As more health care professionals are receiving legislated prescribing privileges, MPhA has formulated a concise reference chart of prescribers. For pharmacists’ reference, the following table lists the various prescribers, their respective scope of prescribing, prescribing conditions and restrictions of prescribing for outpatient or community settings. In some provinces, optometrists and podiatrists do have prescribing privileges, but not in Manitoba. This table will be posted on the MPhA website and will be updated as new practitioners receive legislated prescribing privileges.

The table is located on page four.
Locked Storage of Methadone Carries

Methadone can be harmful or fatal if taken by a child or an adult who is not tolerant of opioids. Accidental poisoning can be prevented by these simple safeguards. Methadone must be dispensed from the pharmacy in a bottle with childproof caps and stored in a lock box by the patient.

Tackle boxes and small tool boxes with a lock work well for this purpose. When initiating methadone carries, the pharmacist should request the patient show them the lock box prior to the patient receiving his/her first carry. This should be documented in the patient’s file.

Pharmacists must counsel patients and advise that methadone is very dangerous if consumed by anyone other than themselves. All methadone dispensed as carries must have an adequate warning label, stating that the amount of drug contained could cause serious harm or toxicity if taken by someone other than the patient. The warning can be inserted directly into the directions on the prescription label. Patients should be routinely counseled on the importance of safe and secure storage of methadone carries. For further information, please see the Principles for the Provision of Methadone which can be found on www.mpha.ca.
Dear MPhA Members,

It is shaping up to be a momentous year for pharmacists in Manitoba. This spring the staff and council of MPhA have been working at a frenetic pace with Manitoba Health and other stakeholders to finally complete the regulation development process. At this time, we are just days away from receipt of the final regulations for member approval. A Special General Meeting (SGM) is set for June 24th to give members the opportunity to learn about and discuss the content of the regulations.

By now, you may be exhausted of the talk about regulations and the new *Pharmaceutical Act* – December 2006. The “new” Act is, after all, already seven years old. We understand your feelings, because we feel the same way. We’d like to be able to move away from the drafting stage and move forward into the implementation stage. Our ability to do so rests with you, the practicing pharmacists of Manitoba.

I encourage you to attend and participate in the discussions at the Special General Meeting so that you can ask questions and receive clarification on key points and issues, be equipped with the knowledge to make an informed decision when it comes to a vote, and take an active role in setting the future practice of pharmacists in Manitoba.

With a vote right around the corner, the SGM is one of the last opportunities for you, the member, to gather information and ask questions around practice directions, the companion document and the regulations. In the very near future, we will be calling for a vote of the membership. It is my earnest wish that the vote will be in favor of passing these regulations.

If the vote of the membership is successful, we will mark a very important milestone in history for pharmacists in Manitoba. If successful, we will join our colleagues across Canada in taking on new authorities such as prescribing, drug administration and test ordering. The new *Act*, and your future practice, rests on a successful vote of the members, so I again urge you to support this effort.

On a lighter note, we could all use a day on the golf course. This year’s annual golf outing is heading to the Carman Golf and Curling Club on Thursday, September 12th. The registration form is included in this issue of the MPhA Newsletter and we’d love to see you in Carman for a day of fun and prizes. All net proceeds benefit the Canadian Foundation for Pharmacy, an organization that brings benefits to pharmacists throughout Canada.

