



**Canadian Pharmacists Association**  
**Pharmacy Claim Standard**

## CPhA Pharmacy Claim Standard (PCS) Change Request Form

Date of Submission:

Requesting Organization/Individual:

Organization Description:

Contact Information:

Name

Email Address  Phone Number

**Priority Level:**    ☐ High    ☐ Medium    ☐ Low

**Detailed description of the request** (rationale for the change)

Detailed explanation of the change requested

Why is this update needed

Impact on current processes

Benefits expected

**Supporting Documentation** (attached if needed)

Requested Implementation Timeline: Please provide an explanation for the requested timeline

Additional Comments

Acknowledgment: I acknowledge that this request will be reviewed by the CPhAPCS Steering Committee and that the implementation of this request is subject to approval and prioritization.

☐ I Agree

Please attach receipt to this form and email to [advocacy@pharmacists.ca](mailto:advocacy@pharmacists.ca)



Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

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