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

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COLLABORATIVE PRACTICE AGREEMENT

PHARMACIST APPLICANT PROFILE

Pharmacist Name:	Registration Number:	
Current Employer:		
Phone Number(s):	Work:	Mobile:
Email address:		

The Collaborative Practice will be related to:

Practice type:

___ General (Community Pharmacy)
___ General (Hospital Pharmacy)
___ Intravenous Administration
___ Pediatric
___ Geriatric
___ Surgical
___ Psychiatric
___ Emergency
___ Infectious diseases
___ Opioid Agonist Treatment
___ Other (please specify): _____

COLLABORATIVE WORKING RELATIONSHIPS

Step one: A Letter of Collaboration (see *Request for Letter of Collaboration*) must be requested from the regulated health professional with whom you will be collaborating. If you will be collaborating with a group, the head of the group may sign on behalf of the group.

Step two: Please submit any copies of the *Request for Letter of Collaboration* with this

Collaborative Practice Agreement. The names and contact details for each member of the collaborative team are to be included in the notification to the College.

Below please provide the contact information for each regulated health professional that is providing a *Request for Letter of Collaboration* on your behalf.

Name:	Title:
Name of their organization:	
Role of this collaborator:	
Daytime Phone Number:	Email address:

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Name of their organization:	
Role of this collaborator:	
Daytime Phone Number:	Email address:

(Copy if more are required)

PRACTICE DESCRIPTION

In a separate document, please provide a description of the proposed collaborative practice. The description should include the following information:

- Names and contact information and credentials of Collaborative Practice Agreement (CPA) team members;
- Practice Model and Organization of Care – specify the type of team and how patient care will be organized;
- Roles and responsibilities of CPA team members – based upon an understanding of each team member's practice area, defining each CPA team member's roles and responsibilities;
- Coordination of care – agree on who is responsible for coordination of care and team leadership, and specify the decision-making processes;
- Accountability – describe each team member's accountability;

- Limits – specify any limits to practice for team members;
- Location – describe where the care is to be provided;
- Contingency plans – determine the obstacles to care and how the team will address them;
- Documentation – decisions on documentation protocols and procedures, consistent with College requirements;
- Communication – agree on communications protocols and procedures;
- Technology - agree on the utilization of technology for documentation and communication; and
- Agreement terms – provisions to specify the term of the agreement and continuity provisions.

EDUCATION AND TRAINING FOR PHARMACISTS

Specify any additional education or training needed, beyond the principles outlined in Section 2 of the Collaborative Practice Agreement Policy.

1. **Formal education** (beyond entry level degree in pharmacy)

Name of course	Institution and Location	Date Started	Date Completed	Specialty (if applicable)

2. **Other training rotation(s) or mentorship(s)** (ongoing or completed) outside of formal education

Dates:	
Name and Position of Preceptor/Mentor:	
Phone:	Email address:

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3. **Continuing Professional Development** (CPD) and additional training and/or certificates applicable to collaborative practice.

Please provide documentation of your learning activities for the past three years that directly relate to your knowledge and skills development which facilitate your ability to practice collaboratively.

QUALITY ASSURANCE PROCESSES

Describe decisions made within the collaborative team regarding:

- Evaluation processes; include proactive evaluations as well as reactive (post-incident)
- Reporting and analysis of incidents
- Improvement plans post-incident
- Monitoring and follow-up post-incident

DECLARATION

I declare all of the information in this agreement, and all information supplied in support of this agreement is true and accurate to the best of my knowledge.

SIGNATURE DATE