Regards,

Kyle MacNair, BSc.Pharm, ACPR

*President, Manitoba Pharmaceutical Association*
<table>
<thead>
<tr>
<th>Prescriber</th>
<th>Directory</th>
<th>Scope of Prescribing</th>
<th>Prescribing Conditions (Outpatient/Community)</th>
<th>Prescribing of Controlled Drugs and Narcotics</th>
<th>Designation</th>
<th>DPIN Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Graduate</td>
<td></td>
<td></td>
<td>Prescription must include: - name &amp; signature of resident - contact phone number - name of supervising physician - treatment goal &amp;/or diagnosis &amp;/or clinical indication - cannot exceed 3 month supply</td>
<td>Yes, with Physician co-signature or physician verbal authorization (EXCLUDING M3P)</td>
<td>PGY#, R#</td>
<td>Supervising Physician License Number</td>
</tr>
<tr>
<td>1) Medical Residents</td>
<td>Physician Registry</td>
<td>Residency Program</td>
<td>Prescription must include: - name &amp; signature of resident - contact phone number (Practitioner is fully qualified to practice and prescribe but only within residency program)</td>
<td>Information to follow</td>
<td></td>
<td>Residency License Number</td>
</tr>
<tr>
<td>2) Residency Licence</td>
<td>Physician Registry</td>
<td>Residency Program</td>
<td>Prescription must include: - name &amp; signature of resident - contact phone number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Assistants</td>
<td>Clinical Assistant Registry</td>
<td>Supervising Physician’s Practice</td>
<td>Prescription must include: - name &amp; signature of clinical assistant - contact phone number - name of supervising physician - treatment goal &amp;/or diagnosis &amp;/or clinical indication - cannot exceed 3 month supply</td>
<td>No</td>
<td>Cl.A.</td>
<td>Supervising Physician License Number</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>Physician Assistant Registry</td>
<td>Supervising Physician’s Practice</td>
<td>Prescription must include: - name &amp; signature of physician assistant - contact phone number - name of supervising physician - treatment goal &amp;/or diagnosis &amp;/or clinical indication - cannot exceed 3 month supply</td>
<td>No</td>
<td>P.A.</td>
<td>Supervising Physician License Number</td>
</tr>
<tr>
<td>Registered Nurses (Extended Practice) &amp; Nurse Practitioners</td>
<td>CRNM Nurse Check</td>
<td>Specific Area of Practice</td>
<td>Prescription must include: - treatment goal &amp;/or diagnosis &amp;/or clinical indication</td>
<td>Yes, once authorized by CRNM</td>
<td>RN(EP) or NP</td>
<td>Nurse Practitioner Prescriber Number</td>
</tr>
<tr>
<td>Dentists</td>
<td>Manitoba Dental Association Directory</td>
<td>Scope of Dental Practice</td>
<td>Prescription must be for treatment related to dental health, procedures or surgery. Can prescribe smoking cessation medication once an educational program has been completed. Dentist should provide follow-up and monitoring of the patient.</td>
<td>Yes</td>
<td>DMD</td>
<td>Dentist License Number</td>
</tr>
<tr>
<td>Veterinarians</td>
<td>Manitoba Veterinary Medical Association listing</td>
<td>Veterinarian Practice only</td>
<td>Prescriptions must be for animal, fish or fowl. Prescriptions for office use are acceptable, but not for resale.</td>
<td>Yes</td>
<td>DVM</td>
<td>009999</td>
</tr>
</tbody>
</table>
Prescription Forgeries

“Can you fill this prescription fast as I am late for an appointment?”

The prescription is written for lorazepam and Tylenol #3 from a patient unknown to your pharmacy. Do alarm bells ring for you and your staff?

In many cases, a person presenting a forged prescription will attempt to rush the pharmacy staff hoping that the pharmacist may overlook the forgery. The pharmacist must be on alert if a new patient presents a prescription for a narcotic or controlled drug because the majority of forged prescriptions are for these medications. In many cases, individuals will attempt to fill the prescription under an alias or another individual’s name. M3P prescription forms contain a pharmacy checklist including verification of the patient’s identity. If a patient is unknown to the pharmacy and presents a prescription for an M3P drug or a potential drug of abuse, the pharmacist should confirm the identity of the patient by asking for photo identification. If not recognized, the pharmacist should verify the physician’s signature. All M3P prescriptions must be entered into the DPIN system and that is also a resource to verify the authenticity of the prescription. Does the prescription contain differences in ink or writing or any spelling errors? Is it missing information or contain inaccurate information regarding dosing or quantity? If a forgery is suspected, the prescriber must be contacted to confirm the prescription.

What do you do once the forgery is confirmed?

The pharmacy should notify the police and make a copy, and try to retain the original prescription. If the suspect demands the prescription back, do not compromise your safety or others in the pharmacy. The pharmacist should initial or stamp the original to alert the next pharmacist that the prescription has been previously presented at a pharmacy. Pharmacy staff should record a description of the individual and document the details of the incident for police. In addition to the police, MPhA should also be contacted as soon as possible in case other pharmacies would benefit from notification. Specific information that would be required would include:

- Pharmacy name, address and contact number
- Physician’s name, address, phone and fax number and license number
- Medications on the prescription
- Reasons for suspecting forgery
- Type of prescription (verbal, written, computer generated, M3P, etc)
- Patient name used on prescription

A Health Canada Forgery report should be completed and copies sent to Health Canada and MPhA. A sample report can be found on the MPhA website.

