



**Editors Note:**

- Check out the new format for the PostScript. Please let me know what you think at Janis.johnson@rqhealth.ca
- Past issues of the PostScript, upcoming events and CSHP news is available on the Branch website. If you have any ideas for improvement to the Branch website, send your suggestions to web-master@cshp-sk.org.

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**Branch Delegate Report**

I am honored to have the opportunity to represent the branch at the national level, and will do my best to participate and provide an effective communication link. After 20 years of membership with CSHP I have decided to volunteer and put something back into my profession. I wonder how many reading this are just like me – consider allowing your name to stand for Council or volunteer some time to committee work.

CSHP National now owns its own condominium office space in Ottawa. In the long term, this will save significant financial resources and will fulfill the space requirements for decades. It may be possible to rent some of the space, which could be a great source of

revenue.

Ken Wou, a former regional pharmacy manager for the interior of BC has been hired into a one-year temporary full-time position as the coordinator, Membership and Professional Affairs. One of his first duties will be to chair the Practice Standards committee.

CSHP is establishing a national Advocacy committee with trained representatives from each branch, until such time as a staff person is hired with communications/advocacy experience. Individuals appointed would be trained in dealing with media questions, announcements and responses to health care issues focusing on issues such as health care reform and patient safety. Our branch has added this to the External VP portfolio.

Membership fees will increase by 5% for 2005/6. No Saskatchewan branch fee will be levied.

CSHP National has been actively investigating options with four different insurance companies in order for our members to have an option to purchase malpractice insurance through the Society. Only one provider is able to meet the requirements identified by SCP as mandatory for licensure. Unfortunately the premium cost quotes are higher than anticipated. Please watch your national mailings for more information.

Don Kuntz

**CSHP Student Representative Report**

1. The CSHP student reception took place March 17<sup>th</sup> 2005 at the College of Pharmacy and Nutrition. The reception was well received by approximately 40 students. Pizza and pop was provided. Thanks to everyone who attended and talked to the students.
2. Pharmacists Awareness Week (March 7<sup>th</sup> – 11<sup>th</sup> 2005) at the College was organized by a group effort, including the CAPSI reps Stefano Ciofani and Erika Pfall, the Senior Stick Cynthia Berry, and myself. There were

3 activities planned and those were:

- i. Pharmacy Jeopardy
- ii. A student coloring contest (with coloring sheets from the CPhA website)
- iii. Smarties in vials were given out to the students.

There was great participation by all the students in all three events.

1. The CSHP student election (nomination) ran through March. Cara Wilson will be next year's CSHP Student Rep.

Ola Siwic

## Residency Projects for 2003-2004

Congratulations to the residents on completing their projects. Please find included the abstracts from their residency projects.

### The Role of a Pharmacist in a Primary Health Centre for Older Adults

*Krystal Horudko-Napper, Jane Richardson, Shannan Neubauer*

#### Abstract

**Background:** Primary health care teams provide a holistic and comprehensive range of services offered by a range of professions to enhance overall patient care. Seniors are influenced by multiple factors that predispose them drug-related problems (DRP). Pharmacists are trained to identify and prevent various DRPs. This study's goal was to develop and evaluate a pharmacist's role in a primary health centre (PHC) for seniors.

**Objectives:** To develop the role of a pharmacist in a PHC for older adults; to describe activities and functions of a pharmacist; to measure pharmacotherapy recommendation acceptance and patient and team satisfaction.

**Methods:** Health and medication data were collected from patients. Recommendations and follow-up were provided when appropriate. Pre and post assessment questionnaires evaluated patient opinions and perceptions. Team members were asked to evaluate the pharmacist's activities.

**Results:** Twenty-three patients had on average 5.6 DRPs. Acceptance rate of recommendations made by the pharmacist was 89.1%. Positive responses made by patients and the PHC team support continuation of the pharmacist position.

**Conclusions:** The activities of the pharmacist were well received by both the patients and the team members. Following the study completion, a community pharmacist will continue to provide pharmacy services to the PHC.

