



Pharmacist Additional Insurance Form

Pharmacy Association of Nova Scotia

Pharmacist Information

Name: _____ NSCP Registration #: _____

Home Address: _____ Telephone: (H) _____
_____ (W) _____

City: _____ Province: _____ Fax: _____

Postal Code: _____

Work Name: _____ Year Graduated: _____

Work Address: _____

City: _____ Province: _____

Postal Code: _____

Email: _____

The Pharmacy Act requires that pharmacists, certified dispensers, students and interns must obtain and maintain professional liability insurance in a amount not less than 2 million dollars through an insurance policy approved by the NSCP Council and that covers **ALL** members of the Nova Scotia College of Pharmacists. Membership in the Pharmacy Association of Nova Scotia will fulfill this licensing requirement as membership in PANS will provide automatic liability insurance coverage.

The coverage offered below is in **ADDITION** to the mandatory \$2,000,000 coverage mentioned above and is entirely **OPTIONAL**.

- Additional \$1,000,000 at a cost of \$50.00 per year.
- Additional \$2,000,000 at a cost of \$100.00 per year.
- Additional \$3,000,000 at a cost of \$150.00 per year.

Signature

I, the undersigned, request an ADDITIONAL \$ _____ insurance coverage, and include payment of \$ _____.

Signature: _____ Date: _____

Please forward a completed form with payment (payable to: Pharmacy Association of Nova Scotia) to:

Pharmacy Association of Nova Scotia
170 Cromarty Drive, Suite 225
Dartmouth, Nova Scotia B3B 0G1
Phone: (902)422-9583 Fax: (902)422-2619

For Office Use Only

Date Received: _____ Receipt # _____