

IN THIS ISSUE...

- 3 ■ 100 reasons to be proud of your profession
 - Quality Pharmacy Practice**
- 4 ■ Moratorium on recertification policies for pharmacists authorized to inject
- 5 ■ Preparing for pharmacy assessment
- 7 ■ The evidence is in: Chat, Check and Chart works
- 8 ■ Updated TPP information for prescriber and dispenser
 - Complaints Resolution**
- 9 ■ Disciplinary report summary
 - Partners in Practice**
- 10 ■ Practice Skills
 - In memory
- Registration & Licensure**
- 11 ■ 5 tips for completing your CPD Log
 - It's finally here – alternate employment field on ACP register
- 16 ■ It's renewal time for pharmacists and pharmacies!



APEX AWARDS

Alberta Pharmacy Excellence

Winners at the peak of practice

We're delighted to announce the 2012 APEX Award winners. The APEX Awards recognize excellence in pharmacy practice in Alberta. The awards are jointly funded, promoted, and presented by the Alberta Pharmacists' Association (RxA) and the Alberta College of Pharmacists (ACP).

Come and celebrate!

Come celebrate the achievements of your peers at the APEX Awards Gala on May 25, 5:00 p.m., Hawthorn Room, Rimrock Resort, Banff.



M.J. Huston
Pharmacist of
Distinction

Hoan Linh Banh
Pharmacist/Associate
Professor; U of A Hospital,
Faculty of Pharmacy and
Pharmaceutical Sciences;
Edmonton, AB



W.L. Boddy Pharmacy Team Award

Sundre Pharmasave; Sundre, AB
L to R: Lisa McQuiston, provisional pharmacy technician;
Mark Jackson, pharmacist; Tim Fluet, manager; Jacquie Jones,
pharmacy assistant; Adele Regier, pharmacy assistant

acpnews is published six times per year by the Alberta College of Pharmacists. Send submissions for publication to: Karen Mills, Communications Leader karen.mills@pharmacists.ab.ca

The deadline for submissions for the July / Aug. 2012 issue is June 7. Information about content and length of articles can be obtained from Karen.

Alberta College of Pharmacists
1100, 8215 - 112 Street NW
Edmonton AB T6G 2C8
780-990-0321 / 1-877-227-3838
Fax: 780-990-0328

President: Anjali Acharya
President Elect: Kaye Moran
Vice President: Kelly Olstad
Past President: Donna Galvin

Councillors:
Wilson Gemmill, District 1
Clayton Braun, District 2
Chelsey Cabaj, District 3
Ahmed Metwally, District 3
Krystal Wynnyk, District 3
Kelly Olstad, District 4
Anjali Acharya, District 5
Kaye Moran, District 5

Public members:
Vi Becker
Bob Kruchten
Pat Matusko

Pharmacy technician observers:
Robin Burns
Teresa Hennessey

Council members can be reached by email via our website at pharmacists.ab.ca under *About ACP/ Council*, or by using the search feature to locate them by name.

Staff Directory

All staff are available at 780-990-0321 or 1-877-227-3838 or by fax at 780-990-0328.

Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
Complaints Director: James Krempien
Practice Development Director: Debbie Lee
Professional Practice Director: Shao Lee
Pharmacy Practice Consultants: Tom Curr, Monty Stanowich, Jennifer Voice
Operations and Finance Director: Lynn Paulitsch
Registration and Competence Director: Heather Baker
Registry Leader: Linda Hagen
Communications Leader: Karen Mills

APEX Award winners continued from page 1



Pfizer Consumer Healthcare Bowl of Hygeia

Judy Roberts
Pharmacy Professional Services Manager, Calgary Co-op; Calgary, AB



Award of Excellence

Michael Bain
Founder, Castor Pharmacy Museum; Castor, AB



Friend of Pharmacy

Beverley Marsh
Chronic Disease Management Registered Nurse; South Calgary Primary Care Network; Calgary, AB



Strengthening the Bond
Alberta's Tri-Profession Conference
May 24 to 26, 2012

The Rimrock Resort Hotel, Banff, Alberta

Also at the Rimrock:

ACP Annual General Meeting

May 24, 3:00 p.m.

(agenda and resolution posted on ACP website)

APEX AWARDS

May 25, 5:00 p.m.



Partners in Practice

Poison and Drug Information Service (PADIS); Calgary, AB

Team members featured in photo: Heather Podmoroff, nurse / information specialist; Anne Brown, nurse / information specialist; Matthew Mink, pharmacist / educator; Mark Yarema, medical director; Amin Rajwani, pharmacist / social worker



Future of Pharmacy

Gillian Hansen
Clinical Geriatric Pharmacist;
Rexall Specialty;
Edmonton, AB



Future of Pharmacy

Ernest Law
Clinical Pharmacist;
University of Alberta
Hospital Pharmacy;
Edmonton, AB



Future of Pharmacy

Jeffrey Schlotter
Clinical Geriatric Pharmacist;
Rexall Specialty;
Edmonton, AB

Look to future issues of The Link for profiles of each winner.

100 reasons to be proud of your profession

The past year was an extraordinary one for the Alberta College of Pharmacists. We celebrated our profession's centennial, changed our office location and visual identity, implemented new competency assessment processes, enhanced our pharmacy assessment processes and began registering regulated pharmacy technicians.



Read the 2011-2012 ACP annual report for details and a look at our progress over the last 100 years.

You will find the report on our website under *About ACP/Annual reports*.

Comments or questions about the report?

