

# Alberta College of Pharmacy

## Application for New Pharmacy Licence

The proprietor and/or licensee must first complete and submit a [New Pharmacy Letter of Intent](#) at least **60 days** prior to the proposed date of opening.

**If the owner is a corporation**, along with this application form and fee, you will need to submit a copy of the **corporate documents** or **last annual return** showing the incorporation of the organization and the names and addresses of all the directors and shareholders and the percentage of shares held. You must also include an Enhanced Police Information criminal record check.

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

Complete all sections and submit this application, along with the [Pharmacy Inspection Readiness](#) form to our office via email [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca) when the pharmacy is ready for the pre-opening inspection.

**\*\*\*Incomplete applications will delay the scheduling of your pre-opening inspection\*\*\***

### Section One: Pharmacy Information

**Operating Name of the pharmacy.** The operating name of the pharmacy must be the name provided on the application for pharmacy licence or another name approved by the registrar. This name must be used on pharmacy labels, storefronts and websites to consistently and uniquely identify the pharmacy

physical address – PO Box # not acceptable here

city province postal code

phone # - include area code fax # - include area code toll-free # (if applicable)  
(If pharmacy phone number is not available, leave blank-**do not** provide personal phone numbers)

Website address (if applicable)

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

mailing address – PO Box # 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 pharmacy<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> 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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### Section Two: Application Information

Proposed Opening Date \_\_\_\_\_

#### Licensee Contact Information

Contact name: \_\_\_\_\_ ACP Reg #: \_\_\_\_\_  
print clearly

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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: This application serves as written notice as per the [Pharmacy and Drug Regulations 20\(1\)\(c\)](#) that you will cease being a licensee. Please note, the proprietor will be notified by ACP as result of this notice.**

#### Proprietor's Representative Contact Information

Contact name: \_\_\_\_\_ ACP Reg #: \_\_\_\_\_  
print clearly if applicable

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 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](mailto: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: Operations and Services

#### Part A: General Questions

Have there been any changes in your proposed pharmacy operations and services as indicated on the New Pharmacy Letter of Intent?  Yes  No

If yes, what has changed? \_\_\_\_\_

Have there been any changes in the floorplan since being submitted in the New Pharmacy Letter of Intent, including the intended use of space?  Yes  No

If yes, what has changed? \_\_\_\_\_

#### Part B: 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:

\_\_\_\_\_

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### Section Five: Licensee Information

#### Part A: Licensee Applicant information

The applicant (licensee) must answer Questions 1 to 5 and provide the information as requested:

<p>1. An applicant for a pharmacy licence must complete the <a href="#">Licensee Education Program</a>.</p> <p>Have you submitted both Statements of Completion (for Part A and Part B) as part of this application?</p>	Yes   No
<p>2. An applicant for a pharmacy licence must be a pharmacist in good standing with ACP.</p> <p>Are you currently a clinical pharmacist who is in good standing with ACP, including, but not limited to</p> <ul style="list-style-type: none"> <li>no conditions or restrictions on your practice permit,</li> <li>no outstanding complaints that have been referred to a Hearing Tribunal or outstanding sanctions ordered by the Hearing Tribunal, and</li> <li>no other restrictions on practice or requirements to submit for assessment under Section 118 of the <i>Health Professions Act</i>?</li> </ul>	Yes   No
<p>3. An applicant for a pharmacy licence must submit an <b>Enhanced Police Information</b> criminal record check (completed within the past six months).</p> <p>Have you submitted a current <b>Enhanced Police Information</b> criminal record check as part of this application?</p> <ul style="list-style-type: none"> <li>Applicants must complete this check by visiting <a href="#">BackCheck</a> – choose the <b>Enhanced Police Information</b> Check.</li> </ul>	Yes   No
<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"> <li><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></li> </ul>	Yes   No
<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"> <li><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></li> </ul>	Yes   No

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To be granted approval and issued a licence, the registrar must be satisfied that the applicant has the experience and/or support to act in accordance with the *Pharmacy and Drug Act* and that the pharmacy will be operated in compliance with the legislation. **A qualified applicant is expected to have a combination of at least two of the following attributes<sup>2</sup>** identified in the following section (Questions 6 to 11).

