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ashp® PHARMACY FUTURES 2025



ashp® NATIONAL PHARMACY PRECEPTORS CONFERENCE

National Pharmacy Preceptors Conference as part of the Pharmacy Futures Meeting

June 7-11, 2025 ▪ Charlotte, North Carolina

The National Pharmacy Preceptors Conference is leveling up with a brand-new location and date—we're thrilled to announce that we're returning to an in-person format for 2025 as part of Pharmacy Futures.

Preparing students and residents to be future pharmacy leaders and mentors to the next generation of pharmacists is a vital part of ASHP's mission and ensures pharmacy's future growth and continued advancement. Don't miss out on this transformative experience to advance your practice and forge meaningful professional connections.

Pharmacy Futures 2025 Meeting Highlights

- **FLEXIBLE ACCESS:** The Preceptors Conference is included with registration to Pharmacy Futures. You'll receive preceptor focused content plus access to over 40 dynamic educational sessions for no additional fee.
- **CONTINUING EDUCATION:** 9+ hours of preceptor-specific education covering the latest trends and developments in pharmacy education, curriculum design, and experiential learning.
- **EXPERT INSIGHTS:** Gain invaluable insights from leading experts in pharmacy education and precepting. Discover innovative teaching methods and strategies that will elevate your precepting skills.
- **NETWORKING:** Connect with like-minded professionals from across the country. Share experiences, best practices, and build a strong network of peers who share your passion for pharmacy education.
- **ACCREDITATION GUIDANCE:** Engage and network in the ongoing accreditation process for their institutional and specialized programs, which is vital for maintaining site and precepting standards.

For more information and full conference schedule [click here](#).

Registration is now open [here](#).



Residency Program Design and Conduct Workshops

December 6, 2025

In-person Pre-meeting Workshops

Las Vegas, Nevada



The following Residency Program Design and Conduct (RPDC) sessions will be held at the 2025 Midyear Clinical Meeting reflecting the 2023 harmonized pharmacy residency accreditation standard and 2024 harmonized PGY1 CAGOs. Registration will open later in the year.

- PGY1 New Programs
- PGY1 Existing Programs
- PGY2 New Programs
- PGY2 Existing Programs

2025 National Match Results

Congratulations to all programs and residents that matched in Phase I and Phase II of the 2025 Residency Matching Program. 2025 ASHP Match statistics, along with Match statistics over the past 5 years, are all available on the NMS website: [ASHP Match | Statistics of the Match](#).

Commission on Credentialing Highlights

The Commission on Credentialing (COC) met at ASHP in Bethesda, Maryland from March 3-4, 2025

The following actions were taken by the Commission on Credentialing:

Duration of Accreditation Granted at the March 2025 COC meeting

Residency	Total #	Conditional Accreditation	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr Full Cycle	Defer	Withhold
New	43	X	3	X	X	9	X	X	X	29	1	1
Reaccreditation	178	X	7	X	X	25	X	X	X	146	X	X
Special Cases	116	6	17	4	12	59	6	5	7	X	X	X
TOTAL	337	6	27	4	12	93	6	5	7	175	1	1

The following voted actions by the Commission on Credentialing were recently approved by the ASHP Board of Directors:

Voted To Approve:

To approve the proposed Required Competency Areas, Goals, and Objectives for Post Graduate Year Two (PGY2) Pharmacy Residency Programs in Advanced Areas of Practice (PGY2 CAGO) template for use in developing the updated PGY2 CAGOs for direct patient care programs.

Of special note: this template was developed by the CAGO Harmonization Workgroup as part of the effort to harmonize the CAGOs for PGY2 programs in direct patient care (DPC). This is similar to the efforts that resulted in the harmonized PGY1 CAGOs that became effective on July 1, 2024, for all PGY1 program types. This template will be used to update the PGY2 Pediatric Pharmacy CAGOs, which will be the first PGY2 DPC program type to utilize this template. The updated PGY2 Pediatric Pharmacy CAGOs, and any adjustments to the template identified during the process, will be reviewed for approval at the next appropriate COC meeting (targeted for August 2025). After the August 2025 COC meeting, work will begin on developing PGY2 CAGOs for 5 additional DPC practice areas and the workgroup will begin developing the PGY2 CAGO template for non-direct patient care programs.

