

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Changes to the owner(s)/major shareholders, licensee, or operating name of the pharmacy require advanced notice and approval from the Alberta College of Pharmacy. **If requesting a change, the proprietor and/or licensee must complete the applicable sections and submit this application** to our office by email (pharmacy@abpharmacy.ca), fax, or mail at least 45 days prior to the intended change.

When applying for a change of ownership, along with this application form and fee, you will need to submit:

1. **A floor plan depicting the physical facilities, space, and layout of the licensed pharmacy.** This floor plan must comply with the Floorplan Requirements Guide. Floor plans submitted that do not comply with this guide will be rejected.
2. If the new owner is a corporation, **a copy of the corporate registry document** which confirms corporate registration and identifies the shareholders and the percentage of shares held.

Section One: Pharmacy Ownership Change

Effective Date of Ownership Change: _____

Pharmacy Demographics

Current operating name of the pharmacy *Licence #*

Future operating name of the pharmacy under new ownership (if different from above)

Physical address – PO Box # not acceptable here

City *Province* *Postal code*

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

Website address (if applicable)

Under the new ownership, please advise of the following:

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: _____

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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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 premises¹ (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.

¹ 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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Compounding Services

All pharmacies must have an area for compounding drugs and be equipped to provide compounding services.

Non-sterile compounding

Prior to completing the following section you must:

1. Review the [Standards for Pharmacy Compounding of Non-sterile Preparations](#) and the [Guidance Document for Pharmacy Compounding of Non-sterile Preparations](#) and other [related documents](#).
2. Determine the active pharmaceutical ingredients (APIs) that the pharmacy will use to compound. For each API, refer to the National Institute for Occupational Safety and Health ([NIOSH list](#)) and the Safety Data Sheet (in particular, Sections 2 and 8) to determine the level of risk to personnel, the appropriate personal protective equipment, and the engineering controls required for the pharmacy. When there is uncertainty as to the level of risk, you must adhere to the higher standard. Retain copies of all Safety Data Sheets and the assessments of risk.

What APIs will the pharmacy use during compounding?

| Check One | Ingredients/Compounds | Physical requirements* |
|--|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hazardous drugs which are classified by NIOSH as Group 1 | Level C <ul style="list-style-type: none"> • Separate room • Appropriate containment device (C-PEC) for materials being compounded • Well-ventilated with appropriate air exchange • Negative pressure |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Hazardous materials classified by WHMIS as a health hazard, such as those very irritating to the respiratory track, the skin, and the mucous membrane | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Drugs which are classified by NIOSH as Group 2 or 3 where large quantities of APIs are used routinely | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Complex compounds as defined in USP <795> | When there is uncertainty as to the level of risk, then you must adhere to the higher standard (e.g., Level C). Level B <ul style="list-style-type: none"> • Separate room (ventilated or with containment device) • Larger workspace and appropriate equipment • Environment conducive to little or no interruptions • Greater protection from cross contamination • May require a ventilated containment device when certain powders, aromatic products or hazardous products are compounded Level B is limited to when, based on the assessment of risk, <ul style="list-style-type: none"> • the requirements will provide an environment that is safe for the compounding personnel, and • you can justify and provide evidence on how the risk is low and can be mitigated. Risk mitigation and rationale must be documented in the risk assessment. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Small quantities of ingredients or preparations which require ventilation | When there is uncertainty as to the level of risk, then you must adhere to the higher standard (e.g., Level B). Level A <ul style="list-style-type: none"> • Separate space designated for compounding |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Simple and moderate compounds as defined in USP <795> | |

* Requirements are excerpts from the [Standards for Pharmacy Compounding of Non-sterile Preparations](#) and must not be read in isolation. Refer to the standards for complete requirements.

Your accompanied floor plan must indicate the location of the engineering controls (e.g., fume hood, eyewash station, safety shower) required for the pharmacy based on the APIs with which you will be compounding, the corresponding Safety Data Sheets, and your assessments of risk. This information, along with compounding policies and procedures, master formulation records, and a quality assurance program, must be available upon request during the pre-opening inspection.

Sterile compounding

If your pharmacy will be compounding sterile preparations, you must comply with the [Model Standards for Compounding Hazardous and Non-Hazardous Sterile Preparations](#).

Will the pharmacy be compounding sterile preparations?

Yes No

If yes, indicate risk level(s)/use:

High Medium Low Immediate use

- Risk levels are per the [Model Standards](#)

Will the pharmacy be compounding *hazardous* sterile products?

