

# Alberta College of Pharmacy

## Application for Pharmacy of Renovation

### Section One: Pharmacy Information

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.

**Along with this application form, you will need to submit the proposed 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.

The completed application form and floor plan must be submitted to our office by email ([pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)), fax, or mail at least 45 days prior to the intended change.

\_\_\_\_\_  
*Current operating name of the pharmacy* *Licence #*

\_\_\_\_\_  
*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)*

**Pharmacy hours:** Monday-Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday/Holidays \_\_\_\_\_

**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. Assistants are not regulated members. The licensee (manager) is responsible for notifying ACP of future staff changes via e-mail, fax, regular mail, or over the phone.

Pharmacy licensees (manager) must hold narcotic signing authority at the pharmacy where they are the licensee. Staff pharmacists must indicate if narcotic signing authority is required. Pharmacists may have signing authority at more than one community pharmacy. Students, Interns and Technicians cannot hold narcotic signing authority.

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

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### Section Two: Renovation

Proposed renovation start date: \_\_\_\_\_ Proposed renovation completion date: \_\_\_\_\_

Describe the proposed changes to the pharmacy: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If there are major modifications, one of our Practice Consultants will conduct one or more pharmacy inspections. Modifications, that do not alter the floor plan that was approved by ACP, such as painting, are not considered renovations and do not require further approval. If you are not sure whether the changes you are planning constitute a renovation or not, please contact the ACP office for verification.

**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 renovate \_\_\_\_\_  
Pharmacy Name Pharmacy License Number

Licensee Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Licensee Signature: \_\_\_\_\_

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

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## Section Four: Payment information

Pharmacy Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Renovation 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: \_\_\_\_\_