NEWS Survey Transformation Updates to Pre-survey Materials

ASO's commitment to optimizing accreditation surveys is ongoing. Survey transformation was shared with attendees of the Residency Preceptor Town Hall meeting held at the Midyear Clinical Meeting (presentation can be found [here](#)). Some of the most significant changes to the submission of [pre-survey materials](#) as part of survey transformation are as follows:

- Submission of the [pre-survey self-assessment](#) is now optional.
- [Required documents](#) have been streamlined, particularly in standard 5.
- Updated "services grids" for each practice environment: acute care, ambulatory care, community and managed care.

Programs undergoing accreditation surveys will receive notification from their assigned lead surveyor several months prior to the survey. Your lead surveyor will share if your survey is on-site, virtual, or hybrid and provide guidance regarding the survey itinerary and required participants. All pre-survey materials are due to ASO 45 days prior to the first day of the survey.



REMINDER Pre-Candidate Application Date

Programs planning to submit pre-candidate applications should do so between May 1 and September 30 in the year prior to the planned initial residency start. These dates are included within the updated [Regulations](#).

REMINDER Transitioning from Pre-Candidate to Candidate Status

Candidate Status Applications

It's that time of year again!

If you are a pre-candidate status program starting your first resident in the 2025-2026 residency class, you will need to submit the candidate status application beginning anytime starting Monday, May 19th. It is strongly recommended to submit the candidate status applications by Monday, July 7th. Please make sure to read the application carefully and fill out all fields and signatures to avoid any delays in processing. There is not a need to submit an Academic and Professional Record (APR) for the residency program director with this candidate status application unless the RPD has changed or the RPD was previously in provisional status and now meets fully eligibility and/or qualifications to be fully approved. For programs in pre-candidate status currently, there are no additional application or accreditation fees that are assessed with this conversion from pre-candidate to candidate status for the rest of 2025.

If you are a program who is not currently in pre-candidate status and starting your first resident in the 2025-2026 residency class, you will need to submit the candidate status application once your resident(s) start the residency year. Please make sure to read the application carefully and fill out all fields and signatures to avoid any delays in processing. Also, for candidate status programs that are not converting from pre-candidate status, the APR for the RPD must accompany the candidate status application. For programs that have not already been in pre-candidate status, an application fee and the 2025 accreditation fee (pro-rated based on date of submission) will be assessed once the application is approved and fully processed. The fee schedule can be found [here](#).

For 2025-2026, there are new accreditation application requirements for programs not already in pre-candidate status. When a new application is submitted for the same type of program that was previously discontinued or had accreditation withheld or withdrawn within the last five years at the same organization (a "re-application"), a [supplemental application](#) is now required to be submitted along with the pre-candidate or candidate status application.

Pre-candidate and candidate status applications, along with the supplemental application for pre-candidate or candidate status pharmacy residency program ("re-application" referred to above) can be accessed from the ASHP website using the link [here](#). Application review and processing time can take approximately four weeks from time of submission of a fully completed application.

REMINDER Updating On-line Residency Directory Listing and RPD changes

All program directors have the ability to update the majority of their program directory listing within the [ASHP On-line Residency Directory](#). All fields can be updated by RPDs except the name of the organization, program director, director of pharmacy, and chief executive officer. Sites are encouraged to review their directory listing as part of their annual program evaluation (see above) and in preparation for the next recruiting season. Directions for how to update can be found [here](#).

Accreditation Services must update the names of the organization, program director, director of pharmacy, and chief executive officer. To have names of organization, DOP, and/or CEO updated, please contact ASD@ashp.org and include the program number(s) affected.

To submit an RPD change, the effective date, contact information (address, phone number, and email), curriculum vitae, and academic and professional record (APR) of the new RPD must be sent to ASD@ashp.org for review. The submitted [APR](#) must coincide with the harmonized accreditation standard (dated 2024-09-20 in the footer); older/ prior APR versions will not be accepted. APRs may be downloaded from PharmAcademic™ and submitted in lieu of the Word document on our website.



ASHP MCM 2025 Residency Showcase Information for Programs



On-line Application System will open soon!

ASHP 2025 Residency Showcase Information for Programs Online application system will open soon!

The 2025 Residency Showcase online application system will open on June 17 and will remain available through July 17, 2025.

There is no advantage to applying early. All applications submitted through the online application system will receive equal consideration.

Estimated important dates*:

- June 17** The Residency Showcase application system will open. Programs can submit their application and payment for booth space at Midyear.
- July 17** The Residency Showcase application system will close. ASHP will begin placing programs in their allotted space and session.
- August 4** Booth space assignments and access to promote program listings will be distributed.
- August 11** Residency Showcase booth selection will open for any program who did not participate in the application process.
- December 8-9** Residency Showcase at the Midyear
- December 17** Supplemental Virtual Residency Showcase available for all programs who participated in the live event.

