



Pharmacy Quality Assurance Commission
 PO Box 47877
 Olympia WA, 98504-7877
 360-236-4700
 Fax: 360-236-4918

Collaborative Drug Therapy Agreement Review Form

[WAC 246-945-350](#)

Please Note: This form must be completed fully. Failure to do so may result in a delay of processing. Mail this form and the signed agreement to the address above or to HSQAFacilitiesCredentialing@doh.wa.gov.

Date	Agreement: <input type="checkbox"/> New <input type="checkbox"/> Renewal, credential # PHCT.PH _____	
Name/Type of Agreement (Immunization, etc.):		
Effective Date of Agreement: (Same as date signed by prescriber)	Date Agreement Expires: (Two years or less from the effective date)	
Pharmacist's Name (please print):	Pharmacist's Credential Number: PHRM.PH. _____	
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Practice Site Facility Name:		Phone (enter 10 digit #):
Practice Site Facility Address:		
City:	State:	Zip Code:
Authorizing Prescriber's Name (please print):	Prescriber's Credential Number:	
Mailing Address:		
City:	State:	Zip Code:
Email Address:		

	Applicant	Staff	Comments
1. The agreement includes a signed statement delegating prescriptive authority to named pharmacist(s).			
2. The agreement lists by name and license number all of the pharmacists that are party to the agreement and includes a signature by each pharmacist named in the agreement to verify acceptance of delegation.			
3. The agreement designates a time frame for the agreement, not to exceed two years.			
4. The delegating prescriber(s) signed the agreement.			
5. The agreement specifies which patients are eligible to receive services under the agreement.			
6. Delegated prescribing activities are specified (disease, drugs, categories) in the agreement.			
7. Does agreement include controlled substances? Yes or No			
8. The agreement includes a plan for prescriber feedback and quality assurance.			
9. The agreement includes a plan or guideline for making prescribing decisions.			
10. The agreement includes procedures for documenting prescribing decisions.			
11. The agreement includes copies of any/all forms to be used in association with the agreement.			
12. The agreement includes a description of any training the pharmacist must complete to include specialized training required for immunizations.			