

# Alberta College of Pharmacy Pharmacy Name Change

According to section 9(1) of the [Pharmacy and Drug Regulations](#) the pharmacy must operate under only one name, which must be the name provided on the application for pharmacy license 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

This application must be completed in its entirety and returned to the ACP office at least **15 business days prior** to the planned pharmacy name change. Application submission can be accepted via email to [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca). If approved, the name change will be processed, and a new pharmacy licence will be sent via mail.

## Section One: Pharmacy Information

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

\_\_\_\_\_  
Proposed operating name of 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)

\_\_\_\_\_  
Website address (if applicable)

**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>: \_\_\_\_\_

## Section Two: Application Information

Proposed effective date of change: \_\_\_\_\_

### Licensee Contact Information

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

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

<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.  
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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## Proprietor's Representative Contact Information

A **Proprietor's Representative** 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 pharmacy name change of  
*Name of Licensee and ACP Registration #*

\_\_\_\_\_  
*Current Operating name of the pharmacy* *ACP Licence #*

I understand that as the proprietor's representative, 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 Representative (please print clearly)* *(ACP Registration # if applicable)*

\_\_\_\_\_  
*Email Address (please print clearly)* *Phone Number*

Proprietor's Representative 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](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: 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 representative attends the pharmacy to receive the service?</p> <ul style="list-style-type: none"> <li>If yes, a community pharmacy licence is required</li> <li>A community pharmacy licence is required if pharmacy services are provided directly to patients</li> </ul>	<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 representative regularly attends the pharmacy to receive the service?</p> <ul style="list-style-type: none"> <li>If yes, a community pharmacy license is required, and a mail order pharmacy licence may be required</li> <li>If yes, what percentage of the business will be conducted via mail order?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No Percentage _____%
<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"> <li>If yes, exempt from requiring a mail order pharmacy licence</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d) Will the pharmacy use virtual care to provide pharmacy services?</p> <ul style="list-style-type: none"> <li>Virtual care is defined in the <a href="#">Virtual Care Guidelines</a> as any professional interaction between a regulated member and a patient that occurs remotely using an enabling technology.</li> <li>If yes, what percentage of the professional interactions will be conducted via virtual care?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No Percentage _____%
<p>e) Will the pharmacy be providing pharmacy services, drug products, or compounds for use in animals?</p> <ul style="list-style-type: none"> <li>If yes, what percentage of the business is for non-human use?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No Percentage _____%
<p>f) Will the pharmacy provide services to individuals who reside outside of Alberta?</p> <ul style="list-style-type: none"> <li>This does not include services provided to those who are in Alberta on an incidental basis for vacation or work.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g) Will the pharmacy be compounding preparations for <b>another licensed pharmacy</b> or institution that dispenses or sells those products?</p> <ul style="list-style-type: none"> <li>If yes, a compounding and repackaging pharmacy licence is required</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>h) Will the pharmacy be preparing compliance packaging or repackaging medications for <b>another licensed pharmacy</b> or institution that dispenses or sells those drugs?</p> <ul style="list-style-type: none"> <li>If yes, a compounding and repackaging pharmacy licence is required</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i) Will the pharmacy routinely compound narcotic medications for <b>another licensed pharmacy</b> or institution that dispenses or sells those drugs?</p> <ul style="list-style-type: none"> <li>If yes, the pharmacy must hold a licensed dealer permit issued by Health Canada</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>j) Will the pharmacy compound benzodiazepines or other targeted substances, not pursuant to a prescription, for <b>another licensed pharmacy</b> or institution that dispenses or sells those drugs?</p> <ul style="list-style-type: none"> <li>If yes, the pharmacy must hold a licensed dealer permit issued by Health Canada</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>k) 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"> <li>If yes, a <b>separate pharmacy licence</b> for the non-contiguous space may be required.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>l) Will the pharmacy provide Opioid Agonist Therapy (OAT) for opioid dependency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>m) Will the pharmacy be located in a <a href="#">shared premise</a><sup>2</sup> (for example, with a medical clinic)?</p> <ul style="list-style-type: none"> <li>If yes, provide a detailed floor plan of the pharmacy itself and an overall floor plan of the shared facility (for new pharmacies, renovations, or relocations only).</li> <li>If yes, the pharmacy needs to operate as a lock and leave pharmacy.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>n) Will the pharmacy operate as a lock and leave pharmacy?</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>o) Will the pharmacy have off-site storage of records outside of the dispensary?</p> <ul style="list-style-type: none"> <li>If yes, need to submit an <a href="#">Application to Maintain Records at a Location Other than the Pharmacy</a></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>2</sup> 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.

### Section Five: Licensee Information

Under the new pharmacy name, 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.

### Section Six: Proprietor Information

Have there been any changes to the current proprietors (owner, major shareholder, or proprietor's representative) 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 Representative Change](#) form including payment.

### Section Seven: Fee and Payment Information

**No applicable fees for an Application for Proprietor's Representative Change at this time.**