The applicant (licensee) must answer Questions 6 to 11. and provide the information as requested:

<p>6. Have you been registered on ACP's clinical pharmacist register for the past two consecutive years or more?</p> <p style="text-align: center;">OR</p> <p>Have you been registered as a pharmacist in another Canadian jurisdiction for the past two consecutive years or more? <i>Info must be supported by a letter of standing from the applicable jurisdiction.</i></p>	<p>Yes No OR Yes No</p>
<p>7. In the past five years, have you served as a licensee or the equivalent in a Canadian jurisdiction for at least one consecutive year, where there have been no conditions or discipline proceedings?</p> <p>List EVERY pharmacy where you have served as a licensee in a Canadian jurisdiction for ANY length of time. (Attach a separate page if additional space is required)</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>During the time you were licensee of ANY pharmacy, were there any conditions imposed or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details. *</p> <p>_____</p> <p>_____</p> <p><small>*Additional qualifying attributes may be required by the licensee applicant.</small></p>	<p>Yes No</p>
<p>8. In the past 10 years, have you served as a proprietor (owner, major shareholder, or proprietor's representative) of one or more pharmacies in Alberta for at least two consecutive years, where there have been no discipline proceedings?</p> <p>List EVERY pharmacy where you have served as a proprietor (owner, major shareholder, or proprietor's representative) a Canadian Jurisdiction for ANY length of time. (Attach a separate page if additional space is required)</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>During the time you were a proprietor (owner, major shareholder, or proprietor's representative) of ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details. *</p> <p>_____</p> <p>_____</p> <p><small>*Additional qualifying attributes may be required by the licensee applicant.</small></p>	<p>Yes No</p>

<sup>2</sup> Upon application, the registrar may approve an applicant with other qualifying attributes.

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<p>9. Will you be practising in a licensed pharmacy where the proprietor's representative is a regulated member who is in good standing with ACP? (You may circle "yes" if you are the proprietor's representative for this pharmacy.)</p>	Yes No
<p><i>Answer this question only if you are NOT the proprietor's representative.</i></p>	
<p>10. Will you be practising in a licensed pharmacy where, in the past five years, the proprietor's representative has served as a licensee in Alberta for at least one consecutive year, without being subject to any conditions or discipline proceedings?</p> <p>List EVERY pharmacy the proprietor's representative has served as a licensee in a Canadian Jurisdiction for ANY length of time. (Attach a separate page if additional space is required)</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>During the time the proprietor's representative was licensee of ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details. *</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>*Additional qualifying attributes may be required by the licensee applicant.</small></p>	Yes No  N/A
<p><i>Answer this question only if you are NOT the proprietor's representative.</i></p>	
<p>11. Will you be practising in a licensed pharmacy where, in the past 10 years, any of the proprietors (owner, major shareholder, or proprietor's representative) has owned one or more pharmacies in Alberta for at least two consecutive years, where there have been no discipline proceedings?</p> <p>List EVERY pharmacy ANY of the proprietors (owner, major shareholder, or proprietor's representative) has owned in Alberta for any length of time. (Attach a separate page if additional space is required or contact <a href="http://abpharmacy.ca">ACP</a> to provide further details)</p> <p>Pharmacy name and licence #: _____ Proprietor name: _____</p> <p>Pharmacy name and licence #: _____ Proprietor name: _____</p> <p>Pharmacy name and licence #: _____ Proprietor name: _____</p> <p>Pharmacy name and licence #: _____ Proprietor name: _____</p> <p>During the time ANY of the proprietors (owner, major shareholder, or proprietor's representative) owned ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details. *</p> <p>_____</p> <p>_____</p> <p>_____</p>	Yes No  N/A

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\*Additional qualifying attributes may be required by the licensee applicant.

