# DRUG PLAN - CERTIFICATE AUTHORIZATION FORM

***NOTE: CALL THE SASKATCHEWAN HEALTH - DRUG PLAN (787-3317 or toll-free 1-800-667-7581)***
***IF YOU ARE NOT CLEAR ABOUT ANY OF THE FOLLOWING FIELDS***

**To be completed by the Pharmacist Manager**

**Required for:**

(print name of individual needing services)

**Location**
(Street Address / Town / Floor)

**Working Title:**

**Pharmacy**

**Number of Workstations**

**Phone #**

**PC Make/Model/Ram**
(Minimum 486 with 16mb. Ram)

**E-mail Address**

**Fax #**

**Operating System**

**Drug Plan System User's Agreement:**

**General Agreement**
As a user of the Drug Plan System, I recognize the importance of securing personal information of our client
I agree to utilize the information included in the Drug Plan System for the purposes authorized by the Drug Plan
Director of their designate. I recognize that the use of this data for unauthorized or unlawful purposes is strictly prohibited and is subject to prosecution by the
Government of Saskatchewan or its agents.

**Workstation Security**
I agree to keep secure all data available to me in the Drug Plan System. I will not allow unauthorized users to access this information.
I will keep private all passwords associated with the system.
My workstation uses, as an operating system, Windows 95 or above to prevent password caching.

**Signature of Manager:**

**NOTE:**

*********TEN working days are required to complete & test account requests.*

**Date Requested:**

**Date Required:**

Drug Plan Use Only

**Type of Certificate:**

☐ WEB Browser based    ☐ PMS Practice Management System

**Pharmacy Number (this will be used in Certificate):**

**Workstation Number (this will be used in Certificate):**

**Complete Certificate Number (Depatment number, ie: WEB10001):**

WEB                                          PMS

**Reason for Request (Check One):**    ☐ NEW CERTIFICATE    ☐ LEAVING SYSTEM (DELETE)

☐ RENEWAL

**Name of Drug Plan Designate:**

(Please Print)

**Signature of Drug Designate:**

**RETURN TO:**    DRUG PLAN, 2nd Floor, T.C. Douglas Bldg., 3475 Albert Street, Regina, SK S4S 6X6 (Fax # 787-8679)

**FOR OFFICE USE ONLY**

Audited by:

Updated: May 5, 1999