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Addendum to Collaborative Practice Agreement (Pharmacists)

For the Addition or Removal of Pharmacists

This Addendum is made to the Collaborative Practice Agreement (CPA) originally signed on [Date of Original Agreement] _____ by [Original pharmacist applicant] _____ (hereinafter referred to as the "Original Agreement").

The purpose of this Addendum is to formally update the Original Agreement in relation to the inclusion or removal of pharmacists.

1. Information Regarding the Addition of Pharmacists

Pharmacist(s) to be Added:

- Full Name: _____
- License Number: _____
- Contact Information:
 - Phone Number: _____
 - Email Address: _____
- Effective Date of Addition: [Date the pharmacist will begin participating]

Scope of Practice:

[Briefly describe the role and responsibilities of the new pharmacist(s) within the collaborative practice, including specific tasks, patient care areas, or responsibilities.]

Additional Training and Education:

[List any formal education, training, or certifications relevant to this pharmacist's participation in the collaborative practice.]

Name of course or training period	Institution or Location	Date Started	Date Completed	Specialty (if applicable)

2. Information Regarding the Removal of Pharmacists

Pharmacist(s) to be Removed:

- **Full Name:** _____
- **License Number:** _____
- **Effective Date of Removal:** [Date the pharmacist will cease participation] _____

Reason for Removal:

- [Describe the reason for the pharmacist's removal, if applicable, such as retirement, resignation, change in role, or other reasons.]

3. Acknowledgment and Agreement

By signing below, all parties agree to the changes specified in this Addendum, including the addition or removal of pharmacists, which will become part of the Original Agreement.

[Original agreement's Pharmacist applicant]

Name: _____

Signature: _____

Date: _____

[Added Pharmacist's Name (if applicable)]

Signature: _____

Date: _____

[Removed Pharmacist's Name (if applicable)]

Signature: _____

Date: _____

4. Confirmation of Updated Collaborative Practice Agreement

All parties acknowledge that they are aware of and fully understand their roles and responsibilities as members of this Collaborative Practice Agreement. Additionally, all parties confirm that the terms of the Original Collaborative Practice Agreement remain unchanged, except for the modifications listed in this Addendum.

Effective Date of Updated Agreement: [Date] _____