Yes No

If yes, indicate microbial risk level(s):

High Medium Low

- Risk levels are per the [Model Standards](#)

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Proprietor's Agent Statutory Declaration

CANADA)
PROVINCE OF ALBERTA)
TO WIT:)

I, _____, of _____
(name of applicant) (name of city / town)

in the Province of _____, do solemnly declare that:
(name of province)

I am aware that _____ has applied for a pharmacy license under the
(name of licensee applying for pharmacy licence)
Pharmacy and Drug Act.

The pharmacy is / will be (strike one) located at _____ (the "Pharmacy").
(address of pharmacy)

In connection with that application for a pharmacy licence, I know that _____ will
(name of corporation)
own / owns (strike one) the Pharmacy.

I am the _____ of _____. I am authorized
(name of position) (name of corporation)
to make this statutory declaration on behalf of _____.
(name of corporation)

I have made inquiries and satisfied myself that

- (a) _____ has not been convicted of an indictable
(name of corporation)
offence related to misconduct, fraud or commercial matters within Canada or a similar offence outside Canada, and
- (b) each individual who directs or will direct the operation of the facility in which the Pharmacy is located and exercises a significant degree of control over the management and policies or the conduct of pharmacists and pharmacy interns employed in the Pharmacy has not been convicted of an indictable offence related to misconduct, fraud or commercial matters within Canada or a similar offence outside Canada.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at the _____
(insert city or town)

Signature of Declarant

of _____
(name of city or town)

in the Province of _____, this _____
(date, i.e.: 25th)

day of _____, A.D. 20 _____
(month) (year)

A Commissioner for Oaths in and
for the Province of _____

This document must be sworn in the presence of a commissioner for oaths, notary public or lawyer. If the licensee and proprietor agent are the same person, both statutory declarations must be completed and sworn.

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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

| | | |
|--|---|----------------------|
| <i>Shareholder's or Partner's name</i> | | <i>% of shares</i> |
| <i>mailing address</i> | | |
| <i>city</i> | <i>province</i> | <i>postal code</i> |
| <i>phone # - include area code</i> | <i>cell phone # - include area code</i> | <i>email address</i> |

| | | |
|--|---|----------------------|
| <i>Shareholder's or Partner's name</i> | | <i>% of shares</i> |
| <i>mailing address</i> | | |
| <i>city</i> | <i>province</i> | <i>postal code</i> |
| <i>phone # - include area code</i> | <i>cell phone # - include area code</i> | <i>email address</i> |

| | | |
|--|---|----------------------|
| <i>Shareholder's or Partner's name</i> | | <i>% of shares</i> |
| <i>mailing address</i> | | |
| <i>city</i> | <i>province</i> | <i>postal code</i> |
| <i>phone # - include area code</i> | <i>cell phone # - include area code</i> | <i>email address</i> |

| | | |
|--|---|----------------------|
| <i>Shareholder's or Partner's name</i> | | <i>% of shares</i> |
| <i>mailing address</i> | | |
| <i>city</i> | <i>province</i> | <i>postal code</i> |
| <i>phone # - include area code</i> | <i>cell phone # - include area code</i> | <i>email address</i> |

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Section Two: Licensee change - only applicable if there is a change in licensee

Name of New Licensee: _____ Registration #: _____

Contact Information for New Licensee: _____
Cell Phone # Email address

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

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.

Is the new licensee currently a licensee at another pharmacy? Yes No

If yes, when will this pharmacist cease being the licensee at _____
Pharmacy licence # Date of change

Note: You may only be the licensee of one pharmacy at a time.

Will the current licensee continue to work at this pharmacy location? Yes No

Licensee Undertaking and Application (this section must be completed by the new 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 day month year

The following statutory declaration must be completed by the new pharmacy licensee.

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Licensee Statutory Declaration

CANADA)
PROVINCE OF ALBERTA)
TO WIT:)

I, _____, of _____
(name of applicant) (name of city/ town)

in the Province of, _____ an applicant for a pharmacy licence under
(province)

the *Pharmacy and Drug Act*, do solemnly declare:

that I have not been convicted of an indictable offence related to misconduct, fraud or commercial matters within Canada or a similar offence outside Canada.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at the _____)
(insert city or town)

Signature of Declarant

of _____)
(name of city or town)

in the Province of Alberta, this _____)
(date, i.e.: 25th)

day of _____, A.D. 20 18)
(month) (year)

A Commissioner for Oaths in and for
the Province of Alberta

This document must be sworn in the presence of a commissioner for oaths, notary public or lawyer

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Pharmacy Name

Licence #

Fees

- Change the licensee..... **\$216.30 (\$206.00 plus \$10.30 GST)**
- Change the owner or major shareholder..... **\$216.30 (\$206.00 plus \$10.30 GST)**

Total amount: _____

If changing both the licensee and the owner, the total fee is \$432.60 (\$216.30 + \$216.30)

Payment Options

- Cheque # _____
- 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: _____