New Brunswick College of Pharmacists

Ordre des pharmaciens du Nouveau-Brunswick

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Addendum to Collaborative Practice Agreement (Practitioners)

For the addition or removal of regulated health professionals not registered with the New Brunswick College 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 regulated health professionals.

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1. Information Regarding the Addition of Regulated Health Professionals

Practitioner to be Added:

- **Full Name:** _____

- **Title:** _____

- **Name of organization:** _____

- **Role of collaborator:** _____

- **Phone Number:** _____

- **Email Address:** _____

- **Effective Date of Addition:** [Date the practitioner will begin participating] _____

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2. Information Regarding the Removal of Regulated Health Professionals

Practitioner to be Removed:

- **Full Name:** _____

- **Name of Organization:** _____

- **Effective Date of Removal:** [Date the practitioner will cease participation] _____

Reason for Removal:

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

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_____

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3. Acknowledgment and Agreement

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

[Original agreement's Pharmacist applicant]

Name: _____

Signature: _____

Date: _____

[Added Practitioner's Name (if applicable)]

Name: _____

Signature: _____

Date: _____

[Removed Practitioner's Name (if applicable)]

Name: _____

Signature: _____

Date: _____

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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]_____