

CTCP Society Patient Testimonial



Name: _____ Email: _____ Date: _____

Phone: _____ (optional)

Date Application was submitted: _____ Date of contact with Health Canada: _____

Have you received your certificate yet? Yes No If Yes, Date rec'd: _____

Do you have a recording of your conversation? Yes No (If yes, attach to email reply)

Do you have an email of your conversation? Yes No (If yes, attach to email reply)

Written Testimonial

Use the space provided if you do not have written or recorded documentation or would like to provide additional information.

Please provide a summary of your conversation with Health Canada below; *Additional space on next page*

Please proceed to next page.

Additional space for written testimonial (if needed);
(proceed to bottom of page if extra space is not needed.)



Publication of testimonials helps us keep patients informed and encourages others to submit theirs. I

authorize The Canadian Therapeutic Cannabis Partners Society to publicly share my testimonial

Yes No

Conditions of sharing;

I authorize the use of my full name Yes No

I authorize the use of my first name Yes No

No other personal information will be published when sharing your testimonial. Any recordings or emails will be edited to ensure privacy.

Reasonable Access was ordered by the Federal courts.

Together we will force Health Canada to put patients first by improving processing times of applications and end the practice of backdating certificates to the date the doctor signed.

Thank You for your contribution.

CTCP Society

