

# Application to ADD-ON a Mail Order Pharmacy Licence

This application must be completed in its entirety and returned to the ACP office ([pharmacyinfo@abpharmacy.ca](mailto:pharmacyinfo@abpharmacy.ca)) 15 business days prior to the planned commencement of the mail order services.

## Section One: Pharmacy Demographics

Operating name of the pharmacy \_\_\_\_\_ Licence # \_\_\_\_\_

Physical address – PO Box # not acceptable here \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Phone # - include area code \_\_\_\_\_ Fax # - include area code \_\_\_\_\_ Toll-free # (if applicable) \_\_\_\_\_

Website address (if applicable) \_\_\_\_\_

**Pharmacy hours:** Monday-Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday/Holidays \_\_\_\_\_

The number of hours per week the pharmacy will be open to the public: \_\_\_\_\_

The number of hours per week the licensee, on average, will be present at this pharmacy: \_\_\_\_\_

## Section Two: Proprietor's Agent Information and Undertaking

**A Proprietor's Agent is either the owner or the designated representative of the owner(s) / corporation who fulfils the responsibilities and obligations of a proprietor under the legislative framework**

Name of Proprietor's Agent (please print clearly) \_\_\_\_\_ (ACP Registration # if applicable) \_\_\_\_\_

Position and/or relationship to proprietor \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address (please print clearly) \_\_\_\_\_

### **Proprietor's Agent Undertaking (this section must be completed by the proprietor's agent)**

As the proprietor or as the representative acting on behalf of the proprietor, I undertake to act in accordance with *Pharmacy and Drug Act*, any order made under the *Act*, the code of ethics and the standards for the operation of licensed pharmacies.

Signature \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(name of city or town) (date i.e. 25th) (month) (year)

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### Section Three: Pharmacy Operations and Services

- a) Will the pharmacy provide pharmacy services to or for a patient for which the patient or patient's agent attends the pharmacy to receive the service?  Yes  No
- If yes, a community pharmacy licence is required
- b) Will the pharmacy provide pharmacy services to or for a patient for which neither the patient nor the patient's agent regularly attends the pharmacy to receive the service?  Yes  No
- If yes, a mail order pharmacy licence may be required
- c) If yes to b), will a pharmacist regularly attend personally on the patient to assess the patient and monitor the patient's response to drug therapy?  Yes  No
- If yes, exempt from requiring a mail order pharmacy licence
- d) Will the pharmacy compound or repackage drugs for a licensed pharmacy or institution pharmacy that dispenses or sells those drugs?  Yes  No
- If yes, a compounding and repackaging pharmacy licence is required
- e) Will the pharmacy dispense methadone or buprenorphine-naloxone for opioid dependency?  Yes  No
- f) Will the pharmacy provide services to individuals who reside outside of Alberta?  Yes  No
- This does not include services provided to those who are in Alberta on an incidental basis for vacation or work.
- g) Will the pharmacy operate as a lock and leave pharmacy?  Yes  No
- h) Will the pharmacy be located in a shared premises<sup>1</sup> (for example, with a medical clinic)?  Yes  No
- If yes to shared premises, you will need to provide a detailed floor plan of the pharmacy itself and an overall floor plan of the shared facility. If you are in a shared premises, you will need to operate as a lock and leave pharmacy.
- i) Will the pharmacy have off-site storage of records outside of the dispensary?  Yes  No

<sup>1</sup> According to the [Foundational Requirements: Guidance Document for Opening a Licensed Community Pharmacy](#), the pharmacy and an adjoining business must be able to operate independently of one another; patients must be able to recognize when they have entered the licensed pharmacy, and that an adjoining business (e.g., a medical clinic) is separate from the pharmacy. The pharmacy and the adjoining business must not engage in any practice or enter into any arrangement that unduly interferes with independent patient choice.

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### Section Four: Pharmacy Staff

Identify ALL regulated members (pharmacists, interns, students, technicians and provisional technicians) that are currently employed at this pharmacy location. Assistants are not regulated members. The licensee (manager) is responsible for notifying ACP of future staff changes via e-mail at [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)

**Note:** Ensure the below list is accurate and complete as ACP will add/remove employees to/from the pharmacy file accordingly

ACP Registration #	Name	Pharmacist, Intern, Student, Technician, or Provisional technician	Licensee Yes/No

### Section Five: Licensee Undertaking

**Licensee Undertaking and Application (this section must be completed by the pharmacy licensee)**

I hereby make application for a pharmacy licence under the *Pharmacy and Drug Act* to operate a pharmacy. In making this application, I undertake to personally manage, control and supervise the practice of pharmacy in the pharmacy and to comply with the *Act*, any condition imposed on the licence, any order made under the *Act*, the code of ethics and the standards for the operation of licensed pharmacies.

Licensee Signature: \_\_\_\_\_ Licensee Registration # \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(name of city or town) (date i.e. 25th) (month)

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## Section Six: Ownership Information

Please check (✓) one

Sole Proprietorship

(a business owned by one individual, which is **not** organized as a corporation)

Partnership

(a business owned by two or more people which is **not** organized as a corporation)

Corporation

(a business that is a separate legal entity chartered under provincial or federal laws with owners that are called shareholders)

name of the sole proprietor, partnership, or corporation – If partnership, include information for all partners

mailing address

city province postal code

Contact Person(s) for the partnership or proprietor's representative as designated by the corporation

phone # - include area code fax # - include area code toll-free # (if applicable)

email address website address (if applicable)

### Shareholder Information

List those partners and/or shareholder holding 20% or more voting shares

Shareholder's or Partner's name % of shares

mailing address

city province postal code

phone # - include area code cell phone # - include area code email address

Shareholder's or Partner's name % of shares

mailing address

city province postal code

phone # - include area code cell phone # - include area code email address

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## Shareholder Information continued

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*Shareholder's or Partner's name* *% of shares*

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*mailing address*

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*city* *province* *postal code*

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*phone # - include area code* *cell phone # - include area code* *email address*

---

*Shareholder's or Partner's name* *% of shares*

---

*mailing address*

---

*city* *province* *postal code*

---

*phone # - include area code* *cell phone # - include area code* *email address*

---

*Shareholder's or Partner's name* *% of shares*

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*mailing address*

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*city* *province* *postal code*

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*phone # - include area code* *cell phone # - include area code* *email address*

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\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Licence #

## Section Seven: Fee Payment

Provision of Mail Order Pharmacy Services..... **\$643.65 (\$613.00 plus \$30.65 GST)**

## Payment Options

Cheque # \_\_\_\_\_ (Make cheque payable to the Alberta College of Pharmacy)

Credit Card - Visa or MasterCard Only

## Credit Card Information

Credit Card Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Expiry Date (MM/YY) \_\_\_\_\_ Security Code (3 digits on back of card) \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Area code-phone # Area code-phone #

## For Office Use Only

Date Transaction Processed: \_\_\_\_\_