



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

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2023 SATELLITE PHARMACY COMPONENT APPLICATION

Name of Primary Pharmacy			
Pharmacy Address	City	Province	Postal Code
Telephone Number	Fax Number		
Name of Satellite Pharmacy (May be the same name as the primary pharmacy name)			
Pharmacy Address	City	Province	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, 2023.**

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.

Signature of Pharmacy Manager

Date

FEES & PAYMENT

FEE	\$591.26 + GST \$29.56 =	Total	\$620.83
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When your application is received and approved at the College office, you will be notified by email that an invoice has been generated and is ready for payment.

Payments are accepted by:

1. Visa or MasterCard

If you choose to pay by credit card, you will be advised to pay online through your registrant portal.

2. Cheque

If you choose to pay by cheque, print a copy of the invoice and mail both the invoice and cheque to the College Office. Cheque made payable to the **College of Pharmacists of Manitoba**

Please Note: All Fees are NON-REFUNDABLE