### Part B: Licensee Undertaking (this undertaking must be completed by the licensee applicant)

I, \_\_\_\_\_, am applying for a pharmacy licence under the *Pharmacy and Drug Act* ("the Act") to operate a pharmacy. In making this application, I undertake

- (a) to personally manage, control and supervise the practice of pharmacy associated with the pharmacy; and
- (b) to comply with the Act, any condition imposed on the pharmacy licence, any order made under the Act, the Code of Ethics, and the Standards for the Operation of Licensed Pharmacies.

Without limiting the statement above, if a pharmacy licence is issued to me, I undertake to ensure that

- Pharmacy services<sup>3</sup> are provided in accordance with the Legislative Framework<sup>4</sup>.
- All drugs and records are maintained in accordance with the Legislative Framework and are kept under my care and control.
- Pharmacy services are provided by regulated members under my management without conditions imposed by me or a proprietor that compromise their professional independence, judgment or integrity.
- The licensed pharmacy has the
  - facilities,
  - space and equipment,
  - systems and procedures,
  - requisite number of staff with the training and qualifications to ensure safe, effective, and secure provision of pharmacy services.
- I will apply to the Registrar for approval, before any changes are made to the physical facilities, space or layout of the licensed pharmacy, including any renovation or relocation.
- ACP is told in writing
  - the names of each regulated member working at the licensed pharmacy, including any temporary pharmacist-in-charge;
  - the identity of
    - the proprietor, including a corporate proprietor,
    - any major shareholder, and
    - the individual who is the proprietor's representative;
  - the pharmacy hours of operation and any temporary closures;
  - if the pharmacy is operating as a lock and leave pharmacy; and
  - if I intend to cease or cease being the licensee.
- If I intend to cease being the licensee or the pharmacy ceases to operate for any reason, I understand it is my responsibility to
  - Ensure that
    - all drugs in the pharmacy are disposed of in accordance with the *Controlled Drugs and Substances Act* and the *Food and Drug Act* (unless the ACP has approved the secured storage of drugs at the pharmacy in circumstances where the pharmacy may continue to operate);
    - the Registrar is immediately advised of the date the pharmacy ceases to operate;
    - patient records are transferred to another licence pharmacy or each patient is given access to a copy of the patient's record;
    - the ACP is advised of the location of the patient records; and
    - an inventory of all drugs in the pharmacy is prepared and copies are maintained in the files of the closed pharmacy, sent to the ACP and kept by myself; or
  - Ensure that a new licensee or a temporary pharmacist-in-charge has been approved by the Registrar.
- I report to the ACP any proprietor who directs, influences or attempts to direct or influence the management or operation of the licensed pharmacy in a way that contravenes or could contravene the Legislative Framework.
- I cooperate with site and practice visits. and
- I renew the licence annually within the appropriate timeframe.

Licensee Signature: \_\_\_\_\_ Licensee Registration # \_\_\_\_\_

<sup>3</sup> Pharmacy services are defined as the storing, compounding, dispensing, or selling of drugs.

<sup>4</sup> 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.





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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 new pharmacy licensee.

### Part D: Declaration and Acknowledgement of Applicant for a Pharmacy Licence

I, \_\_\_\_\_, the applicant for a pharmacy licence, declare that all the information provided in

- the Letter of Intent,
- the floor plans, and
- my application for a pharmacy licence

are true.

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

- [Five Steps to Opening Your New Pharmacy](#)
- [Foundational Requirements: Guidance Document for Opening a Licensed Pharmacy](#)
- [Standards for Pharmacy Compounding of Non-Sterile Preparations; and](#)
- [Guidance Document for Pharmacy Compounding of Non-Sterile Preparations.](#)

I acknowledge that it is my responsibility as the applicant for a pharmacy licence to ensure that the proposed pharmacy will meet the requirements under the Legislative Framework<sup>6</sup> 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.

