

| Origination      | 5/1/2005 |
|------------------|----------|
| Last<br>Approved | 7/3/2023 |
| Effective        | 7/3/2023 |
| Last Revised     | 7/3/2023 |
| Next Review      | 7/2/2025 |

| Owner         | Travis Dick   |
|---------------|---|
| Policy Area   | SMH Pharmacy<br>Residencies                                 |
| Applicability | University of<br>Rochester -<br>Strong Memorial<br>Hospital |

#### **Resident Licensure**

# **Policy**

The Pharmacy Department requires that appropriate licensure is obtained by all of the pharmacy residents as set forth by the New York State Board of Pharmacy. Information on obtaining New York State licensure or an intern permit and the examination process can be found at: <a href="http://www.op.nysed.gov/prof/pharm/pharmlic.htm">http://www.op.nysed.gov/prof/pharm/pharmlic.htm</a>

## Scope

This policy applies to all PGY1 and PGY2 pharmacy residents of the Department of Pharmacy Services at UR Medicine, doing business as Strong Memorial Hospital.

### **Implementation**

The implementation of this policy is the responsibility of the Director of Clinical Pharmacy Practice, Research, & Education, Supervising Pharmacist, Program Directors, Residency Coordinator, and residents. Each resident is responsible for obtaining New York State licensure.

#### **Licensure:**

A New York State Pharmacy Intern permit is required of all non-licensed residents prior to starting the residency program as eligible per the state board regulations. **PGY2s:** a copy of your PGY1 Residency Certificate must be submitted prior to the start of the PGY2 residency.

Residents are required to complete requirements for licensure in New York State prior to or within 120 days after the program start date. If the resident has not completed license requirements within that time frame, the resident will be dismissed from the residency program. Residency Program Directors

must alert the Director of Clinical Pharmacy Practice, Research, & Education if the resident is not licensed at 90 days to evaluate the circumstances of not obtaining licensure.

#### **Approval Signatures**

| Step Description       | Approver    | Date      |
|------------------------|-------------|-----------|
| Pharmacy Administrator | Travis Dick | 7/3/2023  |
| Policy Owner           | Travis Dick | 6/27/2023 |

