

# Alberta College of Pharmacy Current Floorplan Submission

**When a pharmacy has undergone a renovation without prior ACP approval, the Licensee and/or Proprietor’s Agent may be directed to submit this form along with a floor plan depicting the physical facilities, space, and entire layout of the licensed pharmacy.**

A renovation to the physical facilities, space or layout of a pharmacy requires prior approval from the registrar as required by section 10 of the *Pharmacy and Drug Regulation*. Any changes to the physical facilities, space or layout of a licensed pharmacy are considered renovations and require approval by the registrar.

As per the *Pharmacy and Drug Regulation*, section 10,

- (1) The physical facilities, space and layout of a licensed pharmacy must remain as depicted in the copies of the scale drawing provided to the registrar under section 3(1)(e)(v) unless the registrar first approves a change in writing.
- (2) A licensee may apply in writing to the registrar for approval for a change to the physical facilities, space or layout of a licensed pharmacy.
- (3) An application under subsection (2) must be made at least 14 days before the intended change.

The scale drawing must reflect any areas in which pharmacy services are being provided. This floor plan must comply with the [Floor Plan Requirements Guide](#). Floor plans submitted that do not clearly indicate all elements listed within this guide will be rejected. **Floorplan submission can be sent via email to [pharmacy@abpharmacy.ca](mailto:pharmacy@abpharmacy.ca)**

**If the pharmacy does not meet the foundational requirements**  
you may be directed to undergo another renovation and submit a separate  
[Application for Pharmacy Renovation](#)

## Section One: Pharmacy Information

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)

## Section Two: Application Information

### Licensee Contact Information

I hereby make application to update the floorplan of: \_\_\_\_\_  
*Pharmacy Name* *ACP Licence #*

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

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

\_\_\_\_\_  
*Phone Number*

### Licensee Acknowledgement

I acknowledge and understand that, as per Section 10(1)(2) and (3) of the *Pharmacy and Drug Regulation* and as

Licensee of \_\_\_\_\_:  
*(name and licence # of pharmacy)*

I am required to submit a floorplan that reflects the existing physical facilities, space and layout of the pharmacy to the Alberta College of Pharmacy  Yes  No

I am aware that his floorplan must comply with the [Floor Plan Requirements Guide](#)  Yes  No

Renovations to a pharmacy require advanced notice and prior approval by the registrar  Yes  No

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
*(name of city or town)* *(date i.e. 25th)* *(month)* *(year)*

### Part A: Renovation Information

1. When did the renovation occur? \_\_\_\_\_

2. Describe the renovation that occurred at the pharmacy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you applying for a secondary dispensary<sup>1</sup>?  Yes  No
- Only community pharmacies that **do not** have a compounding and repackaging licence and existed prior to March 3, 2018 are eligible for a secondary dispensary

**If you answered Yes to Question 3, respond to Questions 4-7**

4. Describe the purpose of the secondary dispensary and the pharmacy services that are provided in this space.

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5. Describe the proximity and path between the primary dispensary and secondary dispensary.

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6. Does the secondary dispensary have a different physical address than the primary dispensary? If so, provide the address.

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7. Describe the security measures in place to secure the secondary dispensary area and restrict access to unauthorized personnel at all entrance points to the secondary dispensary.

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## Part B: Compounding Services

### Non-sterile compounding

**All pharmacies must have an area for compounding drugs and be equipped to provide compounding services, as per Section 14(2)c.iii of the *Pharmacy and Drug Regulation*.**

Prior to completing the following section you must:

1. Review the [Standards for Pharmacy Compounding of Non-sterile Preparations](#) and the [Guidance Document for Pharmacy Compounding of Non-sterile Preparations](#) and other [related documents](#).
2. Determine to what level of risk the pharmacy will operate at by considering the active pharmaceutical ingredients (APIs) that the pharmacy will use to compound and in what quantities. For each API, refer to the National Institute for Occupational Safety and Health ([NIOSH list](#)) and the Safety Data Sheet (in particular, Sections 2 and 8) to determine the level of risk to personnel, the appropriate personal protective equipment, and the engineering and room controls required for the pharmacy. When there is uncertainty as to the level of risk, you must adhere to the higher standard. Retain copies of all Safety Data Sheets and the assessments of risk.