If the prescription forgery also involves PHIN fraud, then Manitoba Health should be contacted to help prevent further fraudulent use of another individual’s personal health number. Manitoba Health – Jeff Rentz, Auditor, Risk Analyst (204-788-6774).

Can you provide the original prescription or a copy to the police without contravening PHIA?

Any forgery as a result of a stolen prescription pad can be given to police. When an individual alters a legitimate prescription and tries to submit to Pharmacare or a private insurer, it is considered fraud under Section 22(m)(i) of the Personal Health Information Act and can be provided to police. If an individual presents an altered legitimate prescription and is either a non-resident of Manitoba or requests that the prescription not be entered into DPIN, then it is advisable to seek legal counsel before providing the altered prescription to police. The Legislative Unit at Manitoba Health can be contacted for guidance at 204-788-6612.

If you suspect a forgery:

1) Verify physician’s signature
2) Check patient’s DPIN profile
3) Review prescription for spelling errors, differences in ink and writing, missing or inaccurate information regarding dosing and quantity
4) Request photo identification to verify patient’s identity
5) Confirm prescription with physician

Once a forgery is confirmed:

1) Retain prescription. If patient demands prescription, make copy of prescription and mark original to alert next pharmacy. Do not compromise safety of pharmacy staff or patients.
2) Contact police. Provide a copy of original prescription to police if requested and allowed.
3) Report forgery to MPhA
4) Fill out Health Canada Forgery report and send copies to Health Canada and MPhA
5) If PHIN fraud contact Manitoba Health – Jeff Rentz, Auditor, Risk Analyst (204-788-6774)
Patient Safety and High Alert Medications

High alert medications, as defined by the Institute for Safe Medication Practices (ISMP), are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although errors may or may not be more common with these drugs, the consequences of an error can be more devastating to the patient. High alert medications identified by the Institute for Safe Medication Practices in Community include insulin, anticoagulants (warfarin and dalteparin), methotrexate, opioids, fentanyl patches, oral hypoglycemic agents and oral chemotherapy medications. For a complete list, see: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp

Both pharmacists and patients need to pay special attention to high alert medications. Enhanced safeguard procedures should be established to reduce the potential for dispensing errors as well as preventing patients from taking the medication incorrectly. Special auxiliary labels can be used so all pharmacy staff can easily identify high alert medications and therefore use extra caution when dispensing. An independent check of patient name, drug and dose by another pharmacist should be implemented where possible. A double check may be done even when another pharmacist is not present. In this case, another unrelated task can be done between doing the initial medication check and the self-check. This process, known as a time-out, offers a verification process from a fresh perspective.

Patient counseling can also serve as the final check and the importance in preventing medication errors cannot be overstated. Asking the patient what information they know about their medication – its use and directions – provides an opportunity to verify the patient’s knowledge and understanding and also provides a double check of the therapy prescribed. The patient should also be made aware of the increased risk associated with high alert medications and the importance of taking the medication as directed.

A review of the high alert medications and pertinent patient safety information for each will be presented in the next MPPhA newsletter.
Canadian Medication Incident Reporting and Prevention System (CMIRPS)

CMIRPS is a national voluntary medication incident and ‘near miss’ reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication incidents (including near misses) can be reported to ISMP Canada:

(i) through the website: http://www.ismp-canada.org/err_report.htm or
(ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

Institute for Safe Medication Practices Canada (ISMP Canada)
416-733-3131 or 1-866-544-7672 (1-866-54-ISMPC)
Email: info@ismp-canada.org
Website: www.ismp-canada.org

ISMP Newsletter Subscriptions

ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian market place.

The following ISMP Canada Safety Bulletins have been issued since the last issue of the MPhA Newsletter.

