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College of Pharmacists of Manitoba

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APPLICATION FOR AU	THORIZATION	TO PRE	SCRIBE FOR		CATED CY	STITIS	1
APPLICANT CONTACT INF	ORMATION						
ast Name		First Name		Middle Na	ne(s)		
Mailing Address		City		Province	Postal Code	Postal Code	
Mobile Phone Number	E-Mail Address			I	College Licen	ce number	
I hereby make application to the	College of Pharmacists	of Manitok	a for authorizati	on to prescribe for u	incomplicated	d cystitis.	
Please read carefully:							
 be a licensed, practicing m have completed the "Unco Fundamentals of Prescribi have read the product mo necessary or appropriate. 	nember with the College omplicated Cystitis Inde ing for Manitoba Pharm pnographs of the drugs t	e of Pharm ependent S nacists pres	acists of Manitok tudy Program for entation;	oa; Manitoba Pharmac	ists", includir	g the	
To apply to prescribe drugs for u Statement of participation CPhM PROFESSIONAL DECLARA	for the Uncomplicated	•		• •		sts, issued	l by
In the matter of my application to		acists of Ma	initoba to prescri	be for uncomplicate	ed cystitis,	YES	NO
 I declare: As a registrant of the College of Pharmacists of Manitoba, with a practicing license, I will abide by the standards of practice, practice directions, and other legislation and requirements that apply to prescribing and restrict my practice to those areas in which I am competent. 							
2. I have successfully completed the required training program(s) approved by Council and possess the necessary knowledge and skill to prescribe safely and effectively for cystitis.							
 The status of my eligibility for certification to be authorized to prescribe a drug for uncomplicated cystitis is subject to audit; false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct. 							
4. I will only prescribe in an area that maintains patient confidentiality and privacy to the extent required.							
5. By signing this application, I make this professional declaration conscientiously believing it to be true.							
Name of Applicant			City / Town, Pro	ovince			
Signature of Applicant			Date				