

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Changes to the owner(s)/major shareholders, proprietor's agent, licensee, or operating name of the pharmacy require advance notice and is contingent on 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 at least **45 days prior** to the intended change. Application submission can be accepted via email to pharmacy@abpharmacy.ca.

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.

All requested documentation (e.g., floor plan(s), LEP Statement of Completion, Enhanced Police Information Check, corporate documents...) must be submitted together as one submission otherwise your application is considered incomplete.

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

Section One: Pharmacy Information

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
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Phone # - include area code	Fax # - include area code	Toll-free # (if applicable)
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 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 pharmacy¹: _____

¹ 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.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Section Two: Application Information

What proprietor information is changing? (check all that apply)

- Owner
 Major shareholder
 Proprietor's agent

Proposed effective date of change: _____

Proprietor's Agent Contact Information

Contact name: _____ ACP Reg #: _____
print clearly if applicable

Email address: _____ Phone #: _____

Licensee Contact Information

I am aware that _____
Name of Proprietor's Agent

is applying for a pharmacy ownership change of: _____
Operating name of the pharmacy ACP Licence#

Name of Licensee (please print clearly) (ACP Registration #)

Email Address (please print clearly) Phone Number

Licensee Signature: _____

Dated at _____ this _____ day of _____, 20____
(name of city or town) (day) (month)

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

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

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Section Four: Pharmacy Operations and Services

Part A: General Questions

<p>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?</p> <ul style="list-style-type: none"> • If yes, a community pharmacy licence is required 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p> <ul style="list-style-type: none"> • If yes, a mail order pharmacy licence may be required 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p> <ul style="list-style-type: none"> • If yes, exempt from requiring a mail order pharmacy licence 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Will the pharmacy be providing pharmacy services, drug products, or compounds for use in animals?</p> <ul style="list-style-type: none"> • If yes, what percentage of the business is for non-human use? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e) Will the pharmacy provide services to individuals who reside outside of Alberta?</p> <ul style="list-style-type: none"> • This does not include services provided to those who are in Alberta on an incidental basis for vacation or work. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f) Will the pharmacy be compounding preparations for another licensed pharmacy or institution that dispenses or sells those products?</p> <ul style="list-style-type: none"> • If yes, a compounding and repackaging pharmacy licence is required 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g) Will the pharmacy be preparing compliance packaging or repackaging medications for another licensed pharmacy or institution that dispenses or sells those drugs?</p> <ul style="list-style-type: none"> • If yes, a compounding and repackaging pharmacy licence is required 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>h) Will the pharmacy routinely compound narcotic medications for another licensed pharmacy or institution that dispenses or sells those drugs?</p> <ul style="list-style-type: none"> • If yes, the pharmacy must hold a licensed dealer permit issued by Health Canada 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p> <ul style="list-style-type: none"> • If yes, the pharmacy must hold a licensed dealer permit issued by Health Canada 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p> <ul style="list-style-type: none"> • If yes, this space may be considered a secondary dispensary² and requires approval from ACP. • If yes, a separate pharmacy licence for the non-contiguous space may be required. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>k) Will the pharmacy provide Opioid Agonist Therapy (OAT) for opioid dependency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

² A [Secondary Dispensary](#) is an additional space that acts as an extension of the primary dispensary, and may be used for storing, compounding, repackaging, or preparing drugs for sale. A space is considered a secondary dispensary if pharmacy personnel must leave the primary dispensary and go through a non-dispensary area (e.g., patient services area, stockroom) to access the secondary dispensary. Only pharmacies that **were licensed prior to March 3, 2018** and **do not have a compounding or repackaging licence** are eligible to apply for a secondary dispensary. If you are unsure whether your pharmacy qualifies as a secondary dispensary, please contact the ACP office for verification. Alberta College of Pharmacy ■ 1100-8215 112 St. NW, Edmonton, AB T6G 2C8 ■ Tel 780-990-0321 ■ Fax 780-990-0328 ■ pharmacy@abpharmacy.ca