**Key words:** primary health care, pharmacist, pharmaceutical care, senior

### Pharmacist Intervention to Increase Venous Thromboembolism Prophylaxis in Medical Patients

Investigator: *Jennifer Carvell*, BSP (Pharmacy Resident)

Advisors: *Tejal Patel* PharmD, *Susan Poulin* BSc Pharm, *Linda Sulz* PharmD, *Christina Klimczak* BSP

**Background:** Venous thromboembolism (VTE) is a significant source of morbidity and mortality worldwide. General medical patients have a deep vein thrombosis (DVT) frequency of 10-26%. Since VTE occurs commonly and can be asymptomatic, primary prevention with antithrombotic therapy is the most rational means of reducing mortality, morbidity and the associated cost of treatment. Thromboprophylaxis in medical patients remains underutilized despite several studies showing beneficial effect and ACCP consensus guidelines. A recent Canadian study investigated the utilization of VTE prophylaxis for acutely ill medical patients (CURVE). Overall, appropriate prophylaxis was administered to only 21% of patients. Unfortunately, in the Regina General Hospital (RGH), only 6% of all medical patients and 25% of those with risk factors received adequate VTE prophylaxis. The purpose of this study was to determine if pharmacist intervention would significantly increase the proportion of eligible medical patients receiving adequate thromboprophylaxis.

**Methods:** All patients admitted to nursing units 3E and 6F at the RGH and who were at high or moderate risk of experiencing a VTE were candidates for inclusion in the study. A two day run-in phase acted as the current control and the CURVE study was the historical control. The two day run-in phase consisted of a review of patient charts and classification of VTE risk. VTE prophylaxis was evaluated to determine adequacy. Starting on day three, the resident made a recommendation to the physician if a patient was not receiving adequate prophylaxis. For patients receiving inadequate prophylaxis, level of risk for VTE, prophylactic drug, dose, frequency, duration, and monitoring parameters were collected for analysis.

**Results:** Of the 8 patients included in the two day run-in phase, 4 were at high risk and 4 at moderate risk for VTE. Two high risk patients were not receiving prophylaxis at all, while the other two patients were receiving an inadequate dose. Three of the four moderate risk patients were receiving appropriate VTE prophylaxis and one patient was not receiving any prophylaxis. In total, three patients (38%) were receiving appropriate prophylaxis during the two day run-in. Of the 11 patients included during the pharmacist intervention phase, zero of the four high risk and four of the seven moderate risk patients received appropriate VTE prophylaxis. The one high risk patient without prophylaxis started receiving appropriate prophylaxis according to the resident's recommendation. With pharmacist intervention, two of the three moderate risk patients without prophylaxis were started on appropriate VTE prophylaxis. The resident made recommendations on the four patients not receiving VTE prophylaxis, three were accepted. Therefore, seven out of eleven patients (64%) were receiving appropriate prophylaxis, three due to pharmacist intervention.

**Conclusion:** Pharmacist intervention to increase appropriate VTE prophylaxis in general medical patients resulted in approximately a 30% increase from 38% in the two day run-in to 64% after pharmacist intervention. The increase of appropriate VTE prophylaxis from CURVE to pharmacist intervention was also drastically improved. The considerable increase of appropriate VTE prophylaxis from the two day run-in to pharmacist intervention would suggest the resident's recommendation by progress note was a suitable strategy to implement VTE prophylaxis guidelines.

## Monica's Web Picks

The following is a list of websites for the professional organizations for Saskatchewan pharmacists. To see what is offered by these organizations just follow the links.

1. CSHP National – [www.cshp.ca](http://www.cshp.ca)

This is the home page for the Canadian Society of Hospital Pharmacists National Office. CSHP is a national voluntary organization of pharmacists committed to the advancement of patient-centred pharmacy practice in hospitals and related health care settings. To access the National awards programs, educational opportunities, membership, advocacy programs, publications, and CSHP Branches across Canada - Follow the links. This site will also highlight any upcoming events for CSHP and Provide access to the pharmacy specialty networks (PSNs) as well as provide information on pertinent practice and advocacy issues facing hospital pharmacy practice.

2. CSHP Sask. Branch – [www.cshp-sk.org](http://www.cshp-sk.org)

This will allow access to the CSHP Sask Branch website. This website provides a link to CSHP National. It also provides information with regards to any upcoming events in Sask., as well as information regarding membership, awards and educational opportunities. The Postscript and Policy and Procedure Manual is also available here. Check out what is going on with CSHP Sask Branch!