2013 - ISMP Canada Safety Bulletins:
• Vol. 13 Issue 4- ALERT: Use of One Insulin Pen for Multiple Patients is a High-Risk Practice
• Vol. 13 Issue 3- Reducing Adverse Events and Hospitalizations Associated with Drug Interactions
• Vol. 13 Issue 2 - Aggregate Analysis of Dose Omission Incidents Reported as Causing Harm
• Vol. 13 Issue 1 - Intravenous Phenytoin: Rate of Administration is Critical

2013 - SafeMedicationUse.ca Safety Newsletters and Alerts for Consumers
• Another Mix-up Between Bisoprolol and Bisacodyl
• Overfill Needs to be Taken into Account for IV Chemotherapy
• Change to handwritten Prescription Leads to Dose Misinterpretation
• Brand Name Change for Dabigatran: Pradax Is Now Pradaxa

All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are freely downloadable from the ISMP Canada website www.ismp-canada.org.

ISMP Canada is pleased to distribute The Medication Safety Alert! (US) newsletters along with ISMP Canada Safety Bulletins to Canadian practitioners and corporations.

To subscribe and for more information on all ISMP Canada’s publications, events and services visit the ISMP Canada website at www.ismp-canada.org.

If you have made changes in your pharmacy, which focus on patient safety and that you would like to share with your colleagues, please contact Susan Lessard-Friesen at 204-233-1411.
Patient Medication Handouts

MPhA has been notified of an incident where a patient stopped taking their medication due to information they read in the drug information leaflet. The leaflet was given to them by their pharmacist without proper counseling.

Patient medication information sheets can be a useful tool for pharmacists to provide patients with necessary knowledge about their medications. However, they do not replace the need and requirement for individual patient counseling on all prescriptions. Pharmacists must be familiar with the content of the information provided and review the material in context of that particular patient.

Is the information relevant to the patient? Will some of the information cause potential distress if not explained? Medications can have several different indications or may be used for “off-label” conditions, not listed on the handout. When reviewing the drug information leaflet with the patient, the pharmacist should discuss the information pertinent to the patient or any information that may be missing and details, such as side effects which may cause patient concern.

Ask the patient about any questions or concerns regarding the drug information given and stress the availability of the pharmacist to answer any future questions or concerns. Medication leaflets can provide patients with information they can keep and review as needed. They can help improve understanding, but only when the information is properly reviewed and explained by the pharmacist.
Pursuant to the Notice of Hearing dated the 9th day of August, 2012, it was alleged that Paul Kovac, being a pharmacist under the provisions of the Act, and a registrant of the Manitoba Pharmaceutical Association (“the Association”), was guilty of unskilled practice or professional misconduct, as described in Section 35 of the Act.

Mr. Kovac entered a plea of guilty to the following, in that from February 2011 to June 2011, he:

1. removed a drug or drugs listed in a schedule to the Controlled Drugs and Substances Act from the pharmacy where he was employed without the removal being authorized by a prescription;

2. provided a drug or drugs listed in a schedule to the Controlled Drugs and Substances Act to a person without first receiving a prescription for that person contrary to section 31 of the Narcotic Control Regulations:

3. accessed the pharmacy for periods of time when he knew, or ought to have known, that doing so was contrary to a condition placed on his license by Council of the Association requiring the presence of a trained technician or licensed pharmacist at all times while he was at work;

4. failed to report the loss or theft of a drug or drugs listed in a schedule to the Controlled Drugs and Substances Act as required by section 42 of the Narcotic Control Regulations;

5. failed to take all reasonable steps to protect a drug or drugs listed in a schedule to the Controlled Drugs and Substances Act from loss or theft as required by section 43 of the Narcotic Control Regulations; and

The Committee agreed that the sanctions contained in the joint recommended disposition should serve to satisfy that the public’s interest is protected and the public’s confidence is retained and therefore finds, pursuant to section 36(2) of the Act, that Mr. Kovac is guilty of unskilled practice and professional misconduct, and pursuant to section 38(1)(a) and (b) orders that:

a) Mr. Kovac’s registration be cancelled; and

b) Mr. Kovac pay a contribution to the costs of MPhA of the investigation and hearing in the amount of $5,000.00 within 30 days hereof.

As a result, Mr. Kovac’s registration has been cancelled.
Professional Development Update

Administration of Injections Practical Skills Workshop Update

As reported in a recent Friday Five, MPhA Council has made several motions that affect injections training in Manitoba:

• In addition to the “Administration of Injections Training Program for Manitoba Pharmacists” that was developed by the MPhA in partnership with the Faculty of Pharmacy and Faculty of Nursing at the University of Manitoba, the MPhA will also recognize injection training programs in Canada that have current CCCEP Stage 2 accreditation. The “Administration of Injections Training Program for Manitoba Pharmacists” will continue to be offered to pharmacists throughout the year.

