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

686 boul. St-George Blvd, Suite 200
Moncton, N.-B. E1E 2C6
Tel: (506) 857-8957 Fax / Téléc: (506) 857-8838
www.nbpharmacists.ca info@nbpharmacists.ca

REQUEST FOR LETTER OF COLLABORATION - COLLABORATIVE PRACTICE

Instructions: You are being asked to complete this form by a pharmacist who is seeking to formalize a collaborative practice arrangement.

By completing this form on the pharmacist's behalf, you are contributing to their application by describing the collaborative working relationship they have developed with you. Please describe the nature of your collaborative relationship with the pharmacist by choosing "Yes" or "No" for each of the criteria below. Please also provide a brief example or description of how your collaborative relationship fulfills the criteria.

Name of pharmacist:

The pharmacist and I have agreed upon the scope of this collaborative practice.	Yes ☐ No ☐
Description of this agreement:	
The pharmacist and I have developed protocols to determine mutual goals of therapy for each patient.	Yes ☐ No ☐
Example or description	
The pharmacist and I have established methods of regular communication which are effective and timely.	Yes ☐ No ☐

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Example or description

Additional comments (if required): (Use additional paper if necessary)

SIGNED STATEMENT

I confirm that the information I have provided above regarding my collaborative working relationship with the pharmacist is true and accurate to the best of my knowledge.

Signature:	Date:
Name:	Title:
Company/Institution Name:	Company address:
Phone number:	E-mail address:

Once you have completed the form, please provide the original to the pharmacist, or email the College directly: registrations@nbpharmacists.ca