



State of New Hampshire
Board of Pharmacy

121 South Fruit Street
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Website: www.nh.gov/pharmacy/

COLLABORATIVE PHARMACY PRACTICE APPLICATION

ALL SECTIONS MUST BE COMPLETED. PRINT CLEARLY - ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name First Middle Last
Home Address
NH License Number Home Phone () Work Phone ()

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy Which You Are Currently Employed
Complete Address of Pharmacy

3. Professional Liability Insurance and Cardiopulmonary (CPR) Certification

I have at least \$1,000,000 of professional liability insurance with _____
Be sure to attach a certificate of insurance to this application.
I am CPR certified by _____
Be sure to attach a certificate of completion of CPR training to this application.

4. Continuing Education Courses (Must Complete 5 Contact Hours) Related to Collaborative Practice Agreement

Please List the CE Courses and Date Completed.
• _____
• _____
• _____
• _____
*If you intend to administer drugs by injection, be sure to attach a certificate of completion of a training program that is a requirement of RSA 318:16-a.
(Additional Courses may be listed on back)

5. PRACTICE SETTING LOCATIONS

Please list all practice settings you intend to engage a collaborative practice at:
Name: _____
Address: _____
Name: _____
Address: _____
(Additional Sites may be listed on back)

6. APPLICANT'S STATEMENT

I certify that I have read Ph 1100 of the NH Code of Administrative Rules, and that I have met the requirements for entering into a Collaborative Practice.
Signature: _____ Date: _____
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.