3. Representative Board of Saskatchewan Pharmacists – [www.RBSP.ca](http://www.RBSP.ca)

This website provides Saskatchewan pharmacists access to professional pharmacy information in the hospital, community and other settings. RBSP is an organization dedicated to the advancement of the profession of pharmacy in Saskatchewan. This website provides access to information regarding insurance, awards, negotiations affecting Sask. pharmacists and educational events. This website also contains a "members only" section as well as the RBSP Newsletter.

4. Saskatchewan College of Pharmacists – [www.saskpharmassoc.ca](http://www.saskpharmassoc.ca)

SCP is the self governing body for the profession of pharmacy in the Province of Saskatchewan. This website provides information on regulatory issues and events. This website also provides direct links to other organizations including NAPRA.

5. Continuing Professional Development – [www.usask.ca/pharmacy-nutrition/services/](http://www.usask.ca/pharmacy-nutrition/services/)

This unit co-ordinates and evaluates continuing education programs in Saskatchewan. The learning portfolio is available for viewing at this site. Additional forms for the portfolio are also available at this site.

6. Canadian Pharmaceutical Association – [www.pharmacists.ca](http://www.pharmacists.ca)

The Canadian Pharmacists Association is the national organization of pharmacists, committed to providing leadership for the profession of pharmacy. CPhA's web site is your link to a comprehensive source of drug information, pharmacy practice support material, patient information and news about the world of pharmacists. Various publications for pharmacists are also available at this site.

7. The Institute for Safe Medication Practices in Canada [ISMP] – [www.ismp-canada.org/index.htm](http://www.ismp-canada.org/index.htm)

The Institute for Safe Medication Practices Canada is an independent Canadian non-profit agency established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of patient

### BRANCH HIGHLIGHTS

We are pleased to have Dale Rodenbush from Sun Country Health Region, Weyburn, join council as RBSP Liaison.

In spite of what you normally think happens in Ottawa, it really is a great city to visit and this year the Annual CSHP convention is in Ottawa August 13-16, 2005. Check the CSHP website <http://www.cshp.ca/> for the Program and registration details..

Pharmacist Awareness Week March 7-11 at the college included Pharmacy Jeopardy. Thanks to CSHP student representative Ola Siwic and her colleagues for organizing those events. As well the CSHP student reception took place March 17 at the college and was well received with about 40 students attending.

## EDUCATIONAL SERVICES COMMITTEE

### CALL FOR POSTERS

#### CSHP - SASK BRANCH ANNUAL MEETING

Saturday October 15th, 2005  
Hilton Garden Inn  
Saskatoon, Saskatchewan

The Educational Services Committee is calling for poster presentations for the Annual Meeting and educational sessions, Saturday October 15th, 2005 in Saskatoon.

Individuals or groups involved in projects, studies, or pharmacy services which would be of interest to other pharmacists are encouraged to submit abstracts for poster presentations. Descriptive posters of implemented programs, small hospital practice, professional practice and education are welcome.

### FORMAT OF ABSTRACT

TITLE should be brief and clearly indicate the nature of the presentation. Do not use abbreviations in the title. List author(s), degrees, institutional affiliation, city and province.

ORGANIZE BODY OF ABSTRACT as follows: 1. purpose; 2. description or methodology; 3. summary of experience or results; 4. results.

TYPING INSTRUCTIONS. The abstract should be a maximum of 250 words.

DEADLINE. All abstracts must be submitted for review by September 19<sup>th</sup>, 2005.

### POSTER SCHEDULE

Saturday October 15th, 2005	1015 - 1100h
	1530 - 1545h

For more information or to submit your poster abstract, please contact:

David Blackburn  
ESC Chair, CSHP Sask Branch  
College of Pharmacy & Nutrition  
University of Saskatchewan  
110 Science Place  
Saskatoon, Saskatchewan  
S7N 5C9  
(306) 966-2081  
d.blackburn@usask.ca



## What's Up

CSHP/ Capsi collaboration will be held in September at the college to promote hospital pharmacy to students. An educational symposium will be held targeting 2<sup>nd</sup> years.

