VA Northern California Health Care System
PGY1 Pharmacy Residency

NMS Code: 208121

Applicant Information for Class of 2027-2028

Excerpts from the Residency Program Manual

VA Northern California
HEALTH CARE SYSTEM



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2026 Residency Showcase Information



In-Person Showcase Events

CSHP Seminar (Anaheim, CA)

- **Friday, Nov. 6th 2-6 PM**
- **Saturday, Nov. 7th 2-6 PM**
  - **Booth #900A**

- PGY1 Contact: Taylor.Thai@va.gov
- PGY2 Contact: Kristina.Ward@va.gov



Virtual Open House Events

- **Thursday, 11/12/26 from 3-4 PM PT**

ACCP x SNPhA Residency Showcase Event
Follow link below to create a **free** profile to log in or simply join the meeting!
2026 SNPhA x ACCP Residency Showcase - PGY1 Candidates
Microsoft Teams Link: Join meeting now
Or Dial in by Phone:1-872-701-0185,
Phone Conference ID: 856 168 982#

- **Tuesday, 12/15/26 from 12-1 PM PT**

Open House with RPD & PGY1Residents
Microsoft Teams Link: Join meeting now
Or Dial in by phone:1-872-701-0185,
Phone conference ID: 949 681 954#

- PGY1 Contact: Taylor.Thai@va.gov

VA Northern California Health Care System

The VA Northern California Health Care System (VANCHCS) is the 8th largest VA health care system in the country as an integrated health care delivery system, offering a comprehensive array of medical, surgical, rehabilitative, mental health and extended care to veterans across Northern California. The health care system is comprised of a 106-bed, level 1A medical center in Sacramento, a 120-bed rehabilitation and long-term care facility in Martinez, and numerous outpatient clinics which serve over 350,000 veterans.

As part of the Veterans Integrated Service Network (VISN) 5, VANCHCS provides veterans across 21 counties access to an extensive range of health and specialty services. VANCHCS is located within Health Service Area (HSA) 5.2, which is one of eighteen regions in the Veterans Health Administration (VHA) that serves veterans in Northern California and Nevada.

VANCHCS Mission

Our mission is to provide comprehensive health care services to Veteran patients in a compassionate, high quality, and cost-effective manner. We are committed to achieving customer satisfaction by meeting or exceeding the needs of our patients and staff.

VANCHCS Pharmacy Service

The pharmacy service has over 150 pharmacists, 4 PGY1 pharmacy residents and 1 PGY2 psychiatric pharmacy resident. The Pharmacy Service has formal affiliations with several schools of pharmacy for advanced pharmacy practice experiences (APPEs). Computerized provider order entry is utilized in all settings and bar code recognition technology is in place for verification and documentation of medication administration. The Pharmacy Service has implemented automated technology for many of its dispensing activities. The Inpatient Pharmacy provides 24-hour, hospital-wide unit dose and intravenous admixture services. Pharmacists are assigned to clinical duties in acute care, extended care, primary care and several other specialty care areas including mental health, infectious diseases, cardiology, neurology and anticoagulation. Clinical services include medication reconciliation, patient monitoring, medication management, discharge counseling, drug information, patient education, pharmacokinetics, drug usage evaluations and adverse drug event reporting.

Pharmacy Service Philosophy and Mission Statement

The Pharmacy Service commits to provide high quality primary and acute patient care services, education and research through pharmacist, technician, trainee and administrative personnel expertise and skills.

Shared responsibility for patient care outcomes results in interdisciplinary teams including pharmacists that provide inpatient and outpatient pharmaceutical care.

Pharmaceutical care involves the identification, resolution, and prevention of drug-related problems affecting patient care outcomes, and encompasses the total spectrum of patient care, education and research.

The Pharmacy Service offers an effective drug use control system to support pharmaceutical care by pharmacists in clinically oriented activities of patient compliance, telephone medicine advice and pharmacoeconomics.

Attuned to changing trends in healthcare, the Pharmacy Service adapts pharmaceutical care to the need of the veteran patient population by observing and surpassing the most up-to-date standards of practice by fostering staff growth by developing patient education, clinical pharmacology, research and academic skills.

