

Alberta College of Pharmacy

Application for Pharmacy Relocation

Section One: Pharmacy Information

A relocation is the move of a pharmacy to a new location within the same city. Floor plans must be received at our office for review and approval at least 45 working days in advance of a relocation occurring. The floor plan must comply with the Floorplan Requirements Guide. Floor plans submitted that do not comply with this guide will be rejected. This application must also be completed in its entirety and returned to our office at least 45 working days before the pharmacy relocation occurs.

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

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

Pharmacy hours: Monday-Friday _____ Saturday _____ Sunday/Holidays _____

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

Mailing address – PO Box is acceptable here

City *Province* *Postal code*

Services: Please check (✓) applicable selections below:

Lock and Leave: _____ Dispense Methadone/Buprenorphine: _____

Offsite Storage: _____ Provide services to individuals who reside outside of Alberta: _____

Pharmacy staff: Ensure list is accurate and complete as ACP will add/remove employees to/from the pharmacy file accordingly. Identify ALL regulated members (pharmacists, interns, students, technicians and provisional technicians) that are currently employed at this pharmacy location. Students, Interns and Technicians cannot hold narcotic signing authority. Assistants are not regulated members. The licensee (manager) is responsible for notifying ACP of future staff changes via e-mail, fax, mail, or phone.

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

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Section Two: Relocation

Shared premises (circle your response)

Will your pharmacy be located in shared premises (for example, medical clinic)? Yes No

If yes, in addition to a detailed floor plan of the pharmacy, provide an additional floor plan depicting the overall facilities, space and layout of the premises of the shared facility. If you are in a shared premise, you will need to operate as a lock and leave pharmacy.

Compounding (circle your response)

What type of compounding will be done at the pharmacy?

Non-Sterile, Non-Hazardous	Yes	No
Non-Sterile, Hazardous Compounding	Yes	No
Sterile *	Yes	No
If Yes to Sterile Compounding, indicate level(s)**		
High	Yes	No
Medium	Yes	No
Low	Yes	No
Immediate Use	Yes	No

* If your pharmacy will be compounding sterile preparations, you must comply with the Model Standards for Pharmacy Compounding of both Hazardous and Nonhazardous Sterile Preparations. Your floor plans will be reviewed by an ACP Pharmacy Practice Consultant (PPC) to ensure you have the required space and equipment and the PPC will conduct at least one inspection during renovations. These processes may take 3-4 months.

** Levels are per the Model Standards for Pharmacy Compounding of both Hazardous and Nonhazardous Sterile Preparations.

Section Three: Application

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

Licensee Name: _____ Registration # _____
Please print clearly

Licensee Signature: _____

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

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Section Four: Payment information

Pharmacy Name: _____ Licence Number: _____

Relocation Fee..... **\$216.30 (\$206.00 plus \$10.30 GST)**

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: _____