There will be numerous vacancies on executive this year. We will be looking for a President-Elect and treasurer. Please find attached the nomination forms. Think about volunteering with CSHP as there are many areas where we need your help. We will be also looking for a Communication, Awards \ and Education chair s and committee members. Fill out the volunteer faxback form to let us know if you are interested. Take part as it a very rewarding experience.

Also CSHP National AGM in 2007 is getting closer and closer. Consider putting you name down to help our chairpersons Monica Lawrence and Doug Sellinger put on an event that will be talked about years to come.

There was no Sask. Branch CSHP Poster award winner this year.

With funding from the HQC, Wascana Rehab Centre pharmacists will be looking at medication reconciliation within long term care facilities. I look forward to your results.

## Newsletter – Pharmacy Coalition on Primary Care

SK. Branch  
Canadian Society  
of Hospital  
Pharmacists  
www. cshp-sk.org

CSHP Council  
2004-2005

Co-Presidents:  
Monica Lawrence  
Piera Calissi

President– Elect  
Paul Berg

Secretary:  
Carolyn Gray

National Delegate:  
Don Kuntz

RBSP Liaison:  
Dale Rodenbush

SCP Liaison  
Melanie McLeod

CSHP Student Rep:  
Ola Siwic

Communications  
Chair:  
Janis Johnson

Education Chair:  
Dave Blackburn

Awards:  
Vacant

Small Hospital:  
Krystal Horudko-  
Napper

Professional  
Practice:  
Susan Poulin

The Pharmacy Coalition on Primary Care (PCPC) is comprised of pharmacists from CSHP, College of Pharmacy & Nutrition, the Health Quality Council, RBSP and SCP. The mandate of the PCPC is to facilitate pharmacist involvement in primary care and primary health care practices in the province by: interfacing with stakeholders outside of the profession, recommending compensation models to those establishing teams with pharmacists, supporting a broad range of practice models, encouraging primary care pilots and programs involving pharmacists, and recommending education programs that teach the necessary skills and team-building strategies to assist pharmacists to join and participate in primary care teams.

### Success Stories:

We'd like to report on the successes to date of a number of provincial pharmacists who have developed/participated in primary care projects, programs or teams.

Kelly Digneau – primary health care team member (Hudson Bay Pharmasave)

Pat Smith (Regina) – asthma education supported by Safeway

Audrey McLelland (Saskatoon) – diabetes education supported by Safeway

Lana Perrault (Swift Current Coop) – Contraception and STI prevention education in schools

Charity Evans / Gord Stueck – team-based diabetes education and management (Stueck Pharmacy, Leader)

Kendra Townsend / Jade Rosin – randomized, controlled trial of diabetes management (Townsend Central Drugs, Wynyard)

Janet Bradshaw – cholesterol optimization / management of metabolic syndrome (Fort Qu'Appelle)

We are sure there are many more involved Saskatchewan pharmacists out there and we want to hear from you too!

Also of importance is the involvement of five of these pharmacists in successfully securing funding to provide primary care services within family medicine practices that involve evaluation of their practice. These pharmacists have written their own protocols, obtained funding and ethics approvals and in some cases have reported on their results. Congratulations to these practice-based researchers: Janet Bradshaw (pharmaceutical industry sponsorship), Charity Evans and Gord Stueck (funder: Cypress Health Region) and Kendra Townsend and Jade Rosin (funder: PHS Branch – Saskatchewan Health).

### Getting Connected:

The PCPC has created a listserv for pharmacists interested in primary care to share queries, challenges, successes and information. If you are interested in joining this listserv simply contact Dr. Yvonne Shevchuk at shevchuk@duke.usask.ca to be sent the registration information electronically.

### Resources:

Traditionally, pharmacists interested in clinical service provision have used a business approach to market a service to a particular niche. The primary health care movement will require a different approach. It requires health care providers to determine health needs of the population with team

members, including the public themselves. This is known as the community development approach. If done correctly, one will not have to heavily promote these services, because the population themselves will have identified the need.

