



**New Brunswick  
College of Pharmacists**

**Ordre des pharmaciens  
du Nouveau-Brunswick**

*Governing the practice of pharmacy for  
a healthier New Brunswick*

*Régir l'exercice de la pharmacie pour un  
Nouveau-Brunswick en meilleure santé*

**CENTRAL FILL PHARMACY  
AGREEMENT NOTIFICATION FORM  
Intent to Utilize Centralized Drug Order Processing**

A copy of this agreement notification form must be filed with the NBCP. A new notification form **must** be filed if any changes occur to the information provided below.

Date of Notification: \_\_\_\_\_

**THIS AGREEMENT IS BETWEEN:**

<b>Originating Pharmacy</b>	<b>Centralized Processing Pharmacy</b>
Pharmacy name:	Pharmacy name:
Pharmacy NBCP Accreditation #:	Pharmacy NBCP Accreditation #:
Pharmacy address:	Pharmacy address:
Pharmacy Telephone #:	Pharmacy Telephone #:
Pharmacy email address:	Pharmacy email address:
Proposed date for start of Centralized Drug order processing:	Proposed date for start of Centralized Drug order processing:
Pharmacy Manager name:	Pharmacy Manager name:
Pharmacy Manager NBCP License #:	Pharmacy Manager NBCP License #:
I certify that there is a written agreement between the pharmacies named and I understand the responsibilities and will comply with the <a href="#">NBCP Centralized Drug Order Processing (Central Fill) Practice Directive</a> .	
x	x
Originating Pharmacy -Signature of Pharmacy Manager	Central Fill Pharmacy- Signature of Pharmacy Manager
Date:	Date:

Completed form must be submitted to [registrations@nbpharmacists.ca](mailto:registrations@nbpharmacists.ca)

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[WWW.NBPHARMACISTS.CA](http://WWW.NBPHARMACISTS.CA) [WWW.PHARMACIENSNB.CA](http://WWW.PHARMACIENSNB.CA)