ALBERTA BLUE CROSS®

PHARMACIST PRESCRIBER SPECIAL AUTHORIZATION REGISTRATION FORM

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

PHARMACIST INFORMATION

Last Name	First name and initial	Professional registration number

Confidential email address

PRIMARY PLACE OF EMPLOYMENT (highest number of work hours accumulated at this location)

Name of place of employment

Pharmacy license or number/hospital unit (if applicable)

Site address	City	Province	Postal code

Phone number	Fax number

SECONDARY PLACE OF EMPLOYMENT (if applicable)

Name of place of employment

Pharmacy license or number/hospital unit (if applicable)

Site address	City	Province	Postal code

Phone number	Fax number

TERTIARY PLACE OF EMPLOYMENT (if applicable) **

Name of place of employment

Pharmacy license or number/hospital unit (if applicable)

Site address	City	Province	Postal code

Phone number	Fax number

**If additional writing space is required regarding place of employment, please attach a separate piece of paper.

SIGNATURE (to be completed by the pharmacist)

Signature	Date (YYYY-MM-DD)

Please return your fully completed form to

Attention: Pharmacy Agreement coordinator
Alberta Blue Cross
10009 108 Street NW
Edmonton, AB T5J 3C5

or fax to 780-498-8384 (Edmonton)
1-877-828-4106 (toll free all other areas)

FOR ALBERTA BLUE CROSS USE ONLY

Date effective

Date processed

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 108 Street, Edmonton AB T5J 3C5.