PGY1 Program Statement of Purpose

The purpose of the VA Northern California PGY1 Pharmacy Residency Program is to build on the Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions and to prepare graduate pharmacists for the practice of pharmacy as exemplified by the concepts of pharmaceutical care. The pharmacist completing the residency training program will independently and confidently manage patient disease states and drug therapy focused on achieving appropriate patient outcomes. The pharmacist will be a proficient member of the healthcare team, proactively manage practice issues, possess marketable practice skills, and exhibit effective communication skills. The pharmacist will commit to continuous lifelong learning and the advancement of the pharmacy profession. Upon completion of the PGY1 program, the resident will be eligible for board certification and a postgraduate year two (PGY2) pharmacy residency training program.

Pharmacy Residency Programs

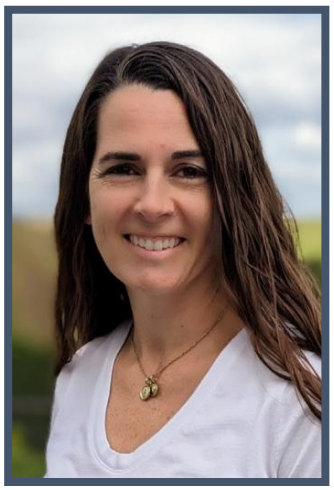
Program	Residents	Established	Accreditation
PGY1 Pharmacy	4	1980	ASHP
PGY2 Psychiatric Pharmacy	1	2015	ASHP



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PGY1 Program Overview

Program Description

We aim to develop in residents the ability to provide pharmaceutical care across a variety of practice settings (e.g. ambulatory care, acute care, pharmacy benefit management and pharmacy operations). We offer residents opportunities to rotate in a number of these settings, including our expansive ambulatory care clinics. Residents complete the same required learning experiences, and electives are customized based on resident interest (outlined on page 8).



While offering a well-rounded PGY1 experience, the VA Northern California specifically offers very strong experiences in ambulatory care. Graduates of our program are well prepared for PGY2 training and advanced clinical roles.

In addition to the clinical reasoning skills residents will gain, we also further develop residents professionally. Professional development takes place throughout the year and includes topic discussions, readings and seminars. These activities will prepare the resident as they embark on a path toward professional excellence.

For a PGY1 resident interested in pursuing additional training in mental health, the resident may early commit to the PGY2 psychiatric pharmacy residency program if general qualifications and selection criteria are met.

Program Location

Our program offers four PGY1 pharmacy residency positions. All four PGY1 residents will be based out of the Sacramento VA Medical Center located in Mather, CA. Required on-site rotations will be completed in the greater Sacramento area. The VANCHCS is pictured above. **Although the majority of rotations will take place in Sacramento, rotations may be completed throughout the health care system either virtually or on-site if residents are agreeable to commute.** PGY1 residents may rotate through clinics located at Mare Island, Martinez, Fairfield, Sacramento and McClellan.



Tower Bridge, Sacramento, CA

General Residency Information

Term of Appointment, Start Date, Stipend and Benefit Information

- Period of Appointment
  - PGY1: 52-weeks, starting on July 1st of given year
- *Estimated* Stipend
  - PGY1: $55,077
  - *Pay:* Residents will be provided an annual stipend to be divided into 26 payments distributed every 2 weeks. The stipend pay rate is determined by the VA Office of Academic Affairs. The resident's stipend is based on a 40-hour workweek; however, the very nature of a residency training program is such that additional time is required to complete training assignments. ASHP guidelines for duty hours must be observed (see "Duty Hours" in this manual). No additional compensation is available. Funding for travel and related meeting expenses are reimbursed, as available.
- Benefits
  - *General:* Free parking, laboratory coats, office space and office keys are furnished. Computers are available for use by the residents in Sacramento and VA-issued laptops will be provided to residents for the duration of the residency year. Drug information resources are available on the VA intranet and SharePoint sites.
  - 13 days of Annual Leave ("vacation") and 13 days of Sick Leave
    - Sick Leave is earned at the rate of 4 hours every two weeks and can be used for illness and injury as well as medical, dental, optical and other medically related appointments
  - 11 paid federal holidays
  - Administrative leave and financial support (if available) to attend selected professional meetings
    - Financial support for meeting attendance typically allows for reimbursement for travel, lodging and conference registration expenses as the health care system's annual budget allows
  - Health insurance options available; vision and dental coverage *may* be available

Structure and Components of PGY1 Program

Orientation will occur over 3 weeks during the month of July and includes orientation to the health care system, designated residency learning experiences, PharmAcademic evaluation system, clinical practice, computer training, review of relevant policies and other miscellaneous mandatory trainings. The residency program director (RPD), or appointed representative, will conduct orientation according to a schedule provided to the residents in advance. The staff will also be oriented to the residency program as necessary. Additionally, preceptors are responsible for orienting their residents to their assigned learning experiences including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities and evaluation strategies.