In early 2004, five senior pharmacy students on their specialty SPEP developed a primary health care plan for two diverse communities in Saskatchewan. The communities selected by the faculty represented communities at the opposite ends of the scale with respect to primary health care team establishment. The document can serve as a guide or template to pharmacists interested in participating in primary health care. Those involved in this project include: Drs. Yvonne Shevchuk, Roy Dobson, and Shannan Neubauer and Sarah Cherry (Regina), Lindsay Hall (Regina), Catherine Leyshon (Calgary), Kim Nordlund (Melfort) and Christine Woo (Calgary). The document is called: *Primary Healthcare and Pharmacists: A Community Development Approach* and it is available in electronic version from the PCPC.

### Experiences from the United Kingdom

In the autumn of 2003, three Saskatchewan pharmacists (Gordon Stueck, Ray Joubert and Shannan Neubauer) traveled with an interprofessional team to Scotland and England to learn about their successes in primary care strategies, team building and quality improvement activities. This group has reported on the experience at both the RBSP (March '04) and CSHP (Oct '04) AGMs. A report with recommendations has been drafted and is undergoing final revisions before being sent to SaskHealth.

Charity Evans was also sent to Manchester in May '04 to learn about their quality improvement model, PDSA (plan, do, study, act) – a rapid improvement model aimed at assisting teams to explore small QI changes. Charity's travel and accommodation was supported jointly by Stueck Pharmacy, the Health Quality Council and the Cypress Health Region.

### Continuing Pharmacist Education – Primary Health Care:

A day-long workshop is being planned for a Sunday in late August or on Oct 15, 2005, to follow CSHP's AGM in Saskatoon. The program will be hosted at the University of Saskatchewan and will offer three components, 1) primary care professional skills, 2) successful collaborative projects – pharmacists' experiences / what they do and 3) how to collaborate – interfacing with primary health care partners and planners.

In the next few weeks please expect a faxback form inquiring about the interest in your pharmacy / amongst the pharmacists and your preference for dates. We hope to include the proposed cost of the program (there will be no industry sponsorship of this program, however funding is being sought from pharmacy organizations, companies and wholesalers) so that you consider this when stating your interest.

Respectfully submitted,

Shannan Neubauer, BSP, Pharm D, FCSHP  
Chair, Pharmacy Coalition on Primary Care

*CSHP --The life, the voice and heart of hospital*

## **CALL FOR NOMINATIONS C.S.H.P. SASKATCHEWAN BRANCH AWARDS**

### **THE J.L. SUMMERS ACHIEVEMENT AWARD sponsored by Merck Frosst Canada, Inc.**

This award is presented annually to a member of the Branch in recognition of a significant contribution within the practice of hospital pharmacy, which demonstrates innovation and leadership in the health care field.

Recognise the outstanding contributions of a Society member by nominating him/her for this award.

### **BETTY C. RIDDELL AWARD FOR PHARMACY PRACTITIONER EXCELLENCE sponsored by Pharmaceutical Partners of Canada**

This award is presented annually to a member of the Branch in recognition of outstanding achievement to patient care, contribution to the profession and long term service to the practice of pharmacy (minimum of 10 years). Selection of nominees will be made on the basis of involvement and significant contribution to the practice of pharmacy at the pharmacist's work place.

Please recognize the outstanding accomplishments of a fellow Branch member by sending in a nomination.

### **PHARMACIST OF THE YEAR AWARD sponsored by Apotex Inc.**

This award is presented annually to a member of the Branch in recognition of outstanding achievement to the practice of hospital pharmacy. Selection of nominees will be made on the basis of involvement and significant contribution to hospital pharmacy at the local and provincial level, with a minimum of 5 years hospital pharmacy practice.

There are many worthy individuals who deserve to be recognised. Why not take a moment to nominate a colleague for "Pharmacist of the Year".

### **THE SASKATCHEWAN BRANCH C.S.H.P. PFIZER MERIT AWARD sponsored by Pfizer Canada**

This award is presented annually to a practising hospital pharmacist(s) and member(s) of the Branch in recognition of a project which could easily be accomplished regardless of hospital size or staff, which need not be sophisticated, and which serves a useful purpose or has been recently published.

We know that many pharmacists have initiated exciting programs in their hospitals and we would like to recognize them. Take a few minutes to write the Awards Committee about when your project started, how it was implemented, and how it is running, or let us know about a recent publication.

