

# Application to ADD-ON a Mail Order Pharmacy Licence

**Along with this application form to add on a Mail Order Pharmacy Licence, you will need to submit a floor plan depicting the physical facilities, space, and entire layout of the licensed pharmacy.** The scale drawing must reflect any areas in which pharmacy services are being provided. This floor plan must comply with the [Floor Plan Requirements Guide](#). Floor plans submitted that do not clearly indicate all elements listed within this guide will be rejected.

The physical facilities, space and layout of a licensed pharmacy must remain as depicted in the scale drawing approved by the Alberta College of Pharmacy (ACP) at the time of application. Any changes to the physical facilities, space or layout of a licensed pharmacy are considered renovations and require advanced notice and approval by the registrar prior to implementing these changes.

This application must be completed in its entirety and returned to the ACP office at least **45 business days prior** to the planned commencement of the mail order services. Application submission can be accepted via email to [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)

**\*\*\*Incomplete applications will delay the processing time\*\***

## Section One: Pharmacy Information

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

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

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

Business 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<sup>1</sup>: \_\_\_\_\_

## Section Two: Application Information

Proposed effective date to provide mail-order service: \_\_\_\_\_

### Licensee Contact Information

Contact name: \_\_\_\_\_ print clearly ACP Reg #: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

<sup>1</sup> The legislation was developed on the premise that a licensee is a clinical pharmacist, practicing at the pharmacy for which they hold a licence, and who would be present for a regular and significant portion of the time that services are provided from the pharmacy. This presence is important for the licensee to personally manage, control, and supervise the day-to-day operation of the pharmacy. Being present means being in attendance at the pharmacy. It does not mean that the licensee must be engaged in patient care activities for the duration of this time, as time is required to fulfill their licensee responsibilities. This also excludes vacation and/or short-term illnesses that are less than 90 consecutive days.

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## Proprietor's Agent Contact Information

Contact name: \_\_\_\_\_ ACP Reg #: \_\_\_\_\_  
print clearly if applicable

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Section Three: Pharmacy Staff

**Pharmacy staff:** Identify ALL pharmacists and 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)

Pharmacy licensees and staff pharmacists are automatically granted narcotic signing authority for all locations in which they are employed. Students, Interns and Technicians cannot hold narcotic signing authority.

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

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

## Section Four: Pharmacy Operations and Services

### Part A: General Questions

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? <ul style="list-style-type: none"> <li>• If yes, a community pharmacy licence is required</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? <ul style="list-style-type: none"> <li>• If yes, a mail order pharmacy licence may be required</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? <ul style="list-style-type: none"> <li>• If yes, exempt from requiring a mail order pharmacy licence</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Will the pharmacy be providing pharmacy services, drug products, or compounds for use in animals? <ul style="list-style-type: none"> <li>• If yes, what percentage of the business is for non-human use?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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e) Will the pharmacy provide services to individuals who reside outside of Alberta? <ul style="list-style-type: none"> <li>This does not include services provided to those who are in Alberta on an incidental basis for vacation or work.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Will the pharmacy be compounding preparations for another licensed pharmacy or institution that dispenses or sells those products? <ul style="list-style-type: none"> <li>If yes, a compounding and repackaging pharmacy licence is required</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Will the pharmacy be preparing compliance packaging or repackaging medications for another licensed pharmacy or institution that dispenses or sells those drugs? <ul style="list-style-type: none"> <li>If yes, a compounding and repackaging pharmacy licence is required</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Will the pharmacy routinely compound narcotic medications for another licensed pharmacy or institution that dispenses or sells those drugs? <ul style="list-style-type: none"> <li>If yes, the pharmacy must hold a licensed dealer permit issued by Health Canada</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Will the pharmacy compound benzodiazepines or other targeted substances, not pursuant to a prescription, for another licensed pharmacy or institution that dispenses or sells those drugs? <ul style="list-style-type: none"> <li>If yes, the pharmacy must hold a licensed dealer permit issued by Health Canada</li> <li></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Will the pharmacy provide any pharmacy services, including compounding or repackaging, in a space where the pharmacy personnel must leave the dispensary and go through a non-dispensary area to access this space? <ul style="list-style-type: none"> <li>If yes, a <b>separate pharmacy licence</b> for the non-contiguous space may be required.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Will the pharmacy provide Opioid Agonist Therapy (OAT) for opioid dependency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l) Will the pharmacy be located in a <a href="#">shared premise</a> <sup>2</sup> (for example, with a medical clinic)? <ul style="list-style-type: none"> <li>If yes, need to provide a detailed floor plan of the pharmacy itself and an overall floor plan of the shared facility.</li> <li>If yes, need to operate as a lock and leave pharmacy.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) Will the pharmacy operate as a lock and leave pharmacy? <ul style="list-style-type: none"> <li>A pharmacy operating as a lock and leave must have a secure, lockable barrier that effectively prevents access to the dispensary, adequate key-control policies, and its own security system to monitor and detect any unauthorized entry.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) Will the pharmacy have off-site storage of records outside of the dispensary? <ul style="list-style-type: none"> <li>If yes, need to submit an <a href="#">Application to Maintain Records at a Location Other than the Pharmacy</a></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
o) Has the pharmacy renovated, or will the pharmacy be renovating? <ul style="list-style-type: none"> <li>If yes, you must complete an <a href="#">Application for Pharmacy Renovation</a> including payment.</li> <li>If the floor plan submitted does not match the floor plan ACP has on file, you will be required to submit an <a href="#">Application for Pharmacy Renovation</a> including payment.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>2</sup> According to the [Foundational Requirements: Guidance Document for Opening a Licensed 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 Five: Licensee Information