*Please Note: All dates listed are not finalized and are subject to change. For more information, please visit the 2025 Residency Showcase Information for Programs website or contact us at showcase@ashp.org

PhORCAS/WebAdMIT Platform

Post Match Residency PhORCAS/WebAdMIT User

PhORCAS/WebAdMIT will be closing on May 31st for this residency cycle. PhORCAS will reopen on November 5th and WebAdMIT on November 12th for the 2026-2027 Residency year.

Welcome to the Residency Class of 2025-2026!

PHARMACADEMIC™ Notes and Tips:

RPD vs RPC vs Designee: who can do what?

It's that time of year when roles and descriptions within PharmAcademic should be reviewed. Below is a table from PharmAcademic of each role.

When adding preceptors and staff, you assign each user a role to provide them access to the residency program in PharmAcademic. If you need to edit a role, do so on the Preceptor and Staff tab. As always, the Help Center in PharmAcademic is a great resource for this information.

PharmAcademic Roles and Descriptions

Role	Description
RPD	<p>There can only be one RPD per program, and the RPD must be designated on the ASHP online directory.</p> <p>Users with the RPD role can:</p> <ul style="list-style-type: none">• View, add and edit residency program information.• View, add and edit learning experiences.• View, add and edit all resident information (program information, schedule, evaluations, competencies, development plans, PGY2 Appendixes, files, and reports).• Enter formative feedback.• Reassign the RPD role.• Complete RPD cosign tasks.• View dashboard and reports to review program information (via Dashboard button)
Designee	<p>The RPD can assign the role Designee to multiple users within a residency program.</p> <p>Users with the Designee role can do everything the RPD can do <i>except for completing the RPD cosign tasks and Send Duty Hour Forms back to the resident to edit.</i></p>
Residency Advisory Committee (RAC)	<p>Users with the Residency Advisory Committee (RAC) role can:</p> <ul style="list-style-type: none">• View, but not edit residency program information.• View, but not edit resident information.• Add formative feedback for residents.
Preceptor	<p>The preceptor role is designed for users who meet the preceptor requirement per the residency standard.</p> <p>Users with the Preceptor role can:</p> <ul style="list-style-type: none">• View residency program and learning experience information.• Add and edit learning experiences if "Allow Preceptors to Add and Edit Learning Experiences" has been selected for the residency program (for the learning experiences to which they are assigned.)• View resident information for residents on their schedule (program information, schedule, evaluations, competencies, development plans, files and reports).• Manage resident evaluations (edit dates, schedule on-demand evaluations, etc.) for the learning experience they are scheduled with the resident.• Enter formative feedback for residents on their schedule.
APR Reviewer	<p><i>A new APR Reviewer role will soon be introduced in PharmAcademic that will allow reviewers with this role to review and manage submitted APRs without having the RPD or Designee roles. Full details will be shared by the PharmAcademic team, along with other updates to the APR.</i></p>

APR Red Flags Related to BPS Certification for PGY2 RPDs

The electronic APR in PharmAcademic flags any PGY2 RPD who has not documented a current BPS certification. If you are an RPD for a non-direct patient care PGY2 residency program or a direct patient care PGY2 residency program where BPS certification is not offered, please disregard this flag as it does not apply to you.

PharmAcademic Enhancement Suggestions?

Do you have ideas on PharmAcademic improvements? Use the [PharmAcademic Feedback Enhancement Requests](#) form to provide your suggestions on ways PharmAcademic can be enhanced to improve your experience.

NEWS Residency Program Director Mentoring Program

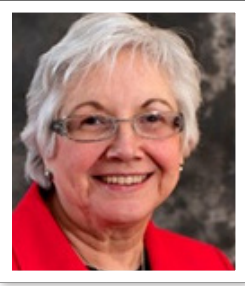
In 2022, ASHP Accreditation Services Office began a residency program director (RPD) mentorship program to connect new RPDs to experienced RPDs who can provide advice, guidance, and knowledge related directing a residency program through one-on-one mentor/mentee relationships. Through three cohorts, the program has matched 600 mentees and 389 mentors.

The next call for participants will take place within the first quarter of the next residency year. Additional information will be distributed by email.

Questions about the RPD Mentorship Program should be directed to Michelle McCarthy in Accreditation Services at mmccarthy@ashp.org.