### **HOSPITAL PHARMACY RESIDENCY AWARD sponsored by Pfizer Canada Inc.**

This award is given annually to a deserving Saskatchewan hospital pharmacy resident in recognition of a residency project which represents a significant innovation, practical application and/or development in an institutional pharmacy practice setting. If you are currently a hospital pharmacy resident or have completed such a program in the previous year, please send in your project manuscript for consideration for this award.

Please visit [www.cshp-sk.org](http://www.cshp-sk.org) for the "terms of reference" for each award. All nominations shall be submitted to the Awards Committee Chair via email or land mail with substantiating background documentation by September 1, 2005. Each nomination shall be endorsed by the nominator and two additional C.S.H.P. members.

Piera Calissi  
Pharmacy Department  
St. Paul 's Hospital  
1702 20th Street  
Saskatoon , SK S7M 0Z9  
Phone: 655-5063 (fax: 655-5628)  
Email: [piera.calissi@saskatoonhealthregion.ca](mailto:piera.calissi@saskatoonhealthregion.ca)

Dear Members:

I'd like you to take the time to consider becoming MORE actively involved in the Saskatchewan Branch, CSHP.

Enclosed is a nomination form for the positions of President-Elect, Secretary and Treasurer. Becoming an active participant of the Branch is a rewarding experience. You help determine the activities of the Branch and interact with several of your colleagues from around the province on a regular basis.

Below are summaries of these positions:

**President-Elect:**

The incumbent in this position uses the year to learn the workings of the Branch and assist the President in performing his/her duties. The President-Elect, along with Branch Delegate, attends the National Annual General Meeting. This is a great opportunity to meet pharmacists from across the country, including the National Executive and some of the Office staff who assist them. The following year, the President-Elect assumes the position of President and represents Saskatchewan hospital pharmacists on various committees and at meetings throughout the province. The President-Elect attends all Executive Committee Meetings as a full voting member.

**Treasurer:**

The incumbent in this position develops the Branch's budget and chairs the Finance Committee. As well as maintaining our "books", the Treasurer presents status reports at each Executive Committee Meeting and Branch Annual General Meeting. We are in a good financial position at present and our financial dealings are straight forward (i.e. you don't have to be Chartered Accountant to handle the job!). The Treasurer attends all Executive Committee Meetings as a full voting member.

**Secretary:**

The incumbent in this position takes minutes at all Branch meetings (approx. 6/year), and distributes information (e.g. minutes, agendas, reports, etc.) to members as required. The Secretary attends all Executive Committee Meetings as a full voting member.

If you are interested, but are still unsure, don't hesitate to call any past or present Branch Executive Committee member for further details. Also, if you know of a colleague who would be interested in one of these positions, ask them to consider letting their name stand. You won't regret the experience.

Monica Lawrence  
Chair, Nominating Committee

*CSHP 2006 Vision*  
*A revitalized society*  
*The influential voice for hospital pharmacy*  
*Inspiring and supporting our members*

We the undersigned, active members of the Saskatchewan Branch of the Canadian Society of Hospital Pharmacists, hereby nominate:

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

\_\_\_\_\_

for the position of \_\_\_\_\_  
(President-Elect, Secretary, Treasurer)

1. \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature of Active Member)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Active Member)

\_\_\_\_\_  
(Address)

I, \_\_\_\_\_, accept the nomination for office and all  
(Signature)  
the responsibilities it involves.

\_\_\_\_\_  
(Date)

**Please complete and return to the Nominating Committee Chair:**

Monica Lawrence  
Pharmacy Department  
Regina General Hospital  
1440 14th Ave  
Regina, Saskatchewan  
Fax 766-4363

**Volunteer Opportunities**

A number of volunteer opportunities exist with the Branch. These include Executive positions, chairpersons of committees, active and committee membership. There also may be opportunities to serve on task forces. A member of the Sask. Branch, CSHP Executive will contact you to discuss positions in which you might be interested.

**Volunteer Information**

**Name** \_\_\_\_\_

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number (home)** \_\_\_\_\_

**Site of Employment** \_\_\_\_\_

**Job Status** (i.e. staff pharmacist, manager) \_\_\_\_\_

**Telephone Number (work)** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Please fax your completed form to Sask. Branch, CSHP by  
October 1st, 2005:**

**Fax to:**

**Janis Johnson**

**Communications Chair**

**Fax: (306) 766-2405**