



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)

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