I acknowledge that if there are any changes to the information provided in the Letter of Intent, the floor plans, or this application for a pharmacy licence, including the proposed opening date, I will provide the ACP with complete information about the changes. I understand if there are changes this may effect processing of the application.

I acknowledge that

- the Registrar<sup>7</sup> will rely on the truth and accuracy of information submitted throughout the pharmacy licensure process in determining whether to issue a pharmacy licence; and
- if there are any false or misleading statements provided during the pharmacy licensure process, this may result in the Registrar determining that the requirements for obtaining a pharmacy licence have not been met.

I also understand that any false or misleading statements or representations made during the pharmacy licensure process may constitute “unprofessional conduct” or “proprietary misconduct” and may result in a referral to the Complaints Director of the ACP.

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Applicant's signature

Printed name

Date

<sup>6</sup> 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.

<sup>7</sup> 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.

Alberta College of Pharmacy ■ 1100-8215 112 St. NW. Edmonton, AB T6G 2C8 ■ Tel 780-990-0321 ■ Fax 780-990-0328 ■ [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)

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### Section Six: Proprietor Information

#### Part A: Ownership Information

If the owner is a corporation, you will need to submit copy of the **corporate documents** or **last annual return** showing the incorporation of the organization and the names and addresses of all the directors and shareholders and the percentage of shares held.

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*

\_\_\_\_\_  
*phone # - include area code*

\_\_\_\_\_  
*fax # - include area code*

\_\_\_\_\_  
*toll-free # (if applicable)*

\_\_\_\_\_  
*email address*

\_\_\_\_\_  
*website address (if applicable)*

#### Part B: 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*

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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>

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### Part C: Proprietor’s Representative Information

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

<p>1. A proprietor’s representative must complete the <a href="#">Proprietor’s Self-Assessment or Part B of the Licensee Education Program</a>.</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>	Yes No
<p><i>Answer this question only if you are a regulated member with ACP.</i></p> <p>2. If the proprietor’s representative 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"> <li>• no conditions or restrictions on your practice permit,</li> <li>• no outstanding complaints that have been referred to a hearing tribunal or outstanding sanctions ordered by the hearing tribunal, and</li> <li>• no other restrictions on practice or requirements to submit for assessment under Section 118 of the <i>Health Professions Act</i>?</li> </ul> <p>During the time proprietor’s representative was registered as a regulated member with ACP, were any conditions or restrictions on the practice permit, outstanding complaints that have been referred to a hearing tribunal, or outstanding sanctions ordered? If yes, provide further details. *</p> <hr/> <hr/> <hr/> <p><small>*Additional qualifying attributes may be required by the proprietor’s representative applicant.</small></p>	N/A  or  Yes No
<p>3. A proprietor’s representative must submit an <b>Enhanced Police Information</b> criminal record check (completed within the past six months).</p> <p>Have you submitted a current <b>Enhanced Police Information</b> criminal record check as part of this application?</p> <ul style="list-style-type: none"> <li>• ACP recommends the use of <a href="#">BackCheck</a> for obtaining a criminal record check – choose the <b>Enhanced Police Information</b> Check.</li> </ul>	Yes No
<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"> <li>• <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></li> </ul>	Yes No
<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"> <li>• <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></li> </ul>	Yes No

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<p>6. Have you served as a proprietor (owner, major shareholder, or proprietor's representative) of one or more pharmacies in Alberta?</p> <p>List EVERY pharmacy where you have served as a proprietor (owner, major shareholder, or proprietor's representative) for ANY length of time. (Attach a separate page if additional space is required or contact <a href="#">ACP</a> to provide further details).</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>During the time you were a proprietor (owner, major shareholder, or proprietor's representative) of ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details. *</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>*Additional qualifying attributes may be required by the proprietor's representative applicant.</small></p>	<p>Yes No</p>
<p>7. Have you served as a licensee of one or more pharmacies in Alberta?</p> <p>List EVERY pharmacy where you have served as a licensee for ANY length of time. (Attach a separate page if additional space is required or contact <a href="#">ACP</a> to provide further details).</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>Pharmacy name and licence #: _____ Province: _____</p> <p>During the time you were a licensee of ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details. *</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>*Additional qualifying attributes may be required by the proprietor's representative applicant.</small></p>	<p>Yes No</p>
<p>8. As the proprietor's representative, 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>

