



New Brunswick College of Pharmacists

Ordre des pharmaciens du Nouveau-Brunswick

*To protect and promote the health and well-being of New Brunswickers by regulating pharmacy practice.
Protéger et promouvoir la santé et le bien-être des gens du Nouveau-Brunswick en réglementant l'exercice de la pharmacie.*

MANDATORY REPORT FORM

A. INFORMATION OF THE PHARMACY PROFESSIONAL REPORTING THE INCIDENT(S)/ISSUE(S)

First Name:	
Last Name:	
I prefer to be called:	
Registration Number:	
Relationship to the Pharmacy Professional Being Reported (employer, manager, colleague, etc.):	
Email Address:	
Telephone Number:	
Preferred Language of Communication:	English French

B. INFORMATION OF THE PHARMACY PROFESSIONAL BEING REPORTED

First Name:	
Last Name:	
Registration Number:	

C. INFORMATION OF THE PHARMACY WHERE THE INCIDENT(S)/ISSUES(S) OCCURRED

Pharmacy Name:	
Operation Number:	
Pharmacy Address:	

D. EMPLOYMENT HISTORY OF THE PHARMACY PROFESSIONAL BEING REPORTED (TO BE COMPLETED IF YOU ARE THE EMPLOYER/MANAGER OF THE PHARMACY PROFESSIONAL BEING REPORTED)

Your Position at the Pharmacy:	
Pharmacy Professional's Position at the Pharmacy:	
Duration of Employment with the Pharmacy:	
Other Relevant Employment Information:	

E. INCIDENT(S)/ISSUES(S) WHICH LEAD TO THE REPORTING

<p>1. What type of incident(s)/issue(s) lead to the reporting? Check all that applies:</p>	<p>Human Resources Practice Privacy Other – please explain:</p>
<p>2. Date(s) when the incident(s)/issue(s) occurred:</p>	
<p>3. Explanation of the incident(s)/issue(s):</p>	

<p>4. Details of how patients' health was or could have been impacted by the incident(s)/issue(s), if applicable:</p>	
<p>5. If the Pharmacy Professional was terminated, has the termination properly dealt with the incident(s)/issue(s) or would you recommend that the College investigates this matter further for ongoing concerns with respect to the Pharmacy Professional's practice? If so, provide details:</p>	
<p>6. Is public safety a concern if this Pharmacy Professional continues to practice in New Brunswick? If so, provide details:</p>	
<p>7. Do you believe that conditions/restrictions should be imposed on the Pharmacy Professional's license as a result of the incident(s)/issue(s) that lead to filing this Mandatory Report? If so, provide details:</p>	
<p>8. Do you believe that the Pharmacy Professional's license should be suspended or revoked as a result of the incident(s)/issue(s) that lead to filing this Mandatory Report? If so, provide details:</p>	
<p>9. Other relevant information:</p>	

10. List of supporting documents (for example: policies, procedures, patient records, reports, emails, etc.), if applicable:	i. ii. iii. iv.
---	--------------------------

SIGNATURE

DATE

Before filing this Mandatory Report Form, be sure to:

- complete all applicable sections;
- provide copies of supporting documents (for example: policies, procedures, patient records, reports, emails, etc.) and explain how they support your Mandatory Report Form; and
- retain copies of all documents for your records.

You may file this Mandatory Report Form and supporting documents with the Registrar by:

- Email: info@nbpharmacists.ca
- Fax: 506-857-8838 – Attention: Registrar
- Mail: New Brunswick College of Pharmacists
Attention: Registrar
686 St. George Boulevard, Suite 200
Moncton, N.B.
E1C 2C6