis
4. Description of any current or planned thrombosis and hemostasis stewardship activities
5. Potential preceptors to be involved in residency training (include a short bio of each primary preceptor and the related rotation). Please also identify a proposed residency program director.
6. Research opportunities for the resident

BUDGET

Note: The grant award is \$120,000 paid over 2 years and is meant to provide budget support towards 1 resident in each of the 2 academic years. Additional institutional support will be needed to augment the TRAIN grant funding.

Salary:	
Preceptor Support:	
Institutional Overhead (maximum 10% of grant award):	
Conference Support, including registration and travel:	
Other: (if none enter N/A)	
If you entered an amount in Other, please describe, otherwise enter N/A:	
Total Budget (Maximum \$120,000):	

LETTERS OF SUPPORT

Please upload 2 letters in support of this training program:

1. Director of Pharmacy
2. Physician champion with practice focus in thrombosis and hemostasis

Please provide any additional information that you would like to share with the Anticoagulation Forum selection committee:

Thank you for applying to the Anticoagulation Forum TRAIN Pharmacy Grant. You will be notified of the decision by or before April 29, 2024.

Questions? Please contact Amanda Katz at akatz@acforum.org.

For more information, please visit:

Anticoagulation Forum: <https://acforum.org/web/>

ASHP: <https://www.ashp.org/?loginreturnUrl=SSOCheckOnly>