A fond farewell to... Marialice Bennett



ASO bids a fond farewell to Marialice who has retired from her role as a contract lead surveyor. Marialice has been a resource to Accreditation Services and community-based residency programs for four decades. Marialice is recognized as a practice innovator and has received numerous awards and recognition from both ASHP and APhA for her contributions to the profession during her career. Marialice served on the ASHP Commission for Credentialing, representing APhA from 2002 to 2007. She will be greatly missed and is wished the happiest retirement!

Know Your Surveyors

[Click here](#) to learn more about ASO lead surveyors.

Surveyor Tips: In the Know

From opportunities for professional growth to free continuing education and examples of documents and processes to shore up your program, we've got you covered!

Board Certification Requirements for PGY2 Residency Program Directors (RPDs)

The accreditation standard has specific requirements for PGY2 program directors to be board certified. [Standard 4.3a](#) states that RPDs maintain Board of Pharmacy Specialists® (BPS) certification in the specialty area when certification is offered in that specific advanced area of practice. This does not apply to PGY1 RPDs or PGY2 RPDs of specialty areas for which no Board Certification exists (e.g., clinical pharmacogenomics). For new specialty areas being recognized by the BPS, board certifications must be obtained by January 1 following three offerings of the exam. The deadlines/ expectations for the newest BPS certifications are found below:

- PGY2 RPDs in Solid Organ Transplant Pharmacy: January 1, 2023
- PGY2 RPDs in Emergency Medicine Pharmacy: January 1, 2025
- PGY2 RPDs in Pain Management and Palliative Care: January 1, 2027

As part of each program's annual survey in PharmAcademic, PGY2 RPDs who do not have Board Certification in the advanced area of practice where the program is conducted were identified and are being contacted to understand their plans. Information on identified programs and RPDs will be provided to the Commission on Credentialing.

PGY2 Appendix Tracking

All direct patient care PGY2 programs and PGY1 managed care pharmacy programs have an “Appendix” that describes each program’s requirements. Each program’s “Appendix” is described at the back of their Competency Areas, Goals, and Objectives document on the [ASHP website](#). “Appendix” completion is a REQUIREMENT for each program that has one and should be included in the program’s completion requirements within their manual and listed on the completion checklist. Progress towards “Appendix” completion must be tracked on a quarterly basis to align with development plan updates.



Each direct patient care PGY2 Appendix lists core areas for which direct patient care by the resident is required along with required items that may be covered through a case-based didactic approach. For the direct patient care topics, residents must demonstrate an understanding of the signs and symptoms, epidemiology, risk factors and etiology, pathogenesis, pathophysiology, clinical course, and a comprehensive treatment plan for each of the core topics. This level of expertise is likely not acquired through the provision of care to just one patient. Therefore, programs should develop methods for determining when these expectations are achieved.

Programs may use either their own system for tracking completion of the Appendix or may use the tracking option in PharmAcademic™ (see the “Appendix” tab). For programs using their own tracking system, it is imperative that all required topics are included.

Annual Program Evaluation

It’s almost the end of the residency year and that time of year when many residency programs complete their annual program review. The annual program review can occur at any time during the residency year and in a variety of ways or even broken up across multiple sessions/discussions throughout the year. Before conducting your next annual program review, make sure to review Standard 4.4.b and its individual elements (Standards 4.4.b.1 – 4.4.b.2) to ensure that your program review incorporates all required elements into the process. Below are items that are highly encouraged to be part of an annual program review:

- Recruitment methods, applicant review and interview process, rubrics
- Residency policies, manual
- Program structure (Learning experiences, TE grid, preceptors’ scheduling in learning experiences, etc.)
- Program requirements (Projects, presentations, teaching/precepting opportunities, service commitment)
- Evaluations (Content of summative evaluations from preceptors, content from learning experience and preceptor evaluations from residents, timeliness, quality of feedback, ratings scale definitions)
- Preceptor needs, preceptor development
- Wellbeing and resilience

Residency Program Director Resource Manual

As part of the Accreditation Services Office efforts to develop additional tools and resources for residency program directors and other residency program stakeholders, a [Residency Program Director Resource Manual](#) has been created and shared on the ASHP website.

This manual is intended to be a resource not only for individuals looking to start a new residency program—outlining fundamentals on the pre-candidate and candidate application pathways, key documents, and accreditation timeline/process—but also is intended to be a resource for new and experienced residency program directors addressing commonly and not-so-commonly asked procedural questions, illustrating where various residency program resources can be located on the ASHP website, and providing examples of tools that may be helpful to RPDs.