• As well, once pharmacists in Manitoba are legally able to provide injections, the MPhA will recognize pharmacists authorized to administer injections from other provinces that have been trained in a program that has Stage 2 CCCEP accreditation and/or has been taught to the 15 competencies and that is confirmed through documentation or letter of standing from the pharmacist’s regulatory authority. In this case, pharmacists would still be required to complete the Manitoba Specific Module.

• MPhA Council made a motion to allow pharmacists to obtain Level C CPR and Emergency or Standard First Aid certification before or after the skills workshop, but prior to applying to the MPhA for injection authority.

NOTE: All pharmacists MUST complete the CPR/First Aid requirement along with the online Manitoba Specific Module regardless of the initial program they completed, before applying for authority to administer injections in Manitoba. Information on the options for accessing the Manitoba Specific Module will be provided as soon as available.

Professional Development (PD) Requirement

The MPhA encourages all pharmacists to continue working on their professional development activities throughout the summer months. Before you know it, the summer will be over; licensing season will be upon us, with the deadline to fulfill your professional development requirement fast approaching. The Professional Development Programs webpage has a variety of previously recorded programs that can be viewed at anytime.

To be eligible for license renewal, pharmacists are required to participate in a minimum of 25 hours of professional development learning activities between November 1st and October 31st of each year. Of the 25 hours, a minimum of 15 hours must be from accredited learning activities (i.e., programs that have been accredited for no less than a total of 15 CEUs) with a balance of 10 hours of participation in either accredited or non-accredited learning activities.

Don’t forget that all pharmacists who participate in a minimum of 50 hours of professional development activities during the year, of which a minimum of 30 hours are from accredited learning activities will receive a MPhA Certificate of Life Long Learning in Pharmacy for that particular year. These certificates are distributed to eligible members at the beginning of the next year.
PEBC Update for Pharmacy Technicians

The PEBC Board approved a request from the Council of Pharmacy Registrars of Canada to extend the deadline for successfully passing the Pharmacy Technician Evaluating Examination from December 31, 2015, to December 31, 2018. The MPhA supports this new deadline.

A digital “question and answer” document and orientation video for the Pharmacy Technician Qualifying Examination has been developed and is available on www.pebc.ca.

Ontario PharmD Entry to Practice Programs Receive Government Approval

Earlier this year, the University of Toronto and the University of Waterloo received approval from the Government of Ontario of their separate applications for the entry-to-practice Doctor of Pharmacy (PharmD) program. They report the outcomes of the new entry-to-practice PharmD program in Ontario are aligned with the increased scope of practice for pharmacists and designed to better prepare graduates to participate as members of a healthcare team. Both universities are offering bridging programs that will enable current students to complete a PharmD program. For more information, please see the respective university websites:

University of Waterloo: http://www.uwaterloo.ca/pharmacy/graduate-students/phd-degree-requirements

University of Toronto: http://www.pharmacy.utoronto.ca/pharmd

Manitoba Monitored Drugs Review Committee

Recent changes to the province’s Prescription Drugs Cost Assistance Act will strengthen the monitoring of the prescribing and dispensing of narcotics and other controlled drugs through the Manitoba Monitored Drugs Review Committee (MMDRC.) The Terms of Reference for MMDRC have been drafted and the first meeting occurred on February 1st, 2013.

This committee will determine which medications will be reviewed and will identify reasonable standards of practice for when they are prescribed. Ms. Cali Orsulak, a pharmacist with the Winnipeg Regional Health Authority working in the renal program, and the MPhA Registrar, Ronald Guse, have been appointed to the Committee.

An important part of the work being done under this new legislation will be performed by a subcommittee. Safeway pharmacist Dr. Brent Booker has been appointed to the subcommittee.

In Memoriam:

Ms. Marie Fowler
March 29, 2013

Mr. Grant Schiltroth
May 27, 2013
Register Now for the MPhA Golf Tournament in Carman, Manitoba

Register now for the 2013 MPhA Golf Tournament on September 12, 2013, at the Carman Golf & Curling Club in Carman, MB.

All surplus money raised will be donated to the Canadian Foundation for Pharmacy. Early bird registration deadline is August 23, 2013. For more information, please see the registration package.

(Also included as an enclosure for your convenience.)

