



Schedule A
Drug Information System Joint Service and Access Policy
(Pharmacy Software Vendors)
Confirmation of Acceptance

By signing below, I confirm that I have reviewed and accepted the attached Department of Health and Wellness, Drug Information System (DIS), Joint Service and Access Policy (Issue: October 23, 2013).

Notification of any required changes to this policy will be made available through the DIS website (<http://novascotia.ca/dhw/dis>) and by other electronic means no less than 60 days in advance of updating the policy. A current version of the policy will be available on the DIS website.

This confirmation of acceptance may be terminated by the Pharmacy Software Vendor with 30 days' notice by sending a written notice of termination by registered mail to the DIS Program Director, 4th Floor Barrington Tower, 1894 Barrington Street, PO Box 488, Halifax, NS, B3J 2R8.

Pharmacy Software Vendor: _____

Authorized Signature: _____

Printed Name and Title: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email Address: _____

Phone: _____ Fax: _____

Alternate Contact (if applicable): _____

Alternate Phone (if applicable): _____

Date: _____

Completed confirmation of acceptance forms must be faxed to: 1 (902) 407-3020