

PHARMACEUTICAL INFORMATION PROGRAM (PhIP) PHARMACIST APPLICATION

Personal information on this form is collected under the *Pharmaceutical Information Act* and Regulations. This information is required in order to process your application to access PhIP. If you have any questions about this collection of personal information, you may contact the Director of the Pharmaceutical Information Program.

Surname:	First Name:	Initials:							
Date of Birth (day / month / year):	P.E.I. Personal Health Number:	Sex: Male <input type="checkbox"/>							
	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
P.E.I. Pharmacy License Number:	Date Licensed in P.E.I. (day / month / year):								
Home Address	City or Town	Postal Code	Phone Number						
Work Address	City or Town	Postal Code	Phone Number						
<p>I will not access or use any clinical or patient information in the PhIP for any purpose other than those authorized by the <i>Pharmaceutical Information Act</i> and Regulations.</p> <p>I agree at all times to treat as confidential the information in PhIP and will not participate in or permit the unauthorized release or disclosure of this information.</p> <p>I agree to adhere to legislation, policies, procedures, and standards issued by PhIP related to the confidentiality, privacy and security of PhIP information.</p> <p>I understand that the penalty upon conviction for any violation of the <i>Pharmaceutical Information Act</i> or Regulations is a fine which may range from a minimum of \$15,000 to a maximum of \$50,000.</p>									
Pharmacist Signature:		Date:							

SEND COMPLETED AND SIGNED APPLICATION TO:

PEI Drug Programs
Department of Social Services and Seniors
P.O. Box 2000
Charlottetown, PE C1A 7N8

Fax: (902) 368-4905

FOR OFFICE USE ONLY

PhIP Number Assigned: _____	Effective Date: _____
Entered By: _____	Date Entered: _____