

Alberta College of Pharmacy Temporary Pharmacist in Charge

If a pharmacist ceases to be the licensee of the pharmacy it is their responsibility, in consultation with the proprietor to either close the pharmacy or ensure that a new licensee or a **temporary pharmacist in charge (TPIC)** is approved by the registrar. **Before** a licensee departs, an [application for Change of Licensee](#) or this application form must be submitted to the college via email pharmacy@abpharmacy.ca. An approved TPIC may operate a pharmacy for 30 days. If a new licensee is not found within 30 days, it is the responsibility of the TPIC or proprietor to notify the registration department.

Section One: Pharmacy Information

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)*

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 TPIC, on average, will be present at this pharmacy¹: _____

Section Two: Application Information

Previous Licensee: _____ ACP Registration # _____

Last effective date of previous Licensee: _____

Will the previous licensee continue to work at this pharmacy location? Yes No

Temporary Pharmacist in Charge (TPIC) Information

Proposed start date for the TPIC at the new pharmacy location: _____

Name of TPIC: _____ ACP Registration #: _____

Contact Information for TPIC: _____
Phone # *Email address*

Do you intend to apply to be the licensee of this pharmacy? Yes No

Are you currently a licensee at another pharmacy? Yes No

¹ 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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Proprietor's Agent Contact Information

A **Proprietor's Agent** is either the owner or the designated representative of the owner(s)/corporation who fulfills the responsibilities and obligations of a proprietor under the legislative framework

I am aware that _____ is applying to be the Temporary Pharmacist in Charge (TPIC) of
Name of New Licensee and ACP Registration #

Operating name of the pharmacy *ACP Licence #*

I understand that as the proprietor's agent, I will provide the support necessary for the **licensee/TPIC** 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 Agent (please print clearly) *(ACP Registration # if applicable)*

Email Address (please print clearly) *Phone Number*

Proprietor's Agent Signature: _____

Dated at _____ this _____ day of _____, 20____

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) or **temporary pharmacist in charge (TPIC)** 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/TPIC Yes/No

Section Four: Operations and Services

Part A: General Questions

Have there been any changes in your pharmacy operations and services? Yes No

If yes, what has changed? _____

Section Five: Temporary Pharmacist in Charge Information

Temporary Pharmacist in Charge Undertaking (this undertaking must be completed by the TPIC)

I, _____, am applying to be placed as the Temporary Pharmacist in Charge of
_____ under section 14(2) of the *Pharmacy and Drug Act*.

Name of Pharmacy and Licence #

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, I undertake to ensure that

- Pharmacy services² are provided in accordance with the Legislative Framework³.
- 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.

² Pharmacy services are defined as the storing, compounding, dispensing, or selling of drugs.

³ 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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- 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 agent;
 - 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 temporary pharmacist in charge.
- If I intend to cease being the temporary pharmacist in charge 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.

TPIC Signature: _____ ACP Registration # _____

Dated at _____ this _____ day of _____, 20____
name of city or town day month year

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Temporary Pharmacist in Charge Professional Declaration

This declaration is made to the Alberta College of Pharmacy as part of an application to the Registrar to be placed as a Temporary Pharmacist in Charge under section 14(2) of the *Pharmacy and Drug Act*.

I, _____, a resident of _____,
name of applicant *name of city/town*

in the Province of _____ do solemnly declare

- | | | |
|---|-----|-----|
| 1. I am the proposed Temporary Pharmacist in Charge. | Yes | No |
| 2. I have been convicted of an indictable offence related to misconduct, fraud or commercial matters within Canada or a similar offence outside of Canada. | Yes | No |
| 3. I have been prevented from being a licensee or its equivalent in another jurisdiction. | Yes | No |
| 4. I am affected by a physical or mental condition or disorder or aware of anything that impairs my capacity ⁴ to fulfil the responsibilities and obligations of a temporary pharmacist in charge under the Legislative Framework. | Yes | No |
| 5. If I have answered "Yes" to question 2, 3, or 4, 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 |
| 6. All information that I have attached to this statutory declaration or provided in connection with my application to become a temporary pharmacist in charge is accurate. | Yes | No |
| 7. I understand that I will not have satisfied the requirements to become a temporary pharmacist in charge if I make a false or misleading statement or representation on my application. | Yes | No |
| 8. I understand that a false declaration or the provision of inaccurate, false or misleading information in connection with my application to become a temporary pharmacist in charge may result in a referral to the Complaints Director. | Yes | No |

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20____
date *month* *year* *ACP Registration #*

(declarant's signature)

This document must be completed by the temporary pharmacist in charge.

⁴ *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.

Section Six: Proprietor Information

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

Section Seven: Fee and Payment Information

No applicable fees for Temporary Pharmacist in Charge application at this time.