Anticoagulation Forum TRAIN Pharmacist Grant Application

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/fellowship 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
- Pharmacist Fellowship (please describe)
Please describe your candidate recruitment plan (including do you offer early commitment):

Describe baseline requirements that you seek in your residents:

Is your institution an Anticoagulation Forum Center of Excellence?

**PROGRAM DESCRIPTION**

Please upload a description of your potential residency program including:

1. Brief curriculum outline and learning experiences you intend to offer
2. The institution’s current service(s) in thrombosis and hemostasis
3. The pharmacy department’s involvement in managing thrombosis & hemostasis
4. Potential preceptors to be involved in residency training (include a short bio of each faculty member)
5. Research opportunities for the resident

**BUDGET**

Note: 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.

<table>
<thead>
<tr>
<th>Salary</th>
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<tr>
<td>Preceptor Support:</td>
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<tr>
<td>Institutional Overhead (maximum 10% of grant award):</td>
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<td>Conference Support including registration and travel:</td>
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<td>Other: (if none enter N/A)</td>
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<td>If you entered an amount in Other, please describe, otherwise enter N/A:</td>
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<tr>
<td>Total Budget (Maximum $120,000):</td>
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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 feel would be useful for the Anticoagulation Forum selection committee:

Questions? Please contact Liz Goldstein at egoldstein@acforum.org
Thank you for applying to the Anticoagulation Forum TRAIN Pharmacy Grant. You will be notified of the decision by September 20, 2022.

For more information, please visit:

Anticoagulation Forum TRAIN Residency Pharmacy Grant: https://acforum.org/web/education-train-grant.php

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