### Part A: Licensee Undertaking (this undertaking must be completed by the licensee applicant)

I, \_\_\_\_\_, am applying for a pharmacy licence under the *Pharmacy and Drug Act* ("the Act") to operate a pharmacy. In making this application, I undertake

- (a) to personally manage, control and supervise the practice of pharmacy associated with the pharmacy; and
- (b) to comply with the Act, any condition imposed on the pharmacy licence, any order made under the Act, the Code of Ethics, and the Standards for the Operation of Licensed Pharmacies.

Without limiting the statement above, if a pharmacy licence is issued to me, I undertake to ensure that

- Pharmacy services<sup>3</sup> are provided in accordance with the Legislative Framework<sup>4</sup>.
- All drugs and records are maintained in accordance with the Legislative Framework and are kept under my care and control.
- Pharmacy services are provided by regulated members under my management without conditions imposed by me or a proprietor that compromise their professional independence, judgment or integrity.
- The licensed pharmacy has the
  - facilities,
  - space and equipment,
  - systems and procedures,
  - requisite number of staff with the training and qualifications to ensure safe, effective, and secure provision of pharmacy services.
- I will apply to the Registrar for approval, before any changes are made to the physical facilities, space or layout of the licensed pharmacy, including any renovation or relocation.
- ACP is told in writing
  - the names of each regulated member working at the licensed pharmacy, including any temporary pharmacist-in-charge;
  - the identity of
    - the proprietor, including a corporate proprietor,
    - any major shareholder, and
    - the individual who is the proprietor's agent;
  - the pharmacy hours of operation and any temporary closures;
  - if the pharmacy is operating as a lock and leave pharmacy; and
  - if I intend to cease or cease being the licensee.
- If I intend to cease being the licensee or the pharmacy ceases to operate for any reason, I understand it is my responsibility to
  - Ensure that
    - all drugs in the pharmacy are disposed of in accordance with the *Controlled Drugs and Substances Act* and the *Food and Drug Act* (unless the ACP has approved the secured storage of drugs at the pharmacy in circumstances where the pharmacy may continue to operate);
    - the Registrar is immediately advised of the date the pharmacy ceases to operate;
    - patient records are transferred to another licence pharmacy or each patient is given access to a copy of the patient's record;
    - the ACP is advised of the location of the patient records; and
    - an inventory of all drugs in the pharmacy is prepared and copies are maintained in the files of the closed pharmacy, sent to the ACP and kept by myself; or
  - Ensure that a new licensee or a temporary pharmacist-in-charge has been approved by the Registrar.
- I report to the ACP any proprietor who directs, influences or attempts to direct or influence the management or operation of the licensed pharmacy in a way that contravenes or could contravene the Legislative Framework.
- I cooperate with site and practice visits. and
- I renew the licence annually within the appropriate timeframe.

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
name of city or town day month year

<sup>3</sup> Pharmacy services are defined as the storing, compounding, dispensing, or selling of drugs.

<sup>4</sup> The Legislative Framework includes, but is not limited to, the *Pharmacy and Drug Act* and its regulations, the *Health Professions Act* and the Pharmacist and Pharmacy Technician Regulation, Schedule 7.1 of the *Government Organization Act*, the Standards of Practice, the Standards for the Operation of Licensed Pharmacies, the Code of Ethics, *Health Information Act* and any other legislation or regulation of Alberta or Canada relating to the compounding or dispensing, manufacturing, sale, supply or distribution of drugs.

