

COMMUNITY PHARMACY CHLAMYDIA TREATMENT SERVICE SIGN UP FORM

<p>Pharmacy name/address/stamp:</p>
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In order to provide the Chlamydia treatment service, the pharmacy must have signed the Community Pharmacy Chlamydia screening and treatment local enhanced service and each pharmacist completed:

- The PCT training on the community pharmacy Chlamydia service
- The agreement to work under the patient group direction (page 14 of the PGD)
- The CPPE 'Sexual Health: testing and treating' learning package

Name of Accredited Pharmacist(s)	Date of Training

I confirm that the above pharmacists are accredited to provide the Chlamydia treatment service from this pharmacy and enclose:

- their signed agreement to work under the PGD
- a copy of the CPPE distance learning certificate issued to the pharmacist.

<p>Signature:</p> <p>Name in block letters:</p>	<p>Date:</p>
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Please return form to Medicines Management Team, Lockton House, Clarendon Road, Cambridge, CB2 8FH. Fax: 01223 725401