CoE Program Application Checklist of Required and Suggested Documents

**Required supporting documentation.**

- Letter of attestation from division chief or C-suite executive.

- Copy of PGY-2 ID Residency or Infectious Diseases Fellowship certificate OR Letter from the institution or ID physician attesting that the Pharmacist has three years of clinical pharmacy experience AND a copy of Antimicrobial Stewardship (AS) certificate.

- Antibiogram chart of monitoring resistance patterns.

- Documentation of drug-specific DOT/ABX use monitoring.

- Screenshot evidence of participation in the CDC AUR module.

**Examples of supporting documentation.**

- Lists:
  - antimicrobials requiring prior authorization
  - antimicrobials prospective audit with feedback
  - institutional guidance for specific infections
  - formulary restrictions for specific antimicrobials
  - active daily reviews of patients with targeted infections

- Templates or past reports of institution-specific reports on medication use evaluations.

- Screenshot of CDSS list or module demonstrating effective use of Electronic Health Record (EHR) and/or Clinical Decision Support System (CDSS).

- Institution-specific example reports on medication use evaluations (templates, past reports, etc.)

- Antimicrobial utilization data/report of monitoring antibiotic prescribing and utilization.

- Presentations given within the past 12 months to physicians, pharmacists, nurses, and other relevant staff.

- Patient education materials given to patients/caregivers regarding antimicrobials.

- Communication provided to patients/caregivers as part of an ongoing patient education effort (e.g., newsletter).