2013 Wellspring Pharmacy Leadership Award Winner

MPhA Council Vice-President Ms. Kristine Petrasko was presented with a 2013 Wellspring Pharmacy Leadership Award at the Canadian Pharmacists Association (CPhA) Conference on Monday, June 3, 2013. The MPhA congratulates Kristine on her achievement.

Change in Office Staff

After many years of service to the public, pharmacists of Manitoba and the Manitoba Pharmaceutical Association (MPhA), Mr. Ross Forsyth is no longer employed with the MPhA. Mr. Forsyth has requested not to have a ceremony or event in recognition of his many years of service.

2013 Patient-Care Hours Audit Now Complete

We would like to extend our thanks to those 203 pharmacists who were randomly selected to participate in the 2013 Patient-Care Hours Audit. Each year, 20% of practicing pharmacists are asked to confirm the number of patient-care setting hours worked during the previous two years. All pharmacists selected for 2013 have responded and are in compliance with Section 5(5) of the Regulations of the Pharmaceutical Act.

The MPhA is pleased to welcome back, third year, Faculty of Pharmacy student, Melissa Gobin as our summer apprentice. Melissa will be working with the MPhA staff on the newly constructed pharmacy museum at the MPhA Pharmacy House.

NABP / AACP District V Annual Meetings - August 8-10, 2013

National Association Boards of Pharmacy (NABP) /American Association of Colleges of Pharmacy (AACP) District V Annual Meetings are to be held in Winnipeg, August 8-10, 2013. More information will be released in the coming weeks.
June 2013

Please make all necessary changes on your copies of the National Drug Schedules and applicable Federal Legislation. Updated copies of these documents are available on the NAPRA website at www.napra.ca

NAPRA National Drug Schedules Notice Board

National Drug Schedules: Final Recommendation for bisacodyl 5mg tablets and 10mg suppositories April 11, 2013

The Initial Recommendation made by the National Drug Scheduling Advisory Committee (NDSAC) on March 7, 2013 that:

- bisacodyl and its salts in all forms and strengths be retained in Schedule III

was finalized effective April 10, 2013. Final approval of the initial recommendation was made by NAPRA’s Executive Committee, in consideration of comments received during the 30-day review period. The National Drug Schedules will be revised accordingly.

NDSAC Meeting April 11, 2013

The next meeting of the Committee is scheduled for September 8 and 9, 2013. The deadline to receive submissions for a drug scheduling application for this meeting is by end of day Wednesday, July 10, 2013.
THURSDAY, SEPTEMBER 12, 2013

SHOTGUN START 12:30 P.M.
DINNER & AWARDS 6:00 P.M.

The MPhA is pleased to open the tournament to the following. Please check one:

- Pharmacist
- MPhA or MSP Staff
- Pharmaceutical Rep
- Wholesalers
- Spouse of Above
- Pharmacy Staff
- MPhA Special Guest

LOTS OF PRIZES . . . All golfers receive a prize, regardless of your skill on the course! Prizes for best gross and net scores will also be up for grabs. THE PUTTING CONTEST will be held to raise funds for the “Canadian Foundation for Pharmacy”.

HOLE SPONSORSHIP is $300.00 per hole which includes a “logoed” sign displayed on the course indicating your support plus dinner with the golfers.

DONATIONS & HOLE SPONSORSHIP: If you wish to provide a donation or sponsor a hole for the event, please express your interest by contacting Stacey by telephone (204.233.1411) or email shjorleifson@mpha.mb.ca All sponsors will be provided with as much exposure and recognition at the event as possible.

MPHA Golf Tournament Registration Form

Name:

Email Address:

Telephone (work) (cell)

I require placement in a foursome: Yes _____ No _____

I will golf with: 1)

2)

3)

Yes, sign me up as a Hole Sponsor!

EARLY BIRD REGISTRATION FEE (must register before August 23rd): $80.00 (includes Golf, Dinner, & applicable taxes)

REGISTRATION FEE (If registering after August 23rd): $90.00 (includes Golf, Dinner, and applicable taxes)

GOLF CART RESERVATIONS: to be made directly with the Carman Golf & Curling Club 204.745.2366

Carman Golf & Curling Club is located within the town limits of Carman, Manitoba along Hwy 24.

Payment must accompany all entries- no exceptions

Deadline for entries is Thursday, September 5, 2013