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

<p>l) Will the pharmacy be located in a shared premise³ (for example, with a medical clinic)?</p> <ul style="list-style-type: none"> • If yes, provide a detailed floor plan of the pharmacy itself and an overall floor plan of the shared facility. • If yes, need to operate as a lock and leave pharmacy. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>m) Will the pharmacy operate as a lock and leave pharmacy?</p> <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>n) Will the pharmacy have off-site storage of records outside of the dispensary?</p> <ul style="list-style-type: none"> • If yes, need to submit an Application to Maintain Records at a Location Other than the Pharmacy 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>o) Has the pharmacy renovated, or will the pharmacy be renovating?</p> <ul style="list-style-type: none"> • If yes, you must complete an Application for Pharmacy Renovation including payment. • If the floor plan submitted does not match the floor plan ACP has on file, you will be required to submit an Application for Pharmacy Renovation including payment. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

³ 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.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Part B: Compounding Services

Non-sterile compounding

All pharmacies must have an area for compounding drugs and be equipped to provide compounding services, as per Section 14(2)c.iii of the *Pharmacy and Drug Regulation*.

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 to what level of risk the pharmacy will operate at by considering the active pharmaceutical ingredients (APIs) that the pharmacy will use to compound and in what quantities. 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 and room 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? Applicants must check “Yes” to at least one category

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, entirely closed off room with a sink with external ventilation through HEPA filtration • Containment device (C-PEC) must have either redundant HEPA filters in a series or be externally ventilated (the preferred option). • Negative pressure of at least -2.5 Pa to the surrounding areas • Appropriate air exchange of at least 12 ACPH (air changes per hour)
<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, well-ventilated room with a door, containing a sink, which may require a ventilated containment device when powders, aromatic products or hazardous products are compounded. • Compounding room must be internally ventilated using high-efficiency particulate air (HEPA) filtration or externally ventilated with or without HEPA filtration. • Containment device must have either redundant HEPA filters in a series or be externally ventilated (the preferred option). • Larger workspace and appropriate equipment • Heating and air conditioning systems must occur through professionally designed HVAC systems that avoid decomposition and contamination of chemicals; air vents cannot be located over work stations. • Environment conducive to little or no interruptions
<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, large enough for compounding personnel to work safely, with an adjacent heat source and sink.
<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., containment hood, room ventilation, HEPA filters, eyewash station, safety shower, sink, doors etc.) 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, documentation related to compounding personnel, sample master formulation and compounding records, maintenance and certification reports, and a quality assurance program, must be available upon request during the compounding and repackaging inspection.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

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](#)

Part C: Floorplan Information

Floor plans submitted that do not clearly indicate and comply with all elements listed within this guide will not be reviewed.

Criteria	✓
<p>Is the floor plan clear, accurate and legible?</p> <ul style="list-style-type: none"> • Floor plans must be professionally drawn (either digitally created or drawn on a grid) to scale with the scale or conversion included in the drawing 	
<p>Does the floor plan include exact measurements (in ft.) of all dimensions (e.g., walls and entry points) so that the area of the dispensary and patient services area may be easily calculated?</p>	
<p>Does the floor plan clearly identify the</p> <ul style="list-style-type: none"> • dispensary⁴, • patient services area⁵, and • surrounding public area⁶? 	
<p>Does the floor plan clearly indicate the size (in square feet) of the</p> <ul style="list-style-type: none"> • dispensary (must be at least 193.8 ft² (18 m²) in area), • patient services area, and • total prescription department (a prescription department (dispensary + patient services area) must be at least 355.2 ft² (33 m²) in area) <p>Premises/rooms shared with other businesses (e.g., waiting room) are considered a public area and do not count towards the overall size of the prescription department.</p>	
<p>Does the floor plan clearly indicate all areas where drug product or patient records will be stored?</p> <ul style="list-style-type: none"> • If you are storing records outside of the dispensary, you will need to submit the Application to Maintain Records at a Location Other than the Pharmacy 	
<p>Does the floor plan clearly indicate all areas where pharmacy services will be provided?</p>	
<p>Does the floor plan clearly indicate all entry points into the dispensary?</p> <ul style="list-style-type: none"> • Indicate whether there is a gate, lift-up countertop, or door. • You cannot have the only access to the dispensary be through a counselling room or office. 	

