



MANAGER/OWNER PARTICIPATION AGREEMENT

I _____, accept participation in the PACT program. I understand
(Manager/owner name)

that as the manager/owner, my responsibilities include:

1. To provide support for the following pharmacists to provide PACT services:

2. To provide a suitable private/semi-private area where PACT services will be offered.

3. To provide specific times during which a PACT pharmacist will always be available to provide uninterrupted counseling/follow-up calls. I commit to having a PACT pharmacist available:

_____ , _____
(frequency e.g. every Tuesday morning) (hours PACT provided e.g. 9-11am)

The Pharmacists' Association will promote the provision of these services to various stakeholders, including third party payers, and will provide promotional materials to PACT pharmacists/pharmacies/practice sites.

Signature _____

Date _____