

Alberta College of Pharmacy

Application for Proprietor's Agent Change

A [Proprietor's Agent](#) is either the owner OR the designated representative of the owner(s)/corporation who undertakes to ensure that the proprietor fulfills the responsibilities and obligations of a proprietor under the Legislative Framework¹. The licensee and the proprietor's agent may be the same person.

Changes to the proprietor's agent requires advance notice and is contingent on approval from the Alberta College of Pharmacy. If requesting a change, the proprietor must complete the applicable sections and submit this application to our office at least **15 days prior** to the intended change. Application submission can be accepted via email to pharmacy@abpharmacy.ca.

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

Section One: Pharmacy Information

<i>Current operating name of the pharmacy</i>	<i>Licence #</i>	
<i>Physical address – PO Box # not acceptable here</i>		
<i>City</i>	<i>Province</i>	<i>Postal code</i>
<i>Phone # - include area code</i>	<i>Fax # - include area code</i>	<i>Toll-free # (if applicable)</i>

Section Two: Application Information

Proposed effective date of change: _____

Proprietor's Agent Contact Information

Contact name: _____ print clearly ACP Reg #: _____ if applicable

Email address: _____ Phone #: _____

Licensee Contact Information

I am aware that _____
Name of Proprietor's Agent

is applying for a proprietor's agent change of: _____
Operating name of the pharmacy *ACP Licence#*

<i>Name of Licensee (please print clearly)</i>	<i>(ACP Registration #)</i>
<i>Email Address (please print clearly)</i>	<i>Phone Number</i>

Licensee Signature: _____

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

¹ 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 ■ 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 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

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

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, 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

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

Part A: Proprietor’s Agent Information

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

<p>1. A proprietor’s agent must complete the Proprietor’s Self-Assessment or Part B of the Licensee Education Program. 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
<i>Answer this question only if you are a regulated member with ACP.</i>	N/A
<p>2. If the proprietor’s agent is a regulated member with ACP, they must be in good standing. 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"> • no conditions or restrictions on your practice permit, • no outstanding complaints that have been referred to a hearing tribunal or outstanding sanctions ordered by the hearing tribunal, and • no other restrictions on practice or requirements to submit for assessment under Section 118 of the <i>Health Professions Act</i>? 	Yes No
<p>3. A proprietor’s agent must submit an Enhanced Police Information criminal record check (completed within the past six months). Have you submitted a current Enhanced Police Information criminal record check as part of this application?</p> <ul style="list-style-type: none"> • ACP recommends the use of BackCheck for obtaining a criminal record check – choose the Enhanced Police Information Check. 	Yes No
<p>4. Are you, or have you previously been, a registered member of a pharmacy regulatory authority in another Canadian jurisdiction? If yes, what jurisdiction? _____</p> <ul style="list-style-type: none"> • <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> 	Yes No
<p>5. Are you, or have you previously been, registered with any other regulated profession in Canada? If yes, what profession and jurisdiction? _____</p> <ul style="list-style-type: none"> • <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> 	Yes No

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<p>6. Have you served as a proprietor or licensee of one or more pharmacies in Alberta?</p> <p>Pharmacy name(s) and licence #'s: _____</p> <p>If yes, were there any conditions imposed on the pharmacy licence or any discipline proceedings while you were the proprietor or licensee? Provide details.</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>7. Have you served as a proprietor or licensee of one or more pharmacies in Alberta?</p> <p>Pharmacy name(s) and licence #'s: _____</p> <p>If yes, were there any conditions imposed on the pharmacy licence or any discipline proceedings while you were the proprietor or licensee? Provide details.</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>8. As the proprietor's agent, 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>
<p>9. As the proprietor's agent, 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> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>10. As the proprietor's agent, do you or will you have the licensee report directly to you? If no, who will the licensee be reporting directly to?</p> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>11. As the proprietor's agent, 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> <p>_____</p> <p>_____</p>	<p>Yes No</p>
<p>12. If you are not the legal owner of the pharmacy, please explain your relationship to the owner:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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Part B: Proprietor's Agent Undertaking *(this undertaking must be completed by the Proprietor's Agent)*

As the proprietor's agent, I hereby undertake to personally ensure that the proprietor fulfils the responsibilities and obligations of a proprietor under the Legislative Framework.²

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 Agent

Signature of Proprietor's Agent

Date

Pharmacy Operating Name

² 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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Part C: Proprietor's Agent 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 agent. Yes No

6. I am authorized to make this statutory declaration on behalf of the legal owner. Yes No

7. As the proprietor's agent 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 capacity³ 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

³ *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.

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| 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.

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., 25th) (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 agent, even if the proprietor's agent is also the licensee.

Section Seven: Fee and Payment Information

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