⁴ “dispensary” means the area of a licensed pharmacy that is not accessible to the public and in which pharmacists

- dispense, provide for sale, and sell drugs referred to in sections 31 and 32 of the [Pharmacy and Drug Act \(PDA\)](#), and
- compound drugs referred to in sections 31, 32 and 33 of the Act;

⁵ “patient services area” means the area of a licensed pharmacy located outside and adjacent to the dispensary where

- patients receive pharmacy services from pharmacists, and
- drugs referred to in section 33 of the Act may be provided for sale;

⁶ “public area” means the area of a licensed pharmacy located outside the prescription department.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

<p>Does the floor plan clearly identify the following within the dispensary?</p> <ul style="list-style-type: none"> • a counter with at least 16.1 ft² (1.5 m²) of uninterrupted work space (i.e., free of computer terminals, phones, etc.) • working aisles that are at least 3 ft. (90 cm) wide • adequate shelving and storage • compounding area, in accordance with the compounding standards <ul style="list-style-type: none"> ○ location of the sink and heat source for compounding ○ any fume hoods, eyewash stations, safety showers, as applicable • refrigerator (bar refrigerator units are not acceptable) • lockable drug locker or cupboard • computer terminal(s) 	
<p>Does the floor plan clearly identify a semi-private area for receiving prescriptions (e.g., a service counter with suitable visual and sound barriers and away from patient waiting- or high-traffic areas)?</p>	
<p>Does the floor plan clearly identify any private area(s) used for injection services (must be publicly and wheelchair accessible)?</p>	
<p>Does the floor plan clearly indicate any security grilles used to secure the dispensary?</p>	
<p>If sharing premises⁷ (for example, with a medical clinic), have you included an additional floor plan depicting the overall facilities, space and layout of the premises?</p> <ul style="list-style-type: none"> • If the pharmacy shares a premise, the prescription department must operate as a lock and leave. • If the pharmacy shares a premise you must submit a Shared Premise application. 	

⁷ 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.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Part D: Individuals who manage and direct the operation of the pharmacy

Name any individuals, including their title/position, who will determine

- a. what the operating policies of the pharmacy are:

- b. the management of the facility within which the pharmacy is located:

- c. the hours of operation of the pharmacy:

- d. the budget of the pharmacy:

- e. the number of pharmacists, pharmacy technicians and other employees of the pharmacy:

- f. the hiring, firing and setting terms of employment of the licensee, pharmacists, pharmacy technicians and other employees of the pharmacy:

- g. the marketing programs associated with the provision of pharmacy services by the pharmacy:

- h. infrastructure, equipment, and technology associated with the provision of pharmacy services by the pharmacy:

Section Five: Licensee Information

Under the new ownership, will the current licensee continue as the licensee of this pharmacy? Yes No

- If no, and there will be a new licensee, you must complete and submit [Application for Change of Licensee](#) form including payment.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Section Six: Proprietor Information

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.

Part A: Ownership Information

Please check (✓) one

- | | | |
|---|--|---|
| <input type="checkbox"/> Sole Proprietorship
(a business owned by one individual, which is not organized as a corporation) | <input type="checkbox"/> Partnership
(a business owned by two or more people which is not organized as a corporation) | <input type="checkbox"/> 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

<i>city</i>	<i>province</i>	<i>postal code</i>
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<i>phone # - include area code</i>	<i>fax # - include area code</i>	<i>toll-free # (if applicable)</i>
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<i>email address</i>	<i>website address (if applicable)</i>
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Part B: Shareholder Information

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

<i>Shareholder's or Partner's name</i>	<i>% of shares</i>
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mailing address