Standard 3.1.a.4: Orientation

Standard 3.1.a.4 requires that the initial learning experience for residents include orientation to the residency program and practice environment. At a minimum, orientation to the residency program includes 1) the residency manual; 2) residency purpose; 3) the Standard; 4) competency areas, goals, and objectives applicable to the residency program; 5) description of required and, if applicable, elective learning experiences; 6) organization's process for reporting issues around harassment and inappropriate behavior, if not covered by new employee orientation; and 7) strategies for maintaining well-being and resilience plus available resources. Many programs have not sufficiently incorporated orientation into the residency program and the 7 items above within orientation, including the orientation learning experience description, and/or orientation checklist.

Duty Hour and Moonlighting Policy - Standard 2.3

Be sure that your program policies are updated to reflect these changes to avoid a citation at survey.

The [ASHP Duty Hour Requirements for Pharmacy Residencies](#) guideline was revised in 2023. Included in the revision was an update to the definition of duty hours to include the following verbiage to reflect the options for virtual and remote work, when assigned:

Duty hours include: inpatient and outpatient patient care (resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually); staffing/service commitment; in-house call; administrative duties; work from home activities (i.e., taking calls from home and utilizing electronic health record related to at-home call program); and scheduled and assigned activities, such as committee meetings, classroom time associated with a master's degree for applicable programs or other required teaching activities and health and wellness events that are required to meet the goals and objectives of the residency program.

The definition of moonlighting was also revised from “voluntary compensated pharmacy-related work” to reflect any type of moonlighting work as follows:

Moonlighting is defined as any voluntary, compensated, work performed outside the organization (external), or within the organization where the resident is in training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program.

A frequently asked question:

My program received a voted action letter from the ASHP Commission on Credentialing indicating that a progress report will be requested to determine continued accreditation. When will my progress report be due?

Residency programs that are reviewed for accreditation at the ASHP Commission on Credentialing (COC) meeting and receive an accreditation duration that is less than eight years (e.g., 1 year, 4 years) are required to submit a written progress report to determine continued accreditation. The progress report is typically scheduled for review at the same meeting (i.e., March or August) that the original program survey or most recent progress report was reviewed. For example, if a program's most recent report/response was reviewed at the March COC meeting and received accreditation for one year, then the program's progress report will typically be scheduled for review at the March COC of the following year (1 year later). The progress report will be due approximately three months prior to the meeting. The timeline for submission will usually fall in December for the March meeting or May-June for the August meeting. Prior to the due date, the Accreditation Services Office team will send the residency program director (RPD) a progress report request reminder that includes the official due date and instructions.

Because the accreditation process is a continuous quality improvement effort, the RPD is encouraged to continue addressing items that are not fully resolved rather than waiting for the progress report request reminder. The voted action letter details the items that are not fully resolved and the evidence to submit with the progress report. Findings that are not fully resolved may be being monitored for implementation of the plan submitted with the past survey response/progress report. As a reminder, any requested evidence housed in PharmAcademic™ (e.g., learning experience descriptions, resident deliverables, summative evaluations, formative feedback, preceptor Academic and Professional Records) should be referenced in the report narrative. These items will be reviewed as part of the progress report review, but do not need to be downloaded and submitted by the program as part of the progress report. The RPD is encouraged to contact their lead surveyor or asd@ashp.org for clarification of findings or evidence requested if needed.



NEWS ASHP Membership Forums

New Resident Well-Being Calendar

Check out this [new tool](#) designed to support pharmacy residents throughout the year featuring monthly themes addressing key residency milestones and guidance to programs to enhance resident wellbeing.

Elective Resident Rotation in Association Management at ASHP

ASHP offers an elective rotation in national association management to interested residents enrolled in ASHP-accredited residency programs. The elective rotation offers experience in areas such as membership, marketing, government relations, policy, educational services, and accreditation services.

More information can be found on the website at the [ASHP Association Management Elective Rotation](#).

Refreshed New Practitioner and Resident Resources

The New Practitioners Forum has valuable resources to support residents throughout the year. Share the updated New Practitioner Resources webpage and the Pharmacy Resident Resources webpage with your incoming residents for tools to help them succeed.

Upcoming Webinar: 2025 Specialty Pharmacy Resident Research Gems (CE – May 28)

This [webinar](#) will feature pharmacy residents presenting specialty pharmacy focused research projects. Throughout the webinar, residents will share innovative study designs and outcomes relevant to specialty pharmacy practice.