Residency Learning Experiences

The residency year will consist of both required and elective learning experiences with residents spending 50% of the residency year completing required rotations. Note the duration of each learning experience may be modified by no more than 2 weeks to tailor the schedule to the needs of each resident. Currently the following experiences are offered by the VANCHCS:

Required Learning Experiences (total of 26 weeks duration)

- PGY1 Residency Orientation — 3 weeks
- Acute Care-Internal Medicine — 6 weeks
- Ambulatory Care — 6 weeks
- Outpatient Pharmacy Operations — 6 weeks
- Pharmacy Administration (Chief, Quality and Drug Information) — 5 weeks

Elective Learning Experiences (6 weeks each, may be modified pending preceptor availability)

- Ambulatory Care II
- Acute Care-Internal Medicine II
- Anticoagulation Clinic
- Applied Pharmacoeconomics & Formulary Management
- Cardiology
- Neurology
- Pulmonology
- Emergency Department
- Home-Based Primary Care (HBPC)
- Infectious Disease-Antimicrobial Stewardship
- Inpatient Pharmacy Operations
- Mental Health
- Pain Management
- Oncology
- Transitions of Care
- VISN Informatics
- Repeat/extension of any required experience(s)

Other Required Longitudinal Learning Experiences

- Longitudinal Residency Project with formal presentation and completion of manuscript
- On a quarterly basis, each resident serves as Chief Resident concurrent with other learning experiences
- Inpatient Pharmacy Clinical/Operational Staffing on a rotational basis (1 weekend per month)

Other Required Activities

- Medication Use Evaluation (MUE)
- At least 1 Journal Club Presentation
- CE presentation at All Clinical Pharmacy Meeting (completed in pairs)
- Complete at least 1 verbal activity (in-service or other presentation) AND 1 written material (e.g., brochure, medication guide or disease or guideline update) to educate patients and/or health care providers
- Completion of a drug class review, monograph, treatment guideline, protocol, utilization management criteria and/or order set
- Participation in at least 2 events demonstrating leadership & engagement in pharmacy profession (i.e., health fairs, population health activities, professional society activities)

Additional Training - Pharmacy Teaching Program

- Pharmacy residents participate in the teaching of Doctor of Pharmacy students from the University of the Pacific, Touro University, California Northstate University and University of California, San Francisco Schools of Pharmacy. Pharmacy Residents serve as a co-preceptor to APPE students at least once during the academic year by providing formal and informal teaching and mentoring.
- Optional participation in VA-sponsored Teaching Certificate Program

Licensure Policy

All pharmacy residents are expected to possess full, current and unrestricted licensure to practice pharmacy in any State, Territory, or Commonwealth of the United States, or the District of Columbia prior to or within 120 days following the commencement of the residency program to ensure residents complete at least two-thirds of their residency as a licensed pharmacist. At the start of the residency year, the RPD will meet with each resident to determine his or her licensure status and timeline for completion. A copy of all pharmacist licenses will be obtained and kept on file by the Pharmacy Service. Residents are highly encouraged to take exams within 45 days of starting residency or as soon as possible. Residents needing to re-take board exams should work with state and national boards of pharmacy to ensure the earliest re-examination date as possible. Residents who are not licensed within 120 days after the program's start date due to exam failure will be dismissed from the program.

Requirements for Successful Completion of PGY1 Program

Requirements for successful completion of the PGY1 Pharmacy Residency include, but are not limited to the following:

- Resident is licensed pharmacist for at least two-thirds of the program (35 weeks)
- Complete a minimum of 52 weeks of training. Time away from the residency program not exceeding 37 days per 52-week training period.
- Satisfactory completion of all learning experiences, after remediation if needed
- Goals and Objectives
    - A minimum of 29 objectives must be marked achieved for residency (ACHR), including all critical objectives
    - Critical Objectives: R1.4.2, R2.1.2, R2.1.6, R4.1.1, R4.1.2 and R4.1.3
    - No objectives rated as needs improvement (NI) at end of residency year
- Completion of Longitudinal Residency Project
    - Formal presentation at Western States Conference or similar platform*
    - Written manuscript suitable for submission for publication*
- Complete Longitudinal Inpatient Clinical and Operational Staffing requirement— one weekend (2 days or 16 hours) per month with a total of 22 staffing days completed by end of residency year
- Completion of at least 1 medication use evaluation (MUE) project with presentation at P&T Committee or similar meeting*
- Presentations include at least 1 Journal Club, 1 Educational In-service and CE presentation at the All-Clinical Pharmacy Meeting*
- Completion of at least 1 written educational material for distribution to either patients or health care providers (brochure, medication/disease state management update, etc.)*
- Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol and/or order set*
- Demonstrate engagement in pharmacy profession with participation in at least 2 health fairs or population health activities
- Served as co-preceptor to APPE student(s) on rotation, providing formal and informal teaching and mentoring at least once during the residency year
- As Chief Resident, facilitate required virtual Professional Development Meetings and complete necessary assignments during full quarter (3 months) of residency year
- Completion of an initial self-evaluation in PharmAcademic™ and three formal quarterly self-evaluations during the year (Q1, Q2, and Q3)*
- Completion of all required evaluations and monthly attestation of duty hours in PharmAcademic™
- BLS Certification obtained and maintained throughout residency year

Starred (*) documents above will be uploaded to resident file in PharmAcademic™ by the end of the academic year.

Achievement of Learning Goals and Objectives

The RPD will meet with each resident at least quarterly to review the resident's progress in meeting the outcomes, goals and objectives of the residency program. Learning objectives are evaluated using the following criteria: needs improvement (NI), satisfactory progress (SP), achieved (ACH), and achieved for residency (ACHR). Each rating is defined below.

- NI (Needs Improvement) — current level of progress will not result in achievement of objectives.. Performance demonstrates deficiency in knowledge/skills related to specific objective. The resident often requires assistance and repeat instruction from the preceptor to complete the task/objective and significant improvement is needed.
- SP (Satisfactory Progress) — current level of progress expected to result in mastery of the goal/objective. The resident can perform the task at a satisfactory level and requires minimal input/help from the preceptor.
- ACH (Achieved)— resident has demonstrated the ability to perform goal/objective independently for the specific learning experiences, regardless of when in the residency year it occurs.
- ACHR (ACH for Residency) — ACH across the rotations as determined by RPD (RAC may be consulted). This designation indicates the resident has mastered this goal/objective and can perform associated tasks independently across the full scope of pharmacy practice.

In order to receive an ACH for a specific learning goal, all evaluated objectives under that goal must be evaluated with a rating of satisfactory progress or achieved. To receive an ACHR for a specific goal, the resident must receive satisfactory progress or achieved for all objectives under that goal at the completion of a required rotation in the previous quarter.

Leave Policies

Attendance: The residency is a full-time, temporary appointment with a minimum duration of 52 weeks to begin on July 1st of each calendar year. The resident is expected to perform activities related to the residency as necessary to meet the goals and objectives of the program for at least 40 hours per week. The resident will be scheduled for rotations and staffing assignments and is expected in the location as scheduled. Additional hours are expected to complete assignments and projects in a timely manner. The RPD and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off-site during regular working hours.

Annual Leave (AL): Residents earn annual leave ("vacation") at the rate of 4 hours per two week pay period. Annual leave must be requested electronically, as far as possible in advance, via the VATAS web request form. An email request should also be sent to the RPD. Scheduled leave must be approved by the RPD and preceptor of the learning experience. Approval of the preceptor (if applicable) should be obtained prior to submitting leave request to the RPD. The resident should consider what impact the use of leave has on their educational experience before scheduling. Leave will be granted on a case-by-case basis but generally should not exceed three rotation days during a 5-6 week rotation or two rotation days during a 4-week rotation (exceptions made for attendance at residency associated conferences). No leave will be granted during the final two weeks of the program in June.

Sick Leave (SL):
(1) Scheduled Sick Leave: The accumulation of sick leave is to protect the resident from loss of pay during an illness. Residents earn sick leave at the rate of 4 hours per two week pay period. Sick leave for

scheduled doctor's appointments or elective procedures must also be electronically requested in advance, if possible. The resident is asked to work with preceptors to schedule appointments to minimize impact on learning experience and patient. Sick leave should be requested via the VATAS web request form (similar to requesting annual leave).