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<sup>1</sup> A [Secondary Dispensary](#) is an additional space that acts as an extension of the primary dispensary, and may be used for storing, compounding, repackaging, or preparing drugs for sale. A space is considered a secondary dispensary if pharmacy personnel must leave the primary dispensary and go through a non-dispensary area (e.g., patient services area, stockroom) to access the secondary dispensary.

If you are unsure whether your pharmacy qualifies as a secondary dispensary, please contact the ACP office for verification  
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)

**What APIs will the pharmacy use during compounding? Applicants must check “Yes” to at least one category**

Check One	Ingredients/Compounds	Physical requirements*
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous drugs which are classified by <a href="#">NIOSH</a> as Group 1	<b>Level C</b> <ul style="list-style-type: none"> <li>Separate, entirely closed off room with a sink with external ventilation through HEPA filtration</li> <li>Containment device (C-PEC) must have either redundant HEPA filters in a series or be externally ventilated (the preferred option).</li> <li>Negative pressure of at least -2.5 Pa to the surrounding areas</li> <li>Appropriate air exchange of at least 12 ACPH (air changes per hour)</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous materials classified by WHMIS as a health hazard, such as those very irritating to the respiratory track, the skin, and the mucous membrane	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drugs which are classified by <a href="#">NIOSH</a> as Group 2 or 3 where large quantities of APIs are used routinely	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Complex compounds as defined in USP <795>	When there is uncertainty as to the level of risk, then you must adhere to the higher standard (e.g., Level C). <b>Level B</b> <ul style="list-style-type: none"> <li>Separate, well-ventilated room with a door, containing a sink, which may require a ventilated containment device when powders, aromatic products or hazardous products are compounded.</li> <li>Compounding room must be internally ventilated using high-efficiency particulate air (HEPA) filtration or externally ventilated with or without HEPA filtration.</li> <li>Containment device must have either redundant HEPA filters in a series or be externally ventilated (the preferred option).</li> <li>Larger workspace and appropriate equipment</li> <li>Heating and air conditioning systems must occur through professionally designed HVAC systems that avoid decomposition and contamination of chemicals; air vents cannot be located over work stations.</li> <li>Environment conducive to little or no interruptions</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Small quantities of ingredients or preparations which require ventilation	When there is uncertainty as to the level of risk, then you must adhere to the higher standard (e.g., Level B). <b>Level A</b> <ul style="list-style-type: none"> <li>Separate space designated for compounding, large enough for compounding personnel to work safely, with an adjacent heat source and sink.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Simple and moderate compounds as defined in USP <795>	

\* Requirements are excerpts from the [Standards for Pharmacy Compounding of Non-sterile Preparations](#) and must not be read in isolation. Refer to the standards for complete requirements.

Your accompanied floor plan must indicate the location of the engineering controls (e.g., containment hood, room ventilation, HEPA filters, eyewash station, safety shower, sink, doors etc.) required for the pharmacy based on the APIs with which you will be compounding, the corresponding Safety Data Sheets, and your assessments of risk.

## Sterile compounding

If your pharmacy will be compounding sterile preparations, you must comply with the [Model Standards for Compounding Hazardous and Non-Hazardous Sterile Preparations](#).

Will the pharmacy be compounding sterile preparations?

Yes  No

If yes, indicate risk level(s)/use:

High  Medium  Low  Immediate use

- Risk levels are per the [Model Standards](#)

Will the pharmacy be compounding *hazardous* sterile products?

Yes  No

If yes, indicate microbial risk level(s):

High  Medium  Low

- Risk levels are per the [Model Standards](#)

## **Part C: Floorplan Information**

Criteria	✓
Is the floor plan <b>clear, accurate and legible</b> ? <ul style="list-style-type: none"> <li>Floor plans must be professionally drawn (either digitally created or drawn on a grid) to scale with the scale or conversion included in the drawing</li> </ul>	✓
Does the floor plan include <b>exact measurements (in ft.) of all dimensions</b> (e.g., walls and entry points) so that the area of the dispensary and patient services area may be easily calculated?	✓

