



New Brunswick
College of Pharmacists
Ordre des pharmaciens
du Nouveau-Brunswick

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CENTRALIZED PRESCRIPTION PROCESSING AGREEMENT FOR PHARMACIES LOCATED IN NEW BRUNSWICK

A copy of this agreement notification form must be filed with the New Brunswick College of Pharmacists.

A new notification form **must** be filed if any changes occur to the information provided below.

Date of Notification: _____

THIS AGREEMENT IS BETWEEN:

Originating Pharmacy	Centralized Processing Pharmacy
Pharmacy name:	Pharmacy name:
Certificate of Operation #:	Certificate of Operation #:
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 Licence #:	Pharmacy Manager NBCP Licence #:
I certify that there is a written agreement between the pharmacies named and I understand the responsibilities and will comply with the Centralized Prescription Processing (Central Fill) Policy .	
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.