(2) Unscheduled Sick Leave: Residents are required to directly notify BOTH their learning experience preceptor and RPD when an unscheduled absence due to illness occurs. The resident should contact the RPD and preceptor no later than 2 hours after the resident is scheduled to report for duty. If the resident is too ill to give notice of an unscheduled absence, a responsible person must contact the RPD. Notification should involve speaking with a live person. Do not rely on email or voicemail for notification as this may cause a delay in notification. A voicemail or email can be sent as follow up for timecard purposes. If an absence more than one day, the resident should call the RPD and preceptor each day. Process for notification will be outlined at orientation.

Family/Bereavement Leave: Family/bereavement leave must be requested electronically prior to planned event or immediately upon employee return if absence due to an emergency. RPD approval is required as is the current preceptor, if applicable. Family/bereavement leave will be deducted from the sick leave balance.

Holidays: Residents are not scheduled to work on 11 paid Federal Holidays. Federal Holidays are available at the following website: http://www.opm.gov/policy-data-oversight/snow-dismissal-procedures/federal-holidays/

Extended Leave: If an extended absence occurs (i.e. extended family, sick leave, etc.), extension of the residency program may be necessary for the resident to meet the 52-week participation program completion requirement. The maximum amount of time the residency program can be extended is at the discretion of the RPD and Pharmacy Service Chief. Opportunity to extend the program with pay will depend on the decision of the VA Office of Academic Affairs.

If extended leave is granted, a resident must use all earned leave prior to approval of advanced AL/SL or leave without pay (LWOP). With an approved extension, completion of all requirements of the residency must be accomplished within 1 year of the initially scheduled completion date (the date planned for completion had there not been a need for extended leave).

If extended leave is granted, a resident must use all earned leave prior to approval of advanced AL/SL or leave without pay (LWOP). Advanced AL/SL may not exceed the total number of leave hours the resident would earn during their appointment. Once the resident exhausts all AL/SL, the RPD will request the facility approve LWOP. LWOP would then be in effect until the resident returned to the program. Approval of LWOP (i.e. number of hours) is at the discretion of the facility.

With an approved extension of the residency program, completion of all requirements of the residency must be accomplished within 1 year of the initially scheduled completion date (the date planned for completion had there not been a need for extended leave).

Time away from the residency program shall not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal laws, without requiring extension of the program. Examples of time away from the program include annual leave, sick leave, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave, military leave, parental leave, leave of absence and extended leave.

Conference or education days, though they are considered to be a required part of the program, will also be included in the number of days away from the program. Staffing duties are considered independent of training days and are included in the total service commitment required for successful completion of the residency program requirements.

Duty Hours and Moonlighting Policies

The tour of duty for all residents is 08:00 to 16:30, Monday through Friday. Some rotations may require a change in tour and location. This 8.5-hour tour of duty allows for a 30-minute lunch break. The RPD and timekeeper must be informed of all changes in tours of duty prior to the change being made.

Per the *American Society of Health System Pharmacists (ASHP),* duty hours are defined as: "All hours spent on *scheduled* clinical and academic activities, regardless of setting, related to the pharmacy residency program that are *required* to meet the educational goals and objectives of the program. This includes inpatient and outpatient care, staffing commitment, administrative duties, scheduled and assigned activities, such as committee meetings and required health and wellness events that are designed to meet the goals and objectives of the residency program. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from work or conferences; and hours not scheduled by the residency program director or a preceptor."

Tracking of resident duty hours to ensure limits are not exceeded is completed monthly by attestation of compliance by the resident using the electronic duty hours from in PharmAcademic™. Further information regarding *ASHP Duty Hour Requirements for Pharmacy Residencies* can be found: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf

Moonlighting: Moonlighting is defined as "voluntary, compensated, work performed outside the organization (external), or within the organization in which the resident is training (internal). These are compensated hours beyond the resident's salary and are not part of the scheduled duty periods of the residency program". External moonlighting is permitted but must meet the above duty hour requirements. Prior to a PGY1 resident accepting an external moonlighting position, the resident must discuss with the RPD and will not exceed 20 hours per week. All moonlighting hours must be counted towards the clinical experience and educational 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of hours. Tracking of hours will occur monthly. If the resident, preceptors, or RPD finds that moonlighting hours are affecting resident performance, the RPD will document and discuss a plan for the resident that may include withdrawal of moonlighting privileges. Internal moonlighting (dual appointment) is not offered to PGY1 residents.