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## Section Six: Proprietor Information

### Part A: 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

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

email address website address (if applicable)

### Part B: 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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## **Part C: Proprietor’s Agent Undertaking** *(this undertaking must be completed by the Proprietor’s Agent)*

As the proprietor’s agent, I hereby undertake to personally ensure that the proprietor fulfils the responsibilities and obligations of a proprietor under the Legislative Framework.<sup>5</sup>

Without limiting the statement above, I undertake:

- To ensure that both the proprietor and I comply with the *Pharmacy and Drug Act*, any order made under the *Pharmacy and Drug Act*, the Code of Ethics and the Standards for the Operation of Licensed Pharmacies.
- To take reasonable steps to ensure that the licensee of the pharmacy is capable of:
  - managing the practice of pharmacists and pharmacy technicians in that licensed pharmacy, and
  - ensuring compliance with the standards.
- To ensure that the proprietor provides the licensee with the support and resources necessary for the licensee to comply with the licensee’s obligations in accordance with the Legislative Framework.
- To take reasonable steps to ensure that all required records are created and maintained in accordance with the *Pharmacy and Drug Act*.
- To ensure that neither the proprietor or I directly or indirectly influence or attempt to direct or influence the management or operation of the licensed pharmacy in any way that contravenes or could result in the contravention of
  - the *Pharmacy and Drug Act*, any regulation made under it,
  - a condition imposed on the licence,
  - an order made under the *Pharmacy and Drug Act*,
  - Legislative Framework.
- To ensure that neither the proprietor nor I impose any condition on a licensee, regulated member or other regulated health professional working in a licensed pharmacy that compromises the licensee’s or other regulated health professional’s professional independence, judgment or integrity.
- To advise the Registrar in writing if I know or have reason to believe a licensee is acting in contravention of the licensee’s obligations under section 10 of the *Pharmacy and Drug Act*.
- To ensure the pharmacy closes if there is no licensee unless another pharmacist approved by the Registrar continues to operate the pharmacy.
- To ensure the proprietor retains a pharmacist to carry out the obligations of the licensee set out in section 27(1) of the *Pharmacy and Drug Regulation* or give the ACP notice and access to the pharmacy to carry out the obligations under section 27(1) of the *Pharmacy and Drug Regulation* if the pharmacy ceases to operate for any reason and the licensee does not carry out the obligations under section 27(1) of the *Pharmacy and Drug Regulation*.

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Name of Proprietor’s Agent

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Signature of Proprietor’s Agent

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Date

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Pharmacy Operating Name

<sup>5</sup> The Legislative Framework includes, but is not limited to, the *Pharmacy and Drug Act* and its regulations, the *Health Professions Act* and the Pharmacist and Pharmacy Technician Regulation, Schedule 7.1 of the *Government Organization Act*, the Standards of Practice, the Standards for the Operation of Licensed Pharmacies, the Code of Ethics, *Health Information Act* and any other legislation or regulation of Alberta or Canada relating to the compounding or dispensing, manufacturing, sale, supply or distribution of drugs.

# Application to ADD-ON a Mail Order Pharmacy Licence

## Section Seven: Fee and Payment Information

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

Pharmacy Licence Number \_\_\_\_\_

Please submit all documentation via email to [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)

### Fee Amount

Provision of Mail Order Pharmacy Services..... See the ACP [Fee Schedule](#) for fee plus GST

On fee schedule: **Provision of mail order pharmacy services from a primary licensed community pharmacy**

If a change in floorplan or renovation is required, you must complete and submit [an Application for Pharmacy Renovation](#) form including payment.

### Payor Information

Cardholder's Name: \_\_\_\_\_ Registration Number (if applicable): \_\_\_\_\_

Signature Authorizing Payment: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Payment Options

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

Credit Card - Visa or MasterCard Only (no Visa Debit or Mastercard Debit) \*\*\*Do not provide any credit card information on this form\*\*\*

### Payment Information

**Credit Card Payment** Please complete the Registrant Information section above. Once the application is received via email an ACP representative will contact you at the number provided above and take your credit card information over the phone. Please email the completed application to the ACP office at [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)

**Cheque** If you choose to pay the fee via cheque this will require the application to be mailed in with the cheque payment. Please use the mailing address below – **Attn: Registration Assessor**. Note: choosing a cheque payment option will significantly increase processing times.

### For Office Use Only

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