ASHP Community-Based Resident Research Virtual Poster Session

The Section of Community Pharmacy Practitioners will be hosting a [virtual poster session](#) on May 29 to showcase select PGY1 community-based pharmacy resident research.



NEWS ASHP Foundation

The ASHP Foundation is accepting applications for its Pharmacy Residency Excellence Awards, which recognize leading practice facilities and mentors in pharmacy residency training.

Supported by the Daniel M. Ashby Fund for Excellence in Pharmacy Residency Training, this program consists of three categories:

Preceptor Awards: Considered a lifetime achievement award, the Preceptor Award honors an individual with at least 10 years of sustained contribution as a preceptor in an ASHP-accredited pharmacy residency program. In general, past recipients of this award category had more than 10 years of sustained precepting.

New Preceptor Award: Awarded to an individual who has served a minimum of 3 and no more than 5 years as a preceptor at an ASHP-accredited pharmacy residency program.

Program Award: Honors two ASHP-accredited post-graduate pharmacy residency programs with sustained commitment to excellence in the training of residents. New in 2025: Up to two programs will be recognized: one postgraduate year 1 and one postgraduate year 2.

Application instructions are available on the [ASHP Foundation website](#). A recording of how to apply is available [here](#). The deadline to apply is June 3, 2025.

Available from ASHP

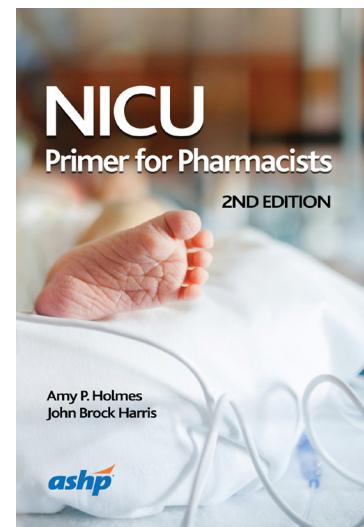
New! NICU Primer for Pharmacists, 2nd Edition

An essential resource for pharmacists working in a neonatal intensive care unit (NICU) or treating pediatric patients in adult ICUs. Whether you're a student on a neonatal rotation, a resident, or a practicing pharmacist without NICU-specific training, this comprehensive guide provides foundational knowledge to enhance your understanding of neonatal pharmacotherapy.

Key Features

- Comprehensive Coverage: From developmental pharmacology to specialized topics like Apnea of Prematurity, Sepsis, and Neonatal Opioid Withdrawal Syndrome.
- Latest Insights: Extensively updated content with new chapters, including Introduction to Maternal Health, Medication Safety Considerations, and Arrhythmias.
- Pharmacotherapy Guidance: Detailed recommendations for managing a wide range of neonatal conditions, supporting pharmacists in delivering high-quality care.

[Purchase Your Copy](#)



ASHP Professional CertificatesSM

ASHP Professional CertificatesSM support the professional development and training needs of residents and preceptors working together in residency programs. Currently, ASHP is willing to offer significant discounted bulk pricing on certain resources that support the unique needs of pharmacy residents:

1. Teaching Certificate for Pharmacists
2. Research Skills Certificate
3. Medical Writing Certificate

Contact ASHP Sales & Business Development at sales@ashp.org to discuss pricing.

New from ASHP: Perioperative Pharmacy Services Certificate, Artificial Intelligence (AI) in Pharmacy Certificate, Basics of Oncology in Pharmacy Certificate, and Critical Care Certificate (Coming soon!)


Learn more at www.ashp.org/certificates

ASHP provides free board review material for residents and new practitioners with the Review and Recertification Reward Program


Save \$1500 on preparation costs associated with board exam preparation. The Review and Recertification Reward Program (RRRP) eases the financial burden on residents and new practitioners preparing for board certification during this unique time in their pharmacy careers. ASHP provides free study resources that vary by specialty. In return, you complete your recertification cycle with ASHP for only \$10 per month. That price is guaranteed for the entire 7-year recertification cycle. The RRRP is an ASHP member-only benefit and available for the Ambulatory Care Pharmacy*, Critical Care Pharmacy*, Geriatric Pharmacy*, Pediatric Pharmacy*, and Pharmacotherapy specialties. Enrollment closes on Aug. 31, 2025.

[Enroll online](#)

**Offered jointly with the American College of Clinical Pharmacy (ACCP).*



Review & Recertification Reward Program



Includes Free Board Exam Prep Resources