Remediation Policy

In the event resident performance does not meet the learning expectations of the residency program, the resident will be given ample opportunity to improve. Should goals or objectives be marked as "Needing Improvement" remediation procedures stated below and to be reviewed at orientation will be followed.

Needs improvement at the Formative Midpoint Evaluation
Preceptors are encouraged to provide verbal feedback during the rotation in addition to written feedback in PharmAcademic. If the preceptor has provided initial verbal feedback and the resident is not meeting satisfactory progress for a specific goal or objective, the preceptor should document in the "Provide Feedback to Resident" section of PharmAcademic. This should be done as soon as possible and discussed with the resident. Especially for longitudinal rotations in which evaluations are scheduled quarterly, waiting until the scheduled formative evaluation will result in a delay and frustration for both the resident and preceptor. The feedback provided to the resident must include a documented action plan that will target "satisfactory progress" by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

Needs Improvement for Any Objective on Less than Two Summative Evaluations
If a preceptor determines that a resident still needs improvement for selected goals and objectives by the end of the rotation, the preceptor will meet with the RPD prior to the end of the rotation and prior to meeting with the resident. The preceptor and RPD will determine how the objective will be addressed on future rotations and will decide if a through discussion is needed between the current and upcoming preceptor. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. The current preceptor will meet with the resident to provide the summative evaluation.

Needs Improvement for Same Objective on Two or more Summative Evaluations
If a resident receives a "need improvement" for the same objective on two or more summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

Needs Improvement on More than 3% of Required Objectives
If at a quarterly meeting, it is determined that a resident has received a "needs improvement" rating for more than 3% of required program objectives on summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation. If the resident still receives a "needs improvement" for more than 3% of required program objectives on summative evaluations after completion of a formal remediation process, or if the resident is unable to complete the remediation process, the RPD may recommend the resident for termination from the program.

Disciplinary Actions

It is not expected that any disciplinary actions will be needed during the residency. However, criteria have been established to define situations that may result in disciplinary actions. Each resident is expected to perform in an exemplary manner. If a resident fails to meet the requirements of the program, disciplinary action will be taken. Examples of inadequate or poor performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, abuse of annual and/or sick leave, violating VANCHCS or national VA policies and procedures, patient abuse, and violating ethics or laws of pharmacy practice.

The following sequence of discipline is outlined:

1. *Minor or initial failure to adhere to requirements will result in a verbal warning by the primary preceptor and/or the RPD.*
2. *Residents will be given a formal written warning of failure to meet the requirements of residency with a corrective action plan (CAP) to remedy the situation for repeated or more severe incidents. The CAP will be developed by the RPD based on the area(s) that need improvement and will define*

specific, measurable requirements/deliverables and specific timeframe to meet the requirements/submit deliverables.

3. *If the requirements are not met by the end of the designated timeframe as determined by the CAP, the Pharmacy Residency Program Office (PRPO) will be contacted to review the situation and assist with the issues and subsequent CAP as appropriate. A second written warning will be issued with a new CAP which redefines specific, measurable requirements/deliverables and a new timeframe to meet the specified outcomes. Written documentation of disciplinary actions will include date discussed, issue and actions required and will be placed in the resident's file.*
4. *If a resident progresses through a second written warning and CAP without meeting the requirements defined in the CAP in a timely fashion, the resident will be dismissed or asked to resign.*
5. *If a resident is late to work the resident may be considered absent without leave (AWOL) and will be charged leave without pay.*
6. *Based on VA policies, criminal activity, violation of VA regulations, policies and procedures, violation of local, state or federal law, sharing passwords, sharing computer access, or unethical or unprofessional conduct is grounds for being placed in non-duty status or discharged immediately.*

Termination Policy

A PGY1 pharmacy resident may be terminated at the discretion of the Pharmacy Service Chief and Residency Program Director for failure to meet the program objectives and requirements as outlined in the PGY1 Pharmacy Residency Manual or failure to meet the terms of employment of the VA Northern California Health Care System set forth in the organization's Standards of Ethical Conduct and Related Responsibilities of Employee.

