



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

2017 SATELLITE PHARMACY COMPONENT APPLICATION

NAME OF PRIMARY PHARMACY _____

Street and/or Mailing Address	City or Town	Postal Code
Telephone Number	Fax Number	

NAME OF SATELLITE PHARMACY _____
(May be the same name as the primary pharmacy name)

Street and/or Mailing Address	City or Town	Postal Code
Telephone Number	Hours of Service	

I hereby make application to conduct a Satellite Community Pharmacy under the provisions of the Satellite Community Pharmacy Practice Criteria of the College of Pharmacists of Manitoba for the year ending **the 31st day of December, 2017.**

The above satellite pharmacy is owned by the same owner as the Primary Pharmacy and will be conducted in accordance with the Satellite Community Pharmacy requirements of the College.

Date Signature of Pharmacy Manager

FEE: \$510.50
GST \$ 25.53
\$536.03

PAYMENT MUST ACCOMPANY APPLICATION ... ALL FEES ARE NON-REFUNDABLE GST No. R107660664

- o Cheque: (Payable to the College of Pharmacists of Manitoba (CPhM))
- o Interac: (Payment made at the CPhM Office)
- o Visa or MasterCard Number: _____ / _____ / _____ Expiry Date: ____ / ____