



**The Experiential Training Agreement
2009-2010 Antithrombotic Pharmacotherapy Traineeship Program**

I, _____, _____,
Please sign Print first and last name

agree to complete the following pre- and post-training requirements as part of a mutual agreement in accepting a place as a trainee in the 2009-2010 Antithrombotic Pharmacotherapy Traineeship Program.

Pre-training (Please initial on the line next to each statement)

____ I agree to perform a pre-training analysis of my institution's policies, procedures and order sets that include antithrombotic therapies. (Evaluation criteria will be provided to the trainees.)

____ I agree to perform a retrospective chart review that will include a minimum of 15 charts, as part of a quality improvement process that focuses on patients at risk for cardiac or thromboembolic events that require treatment with antithrombotics. (Evaluation criteria will be provided to the trainees.)

Post-Training

Post-training requirements are due 4 months after the trainee completes the experiential training.

____ I agree to submit revisions made to policies, procedures and order sets at my institution that focus on the safe appropriate use of antithrombotics.

____ I agree to complete a retrospective chart review, which will include a minimum of 15 charts, as part of a quality improvement process focusing on antithrombotic therapy in patients at risk for cardiac or thromboembolic events. (This activity is required to assess the impact of the traineeship on improving patient care.)

____ I agree to provide a written report (maximum word count 750) describing how the traineeship impacted on my practice with regard to antithrombotic pharmacotherapy management.

____ I agree to provide a presentation to my hospital's staff and providers about the new or expanded services that pharmacists will be providing with regard to antithrombotic pharmacotherapy.

The above requirements must be met before a certificate of completion will be issued.