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

<i>city</i>	<i>province</i>	<i>postal code</i>
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<i>phone # - include area code</i>	<i>cell phone # - include area code</i>	<i>email address</i>
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Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Shareholder Information continued

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*

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Part C: Proprietor’s Agent Information

The [proprietor’s agent](#) must answer Questions 1 to 11 and provide the information as requested:

<p>1. A proprietor’s agent must complete the Proprietor’s Self-Assessment or Part B of the Licensee Education Program.</p> <p>Have you submitted the Statement of Completion (for the Proprietor’s Self-Assessment or Part B of the Licensee Education Program) as part of this application?</p>	<p style="text-align: right;">Yes No</p>
<p><i>Answer this question only if you are a regulated member with ACP.</i></p> <p>2. If the proprietor’s agent is a regulated member with ACP, they must be in good standing.</p> <p>If you are registered with ACP, are you in good standing with ACP, including, but not limited to</p> <ul style="list-style-type: none"> • no conditions or restrictions on your practice permit, • no outstanding complaints that have been referred to a hearing tribunal or outstanding sanctions ordered by the hearing tribunal, and • no other restrictions on practice or requirements to submit for assessment under Section 118 of the <i>Health Professions Act</i>? 	<p style="text-align: right;">N/A</p> <p style="text-align: right;">Yes No</p>
<p>3. A proprietor’s agent must submit an Enhanced Police Information criminal record check (completed within the past six months).</p> <p>Have you submitted a current Enhanced Police Information criminal record check as part of this application?</p> <ul style="list-style-type: none"> • ACP recommends the use of BackCheck for obtaining a criminal record check – choose the Enhanced Police Information Check. 	<p style="text-align: right;">Yes No</p>
<p>4. Are you, or have you previously been, a registered member of a pharmacy regulatory authority in another Canadian jurisdiction?</p> <p>If yes, what jurisdiction? _____</p> <ul style="list-style-type: none"> • <i>If you have been a registered member in another jurisdiction in the past 10 years, you must request a letter of standing be sent directly from the other jurisdiction to ACP on your behalf.</i> 	<p style="text-align: right;">Yes No</p>
<p>5. Are you, or have you previously been, registered with any other regulated profession in Canada?</p> <p>If yes, what profession and jurisdiction? _____</p> <ul style="list-style-type: none"> • <i>If you have been a registered member in another jurisdiction in the past 10 years, you must request a letter of standing be sent directly from the other jurisdiction to ACP on your behalf.</i> 	<p style="text-align: right;">Yes No</p>

Alberta College of Pharmacy Application for Pharmacy Ownership Change

<p>6. Have you served as a proprietor or licensee of one or more pharmacies in Alberta?</p> <p>Pharmacy name(s) and licence #'s: _____</p> <p>If yes, were there any conditions imposed on the pharmacy licence or any discipline proceedings while you were the proprietor or licensee? Provide details.</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>7. As the proprietor's agent, do you or will you have any control over the management and policies of the licensed pharmacy? If no, who will have control?</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>8. As the proprietor's agent, do you or will you have any control over the conduct of regulated members who are or will be employed in the licensed pharmacy? If no, who will have control?</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>9. As the proprietor's agent, do you or will you have the licensee report directly to you? If no, who will the licensee be reporting directly to?</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>10. As the proprietor's agent, do you or will you have the ability to provide the support necessary for the licensee to comply with their legal obligations as outlined in the legislative framework, including the Standards of Practice, and the Standards for the Operation of Licensed Pharmacies in Alberta? If no, who can provide the necessary support?</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>11. If you are not the legal owner of the pharmacy, please explain your relationship to the owner:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Part D: 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.⁸

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*.

