

Alberta College of Pharmacy

Application for Pharmacy Relocation

A relocation is when an existing pharmacy relocates to a nearby location and intends to continue providing services to the same clientele with no other major changes (e.g., no change in licensee, proprietor, or licence category). **Along with this application form, 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, proposed use of space or layout of a licensed pharmacy are considered renovations and require advanced notice and approval by the registrar prior to implementing these changes.

The completed application form and floor plan(s) must be submitted to our office at least 45 days prior to the intended change. Application submission can be accepted via email pharmacy@abpharmacy.ca

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

Section One: Pharmacy Information

 Current operating name of the pharmacy Licence #

NEW 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)

PREVIOUS Physical address – PO Box # not acceptable here

If different from above NEW address, please provide mailing address of the pharmacy.

 Mailing address – PO Box is acceptable here

 City Province Postal code

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 ■ 1100-8215 112 St. NW. Edmonton, AB T6G 2C8 ■ Tel 780-990-0321 ■ Fax 780-990-0328 ■ pharmacy@abpharmacy.ca

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Section Two: Application Information

Proposed effective date of relocation: _____
(the date the pharmacy will begin operation in the new location)

Licensee Contact Information

I hereby make application to relocate _____
Pharmacy Name *Licence #*

Licensee Name: _____ Registration # _____
Please print clearly

Email Address (please print clearly) *Phone Number*

Licensee Signature: _____

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

Proprietor's Agent Contact Information

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.

I am aware that _____ is applying for a relocation of
Name of Licensee and ACP Registration #

Operating name of the pharmacy *ACP Licence #*

I understand that as the proprietor's agent, I will provide the support necessary for the licensee to comply with their legal obligations as outlined in the legislative framework, including the Standards of Practice for Pharmacists and Pharmacy Technicians, and the Standards for the Operation of Licensed Pharmacies.

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

Email Address (please print clearly) *Phone Number*

Proprietor's Agent Signature: _____

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

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Section Three: Pharmacy Staff

Pharmacy staff: Identify ALL pharmacists and technicians that are will be employed at the new 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

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"> • If yes, a community pharmacy licence is required 	<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"> • If yes, a mail order pharmacy licence may be required 	<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"> • If yes, exempt from requiring a mail order pharmacy licence 	<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"> • If yes, what percentage of the business is for non-human use? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Will the pharmacy provide services to individuals who reside outside of Alberta? <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

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<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, 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
<p>l) Will the pharmacy be located in a shared premise² (for example, with a medical clinic)?</p> <ul style="list-style-type: none"> If yes, need to 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

² 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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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.

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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"> • dispensary³, • patient services area⁴, and • surrounding public area⁵? 	
<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. 	

³ “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;

⁴ “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;

⁵ “public area” means the area of a licensed pharmacy located outside the prescription department.

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<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) 	
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)?	
Does the floor plan clearly identify any private area(s) used for injection services (must be publicly and wheelchair accessible)?	
Does the floor plan clearly indicate any security grilles used to secure the dispensary?	
<p>If sharing premises⁶ (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. 	

Section Five: Licensee Information

Part A: Licensee Information

With the proposed pharmacy relocation, 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.

Part B: Declaration and Acknowledgement in Support of Renovation or Relocation Application

I, _____, declare that

- a. all the information provided in the accompanying application is true, and
- b. the accompanying floor plans are accurate.
- c.

I confirm that I have reviewed and understand the following documents:

- [Foundational Requirements: Guidance Document for Opening a Licensed Community Pharmacy](#)
- [Standards for Pharmacy Compounding of Non-Sterile Preparations](#)
- [Guidance Document for Pharmacy Compounding of Non-Sterile Preparations; and](#)
- [Floor Plan Requirements Guide](#)

⁶ 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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I acknowledge that it is my responsibility, as the licensee of the pharmacy, to ensure that the pharmacy will meet the requirements under the Legislative Framework⁷ and will be operated in compliance with the *Pharmacy and Drug Act*, any condition imposed on the licence and any order made under the Act.

While the Registrar⁸ will provide feedback regarding the application and proposed floor plans, I acknowledge that as the licensee, I have sole responsibility

- a. for understanding and ensuring compliance with
 - the *Pharmacy and Drug Act*;
 - the Pharmacy and Drug Regulations;
 - the Standards for the Operation of Licensed Pharmacies;
 - the Code of Ethics;
 - Standards for Pharmacy Compounding of Non-sterile Preparations; and
 - Guidance Document for Pharmacy Compounding of Non-sterile Preparations (collectively “the Requirements”); and
- b. ensuring that the physical facilities, space, and layout of the pharmacy
 - will comply with the Requirements; and
 - will be conducive to the safe and effective practice of pharmacy.

I acknowledge that

- the proposed pharmacy will still have to undergo an inspection, which is satisfactory to the Registrar;
- if any deficiencies are identified during the inspection, those deficiencies must be corrected;
- if there are any changes to the information provided in this application or the floor plans, including any proposed dates, I will provide the ACP with complete information about the changes. I understand if there are changes this may affect processing of the application;
- the Registrar will rely on the truth and accuracy of information submitted throughout the renovation or relocation application process; and
- any false or misleading statements or representations made during the renovation or relocation process may constitute “unprofessional conduct” or “proprietary misconduct” and may result in a referral to the Complaints Director of the ACP.

Licensee’s Signature

Printed Name

Date

⁷ 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.

⁸ In this Declaration and Acknowledgement there is a reference to the Registrar. Wherever this appears it includes any employee of ACP to whom the Registrar may delegate a role in the registration process.

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Section Six: Proprietor Information

Have there been any changes to the current proprietors (owner, major shareholder, or proprietor's agent) of this pharmacy?

Yes No

- If yes, and there have been changes, you must complete and submit [Application for Pharmacy Ownership](#) or the [Application for Proprietor's Agent Change](#) form including payment.

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Section Seven: Fee and Payment information

Pharmacy Name _____

Pharmacy Licence Number _____

Please submit all documentation via email to pharmacy@abpharmacy.ca

Fee Amount

Pharmacy Relocation See the ACP [Fee Schedule](#) for fee plus GST

On fee schedule under other pharmacy fees: Relocation

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

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: _____