



# CPhA Recommendation Application Form

Thank you for your interest in the CPhA Recommendation Program. A fee of \$1,500 is applicable in order to obtain a review of your product or service. Please complete this application form and submit to [info@pharmacists.ca](mailto:info@pharmacists.ca). To submit your payment by credit card, please contact our accounting department at 1-800-917-9489 ext. 253.

Application Date (DD-MM-YYYY):

Product/Service Name:

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Contact Name:

Organization:

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Email:

Phone Number:

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Recommendation Level:

- Level 1**     **Level 2**     **Level 3**

Please refer to [pharmacists.ca/recommendations](http://pharmacists.ca/recommendations) for benefit details of each level.

How is your product/service of benefit to pharmacists and their patients?

How does your product/service align with CPhA's mission (advancing the health and well-being of Canadians through excellence in pharmacist care) and vision (pharmacists providing world-class pharmacy leadership)?

Please provide evidence of current market acceptance for your product/service:

Please provide evidence of efficacy for your product/service (if applicable):

Additional comments:



**Attach any additional relevant information about your product/service along with your email. Your application will be reviewed by the CPhA Recommendation Committee.**