# Alberta College of Pharmacy Current Floorplan Submission

<p>Does the floor plan clearly identify the</p> <ul style="list-style-type: none"> <li>• dispensary<sup>2</sup>,</li> <li>• patient services area<sup>3</sup>, and</li> <li>• surrounding public area<sup>4</sup>?</li> </ul>	
<p>Does the floor plan clearly <b>indicate the size (in square feet)</b> of the</p> <ul style="list-style-type: none"> <li>• dispensary (must be at least 193.8 ft<sup>2</sup> (18 m<sup>2</sup>) in area),</li> <li>• patient services area, and</li> <li>• total prescription department (a prescription department (dispensary + patient services area) must be at least 355.2 ft<sup>2</sup> (33 m<sup>2</sup>) in area)</li> </ul> <p>Premises/rooms shared with other businesses (e.g., waiting room) are considered a public area and do not count towards the overall size of the prescription department.</p>	
<p>Does the floor plan clearly indicate all areas where drug product or patient records will be stored?</p> <ul style="list-style-type: none"> <li>• If you are storing records outside of the dispensary, you will need to submit the Application to Maintain Records at a Location Other than the Pharmacy</li> </ul>	
<p>Does the floor plan clearly indicate all areas where pharmacy services will be provided?</p>	
<p>Does the floor plan clearly <b>indicate all entry points into the dispensary?</b></p> <ul style="list-style-type: none"> <li>• Indicate whether there is a gate, lift-up countertop, or door.</li> <li>• You cannot have the only access to the dispensary be through a counselling room or office.</li> </ul>	
<p>Does the floor plan clearly identify the following within the dispensary?</p> <ul style="list-style-type: none"> <li>• <b>a counter</b> with at least 16.1 ft<sup>2</sup> (1.5 m<sup>2</sup>) of uninterrupted work space (i.e., free of computer terminals, phones, etc.)</li> <li>• <b>working aisles</b> that are at least 3 ft. (90 cm) wide</li> <li>• adequate <b>shelving and storage</b></li> <li>• <b>compounding area</b>, in accordance with the <a href="#">compounding standards</a> <ul style="list-style-type: none"> <li>○ <b>location of the sink and heat source</b> for compounding</li> <li>○ any fume hoods, eyewash stations, safety showers, as applicable</li> </ul> </li> <li>• <b>refrigerator</b> (bar refrigerator units are not acceptable)</li> <li>• <b>lockable drug locker or cupboard</b></li> <li>• <b>computer terminal(s)</b></li> </ul>	
<p>Does the floor plan clearly <b>identify a semi-private area</b> for receiving prescriptions (e.g., a service counter with suitable visual and sound barriers and away from patient waiting- or high-traffic areas)?</p>	
<p>Does the floor plan clearly <b>identify any private area(s)</b> used for injection services (must be publicly and wheelchair accessible)?</p>	
<p>Does the floor plan clearly <b>indicate any security grilles</b> used to secure the dispensary?</p>	
<p><b>If sharing premises<sup>5</sup></b> (for example, with a medical clinic), <b>have you included an additional floor plan</b> depicting the overall facilities, space and layout of the premises?</p> <ul style="list-style-type: none"> <li>• If the pharmacy shares a premise, the prescription department must operate as a lock and leave.</li> <li>• If the pharmacy shares a premise you must submit a Shared Premise application.</li> </ul>	

<sup>2</sup> "dispensary" means the area of a licensed pharmacy that is not accessible to the public and in which pharmacists

- dispense, provide for sale, and sell drugs referred to in sections 31 and 32 of the [Pharmacy and Drug Act \(PDA\)](#), and
- compound drugs referred to in sections 31, 32 and 33 of the Act;

<sup>3</sup> "patient services area" means the area of a licensed pharmacy located outside and adjacent to the dispensary where

- patients receive pharmacy services from pharmacists, and
- drugs referred to in section 33 of the Act may be provided for sale;

<sup>4</sup> "public area" means the area of a licensed pharmacy located outside the prescription department.

<sup>5</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 Three: Fee and Payment Information

Pharmacy Name \_\_\_\_\_

Pharmacy Licence Number \_\_\_\_\_

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

### Fee Amount

Change of Renovation..... See the ACP [Fee Schedule](#) for fee plus GST

On fee schedule under other pharmacy fees: **Licensee change, ownership change, or renovation**

### Payor Information

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

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

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

### 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: \_\_\_\_\_