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<p>9. As the proprietor's representative, 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> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<p>Yes No</p>
<p>10. As the proprietor's representative, do you or will you have the licensee report directly to you? If no, who will the licensee be reporting directly to?</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<p>Yes No</p>
<p>11. As the proprietor's representative, 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> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<p>Yes No</p>
<p>12. If you are not the legal owner of the pharmacy, please explain your relationship to the owner:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	

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### **Part D: Proprietor’s Representative Undertaking** *(this undertaking must be completed by the Proprietor’s Representative)*

As the proprietor’s representative, I hereby undertake to personally ensure that the proprietor fulfils the responsibilities and obligations of a proprietor under the Legislative Framework.<sup>8</sup>

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 Representative

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Signature of Proprietor’s Representative

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Date

---

Pharmacy Operating Name

<sup>8</sup> 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 New Pharmacy Licence

### Part E: Proprietor's Representative 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 representative. Yes No
6. I am authorized to make this statutory declaration on behalf of the legal owner. Yes No
7. As the proprietor's representative 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 capacity<sup>9</sup> 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

<sup>9</sup> *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 New Pharmacy Licence

- |     |                                                                                                                                                                                                                                                                                                                                                         |     |     |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 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.                                                                                                                 | Yes | No  |
|     | 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., 25<sup>th</sup>)* *(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 representative, even if the proprietor's representative is also the licensee.**

# Alberta College of Pharmacy

## Application for New Pharmacy Licence

### Section Seven: Payment Information

Pharmacy Name *(if applicable)* \_\_\_\_\_

Pharmacy Licence Number *(if applicable)* \_\_\_\_\_

Please submit all documentation via email to [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)

### Fee Amount

Category of Pharmacy Licence being applied for (must match that indicated on your Letter of Intent)

<input type="checkbox"/>	<b>Licence category</b> <b>Community – standalone</b> On the fee schedule: Community pharmacy - primary licensed practice site <i>(pro-rated for new sites approved between Jan 1 - June 30)</i>	<b>See the ACP <a href="#">Fee Schedule</a></b> <b>for fee plus GST</b>  <i>If you have questions about the applicable fee contact the ACP</i>
<input type="checkbox"/>	<b>Community and Compounding &amp; Repackaging – combination</b> On the fee schedule: Community pharmacy - primary licensed practice site <i>(pro-rated for new sites approved between Jan 1 - June 30)</i> <b>Plus</b> Provision of compounding & repackaging services from a primary licensed community	
<input type="checkbox"/>	<b>Community and Mail Order – combination</b> On the fee schedule: Community pharmacy - primary licensed practice site <i>(pro-rated for new sites approved between Jan 1 - June 30)</i> <b>Plus</b> Provision of mail order pharmacy services from a primary licensed community pharmacy	
<input type="checkbox"/>	<b>Community and Compounding &amp; Repackaging and Mail Order – combination</b> On the fee schedule: Community pharmacy - primary licensed practice site <i>(pro-rated for new sites approved between Jan 1 - June 30)</i> <b>Plus</b> Provision of compounding & repackaging services from a primary licensed community <b>Plus</b> Provision of mail order pharmacy services from a primary licensed community pharmacy	
<input type="checkbox"/>	<b>Compounding &amp; Repackaging – standalone</b> On the fee schedule: Compounding & repackaging pharmacy - primary licensed practice site <i>(pro-rated for new sites approved between Jan 1 - June 30)</i>	

### Payor Information

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

Signature Authorizing Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's phone # \_\_\_\_\_ Area code-phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Area code-phone # \_\_\_\_\_

# Alberta College of Pharmacy

## Application for New Pharmacy Licence

### 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](mailto: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: \_\_\_\_\_