

**American Society of Health-System Pharmacists  
RESIDENT MATCHING PROGRAM**

**APPLICANT AGREEMENT**

I plan to apply for a postgraduate year one (PGY1) or postgraduate year two (PGY2) pharmacy residency position to start training between June 1, 2021 and December 31, 2021. In order to participate in the American Society of Health-System Pharmacists ("ASHP") Resident Matching Program (the "Match"), I agree:

1. To abide by the Rules of the ASHP Pharmacy Resident Matching Program ("ASHP Match Rules") as shown on the Match web site ([natmatch.com/ashprmp](http://natmatch.com/ashprmp)), which are incorporated by reference in and are an integral part of this Agreement.
2. To abide by the Schedule of Dates of the Match as shown on the Match web site ([natmatch.com/ashprmp](http://natmatch.com/ashprmp)), which is incorporated by reference in and is an integral part of this Agreement.
3. To provide complete and accurate information to the Match and to all residency programs to which I apply.
4. Not to make any commitments to or contracts with any participating program prior to the release of the results for Phase I of the Match, except that if I am currently a PGY1 resident I may commit to a PGY2 residency position that is offered to me in accordance with the Early Commitment Process. Furthermore, if I do not obtain a position in Phase I of the Match or through the Early Commitment Process, I agree not to make any commitments to or contracts with any participating program prior to the release of the results of Phase II of the Match. If I choose to accept a position either at a program that is not participating in the Match or at a participating program in accordance with the Early Commitment Process, or if I decide not to participate in the Match for any other reason, then I will withdraw from the Match, and will not submit a Rank Order List for the Match.
5. To accept appointment to the program with which I am matched. I understand that I cannot avoid accepting appointment to the program with which I am matched without a written release from the program concerned; also, that another program participating in the Match cannot offer me a position unless I have this release.
6. To pay to National Matching Services Inc. (NMS) a non-refundable, non-transferable, irrevocable fee of \$160.00 USD to register for the Match for positions beginning in 2021.

I understand that I am free to make contacts with any participating program in which I am interested, to apply to as many of these programs as I wish, and to rank them according to my judgment.

I understand that I may freely discuss any matter with a program that does not include ranking information. Programs may voluntarily inform me as to whether or not I remain under consideration for admission, but are not obliged to do so. I must never request ranking information from a program, and programs must never request ranking information from me. Prior to the release of the Phase II Match results, neither party (applicant or program) may disclose to the other party any information regarding the positioning of any applicant or program on a Rank Order List. Furthermore, any expression of interest made during the discussion between me and a program is subject to change based on further considerations.

The Rank Order List I submit for each Phase of the Match is the sole determinant of my order of preference for programs in that Phase of the Match. Similarly, the Rank Order List submitted by each program for each Phase of the Match is the sole determinant of the program's order of preference for applicants in that Phase of the Match.

I accept the Terms of Use and Privacy Policies as shown at [natmatch.com/ashprmp](http://natmatch.com/ashprmp), and agree that NMS may contact me by e-mail and/or phone regarding my participation in the Match.

I agree that information about my participation in the Match, including my status, the result I obtain in the Match, whether I am matched or not and to which residency program I have been matched, may be reported to programs participating in the Match, as well as to my pharmacy school, to ASHP, and to other parties deemed appropriate by ASHP.

I understand that my appointment to the program with which I am matched may be contingent on my satisfying eligibility requirements specified by the organization and program.

**I understand that ASHP possesses beneficiary standing to enforce this Agreement, and violations of the terms of this Agreement or the ASHP Match Rules will be reported to ASHP.** If I violate any of the terms of this Agreement or the ASHP Match Rules, such as refusing to accept a position at the program with which I have been matched, ASHP may pursue all available remedies, including reporting my actions to my school. Furthermore, ASHP may impose penalties on me, including barring me from participation in future ASHP Resident Matching Programs.