Violation of VA policies, procedures and regulations, criminal activity, violation of local, state or federal law, sharing of passwords or computer access, or unethical or unprofessional conduct is grounds for being placed in non-duty status or immediate discharge.

Applicant Qualifications and Process for Applying

APPLICANT QUALIFICATIONS

- Register with the National Matching Service (NMS)
- Possess United States citizenship
- Possess a Doctor of Pharmacy degree from an ACPE accredited School or College of Pharmacy or be eligible for licensure to practice pharmacy in any state at the beginning of their residency program

APPLICATION PROCESS

- All application materials must be submitted through PhORCAS, as below (no late submissions accepted).
- PGY1 Program NMS Match code is **208121**
    - **Phase I Deadline for PGY1 Program: January 3, 2027**
    - **Phase II Deadline, if applicable: March 29, 2027**
- Submitted materials must include (all materials must be submitted through PhORCAS):

- Official transcripts from School/College of Pharmacy sent directly to PhORCAS from your school
- Personal Statement/Letter of Intent
    - Include both your short-term and long-term professional goals. Describe how our residency program will assist you in accomplishing these goals.
- Curriculum Vitae
    - Include details of rotation activities for in-progress, completed and future rotations. Include duration spent on each rotation. Also include details of extracurricular activities.
- Three (3) letters of recommendation using standardized reference template in PhORCAS
- Supplemental information
    - VA Form #10-2850D (Application for Health Professions Trainees) which is accessible at 10-2850d (va.gov)

Selected PGY1 applicants will be invited to virtual interviews to be held in February 2027. An interview is required.

2026-2027 PGY1 Resident Class



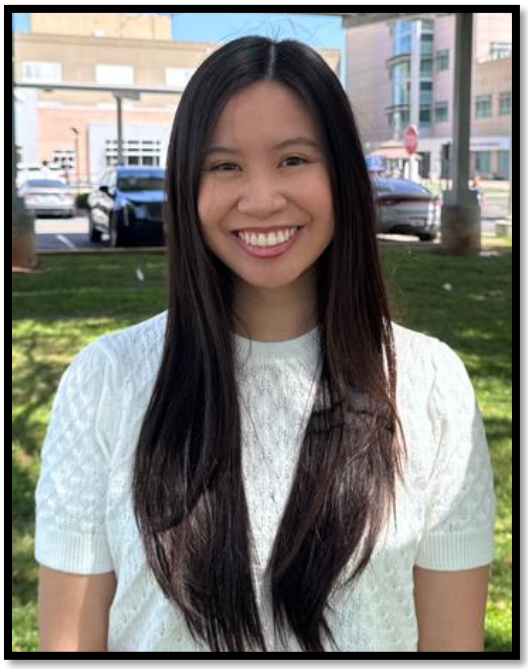
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First Position Accepted Post-PGY1 Residency for Classes 2013-2026

- PGY2 Outcomes and Health Care Analytics at the VA's VISN 21 (x2 graduates)
- PGY2 Psychiatric Pharmacy Residency at VA Madison
- PGY2 Psychiatric Pharmacy Residency at VA Palo Alto
- PGY2 Psychiatric Pharmacy Residency at VA Northern California (x3 graduates)
- PGY2 Transitions of Care at Sharp HealthCare in San Diego
- Ambulatory Care pharmacist at VA Northern California (x18 graduates)
- Ambulatory Care pharmacist at Kaiser Sacramento
- Ambulatory Care pharmacist at Kaiser San Jose
- Ambulatory Care pharmacist at Kaiser South Sacramento
- Ambulatory Care pharmacist at Kaiser South San Francisco
- Ambulatory Care pharmacist at Kaiser Oakland
- Transitions of Care Pharmacist at VA Northern California
- Pharmacoeconomics pharmacist at VA Sierra Nevada
- Pharmacoeconomics pharmacist at VA Northern California (x2 graduates)
- Oncology Clinical pharmacist at VA Northern California
- ED pharmacist at VA Northern California
- Poison Control pharmacist at San Diego Poison Control Center
- Outpatient pharmacist at VA Northern California (x2 graduates)
- Outpatient pharmacist at New Mexico VA
- Inpatient pharmacist at VA Northern California (x4 graduates)
- Inpatient pharmacist at VA Palo Alto
- Inpatient pharmacist at NorthBay Healthcare in Fairfield
- Clinical Pharmacist Floater at VA Northern California (x2 graduates)

For additional information, contact:

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