Name of Proprietor's Agent

Signature of Proprietor's Agent

Date

Pharmacy Operating Name

⁸ 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.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

Part E: Proprietor's Agent Statutory Declaration

CANADA)
 PROVINCE OF ALBERTA) **In the matter of application for a pharmacy licence under the *Pharmacy and Drug Act***
 TO WIT:)

I, _____, a resident of _____, in the Province of _____
 do solemnly declare

1. I am aware that _____ has applied
(name of clinical pharmacist applying for pharmacy licence)
 for a pharmacy licence under the *Pharmacy and Drug Act*

2. The operating name of the pharmacy will be

(pharmacy operating name)

3. The pharmacy will be located at

(physical address of the pharmacy)

4. I am the legal owner of the pharmacy. Yes No

5. I am the individual designated by the legal owner to act on their behalf as the proprietor's agent. Yes No

6. I am authorized to make this statutory declaration on behalf of the legal owner. Yes No

7. As the proprietor's agent I will fulfill the obligations of the proprietor outlined in the *Pharmacy and Drug Act*, the *Pharmacy and Drug Regulation*, Code of Ethics, and Standards for the Operation of Licensed Pharmacies or will be responsible for ensuring that those obligations are fulfilled. Yes No

8. I am affected by a physical or mental condition or disorder or aware of anything that impairs my capacity⁹ to ensure that the proprietor fulfils the responsibilities and obligations of a proprietor under the Legislative Framework. Yes No

9. I have plead guilty or been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which I was not pardoned. Yes No

10. I am currently the subject of a proceeding related to any criminal offence in Canada or a jurisdiction outside of Canada. Yes No

11. I have been the subject of a finding of negligence, professional or ethical misconduct, incompetence or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada. Yes No

⁹ *Health Professions Act*, Interpretation 1(1)(s) "incapacitated": means suffering from a physical, mental or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.

Alberta College of Pharmacy

Application for Pharmacy Ownership Change

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| 12. | I am currently the subject of a proceeding for professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada. | Yes | No |
| 13. | If I have answered "Yes" to any of sections 8 to 12, I have enclosed full particulars in relation to the sections that I have answered "Yes" to, including submitting a completed disclosure form. | Yes | N/A |
| 14. | I have made inquiries and satisfied myself that any corporations or individuals who own, manage, direct, or will direct the operation of the facility in which the pharmacy is located and exercise a significant degree of control over the management and policies or the conduct of the regulated members who are employed by the licensed pharmacy:

a. Are financially able to fulfill the obligations of a proprietor and in particular is not bankrupt, has not taken the benefit of any legislation for bankrupt or insolvent debtors, is not in receivership or winding up proceedings.

b. Have not been charged with, pleaded guilty or been found guilty of an indictable offence related to misconduct, fraud or commercial matters within Canada or a similar offence outside of Canada. | Yes | No |
| 15. | I understand that I will not have satisfied the requirements for a pharmacy licence if I make a false or misleading statement or representation on this form. | Yes | No |
| 16. | I understand that a false declaration or the provision of inaccurate, false or misleading information in connection with the application for a pharmacy licence may result in a referral to the Complaints Director. | Yes | No |

I make this solemn declaration conscientiously believe 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 / town)

in the Province of _____)

this _____ day of _____, A.D. 20 _____)
(date, i.e., 25th) *(month)* *(year)*

A Commissioner for Oaths in and for the Province of Alberta
(Out of Province Declarants – please declare this document before a Notary Public)

This document must be sworn in the presence of a commissioner for oaths, notary public or lawyer and completed by the proprietor’s agent, even if the proprietor’s agent is also the licensee

Alberta College of Pharmacy Application for Pharmacy Ownership Change

Section Seven: Fee and Payment Information

Pharmacy Name *(if applicable)* _____

Pharmacy Licence Number _____

Please submit all documentation via email pharmacy@abpharmacy.ca

Fee Amount

Change of owner or major shareholder..... See the ACP [Fee Schedule](#) for fee plus GST

On fee schedule under other pharmacy fees: **Licensee change, ownership change, or renovation**

If the licensee is changing you must complete and submit an [Application for Change of Licensee](#) form including payment.

Payor Information

Cardholder's Name: _____ Registration Number *(if applicable)*: _____

Signature Authorizing Payment: _____ Date: _____

Cardholder's phone # _____ Area code-phone # _____ Cell # _____ 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

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: _____