

Smoking Cessation Social Impact Bond Signature Page

This page must be signed by the pharmacy owner/manager and all pharmacists participating in the program. The form must be attached to the online application form in order for the Expression of Interest Form to be submitted. Please download, complete and attach in the designated field on the online form.

Section A: Pharmacy Owner Section

Signing below confirms your agreement to:

- I. Comply with the documentation, evaluation, audit and review process of this Manitoba Smoking Cessation Social Impact Bond initiative.
- II. Validate participating pharmacists
 - a. have required CPhM certification for authorization to prescribe a drug included in Schedule 3 to the Pharmaceutical Regulation for Smoking Cessation
 - b. have completed and are up to date with PHIA training
- III. Validate participating pharmacy has up to date PHIA policies and procedures
- IV. Acknowledge that Pharmacists Manitoba does not represent nor guarantee financial performance or benefit to participating pharmacies
- V. Take full responsibility for the administration of the program within your pharmacy and indemnifies Pharmacists Manitoba from any patient related claims

Pharmacy Owner (s) (print name)

Signature

Date

Section B - Pharmacist Section – to be completed by each participating pharmacist

Signing below confirms that you agree to participate in the mandatory Orientation Session, and to comply with all documentation, evaluation, audit and review processes of the Manitoba Smoking Cessation Social Impact Bond initiative.

Pharmacist 1:

Pharmacist (print name)

Signature

Date

Pharmacist 2:

Pharmacist (print name)

Signature

Date

Pharmacist 3:

Pharmacist (print name)

Signature

Date