

**EXPRESSION OF INTEREST FOR INDEPENDENT PRESCRIBER COURSE**

**(PhIF CARE HOME PROGRAMME)**

Chief pharmacists should complete the following table and send to NHS England: **ENGLAND.Pharmacyandoptometry@nhs.net**

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| **NAME OF PHARMACIST LEARNER** | **PHARMACY** | **F-CODE** | **LOCATION/ ADDRESS** | **TELEPHONE** | **EMAIL ADDRESS** | **Current (or future) care setting where IP will be used** | **Preferred start Month (Jan, Feb or March)** |
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