Please contact Karen Mills, ACP Communications Leader, at karen.mills@pharmacists.ab.ca, 780-990-0321 or 877-227-3838.

Moratorium on recertification policies for pharmacists authorized to inject

ACP council has placed a moratorium on policies requiring that pharmacists authorized to administer injections be recertified every five years. The moratorium will remain in place until **June 30, 2013**.

What does this decision mean?

Until a new decision is made, pharmacists will not be required to recertify to maintain the authorization to administer injections. For pharmacists who are currently authorized to administer injections, the expiry date that was assigned to the authorization will be deferred until further notice. A decision regarding future recertification requirements will be made on or before June 30, 2013.

Why was this decision made?

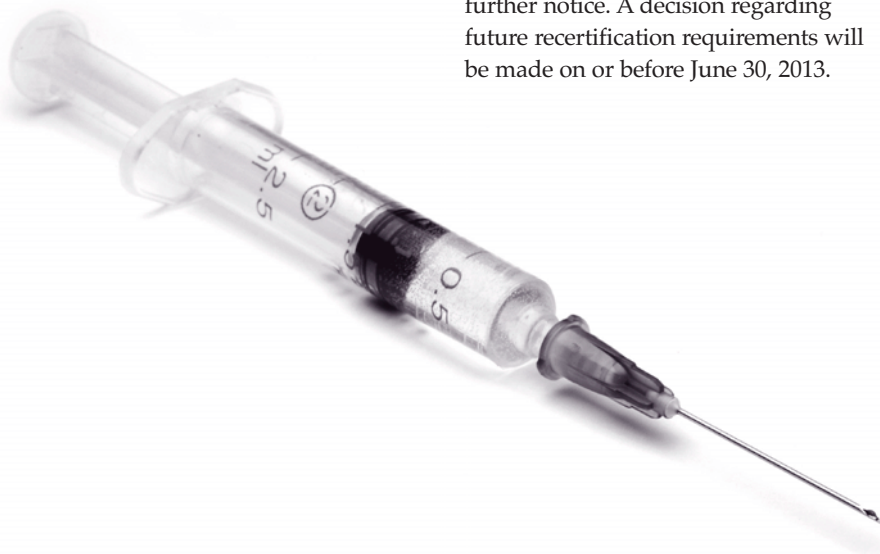
An increasing number of provinces have approved or are pursuing authority for pharmacists to administer injections. Consistent with the principles of the Agreement on Internal Trade, council recognized the value of taking time to engage with other provincial pharmacy regulatory authorities to discuss recertification and develop consistent requirements rather than developing an Alberta-specific recertification process.

The moratorium will provide time to achieve national consensus on:

- the purpose of recertification;
- knowledge and/or competencies that may require recertification; and
- preferred methods of recertification.

Work completed by ACP's Competence Committee will contribute to these discussions.

If you have questions, please contact Linda Hagen, Registry Leader, at linda.hagen@pharmacists.ab.ca or 780-990-0321.



Schedule change for Gravol (dimenhydrinate)

Dimenhydrinate was previously a Schedule 2 drug in Alberta. Effective March 15, 2012, the Alberta scheduling was amended as follows:

- Schedule 2 – oral dosage forms containing greater than 30 dosage units, and injectables;

- Schedule 3 – oral dosage forms containing 30 dosage units or less, and suppositories.

You can find all drug schedule information on the ACP website under *Practice Resources/AB drug schedules*.

Preparing for a pharmacy assessment

The primary role of ACP's professional practice department is to promote quality patient care and ensure patient safety. One way they achieve this is through pharmacy practice and operations assessments conducted with pharmacy teams by Pharmacy Practice Consultants (PPCs).

In December, ACP's professional practice department rolled out an online pharmacy assessment process. Pharmacies due for a routine assessment are now notified via email and the assessment is sent to the licensee's email address that ACP has on file. (Please sign into your registrant profile and ensure ACP has your current email address.)

What should you do when an assessment notice arrives at your pharmacy? Here are two tips.

Tip 1: Prepare your team

Within **15 days** of receiving the pharmacy assessment notification email, the licensee must complete the *Pharmacy Practice and Operations Self-Assessment* that is included with the notification. This allows for valuable self-reflection on your current operations and your compliance with the standards.

Licensees can achieve a more accurate self-assessment by reviewing certain materials before completing the self-assessment.

Pharmacy teams and licensees can benefit from a more efficient, informative and valuable on-site assessment with the pharmacy practice consultant by reviewing these materials first. The review will provide greater insight to successfully correct deficiencies and implement recommendations arising from the on-site assessment.

If you have any questions about preparing for the pharmacy assessment, please contact Jen Shuman at jennifer.shuman@pharmacists.ab.ca.

Licensees:

Review the following before completing the self-assessment.

Pharmacy teams:

Review the following with your licensee before your on-site assessment with the pharmacy practice consultant.

- Standards of Practice for Pharmacists and Pharmacy Technicians
- Standards for the Operation of Licensed Pharmacies
- Section 21(2) of the *Pharmacy and Drug Act*
- Any other relevant provincial and federal legislation
- The pharmacy's policies and procedures for operations and practice
- The Systems Approach to Quality Assurance
- Chat, Check and Chart

Don't have your policy and procedure manual written yet?

Let us help you! ACP's *Pharmacy Policy and Procedure Manual* template is available for pharmacy managers to download and customize. You can find it on the ACP website under *Practice Resources/Forms/Pharmacies*.



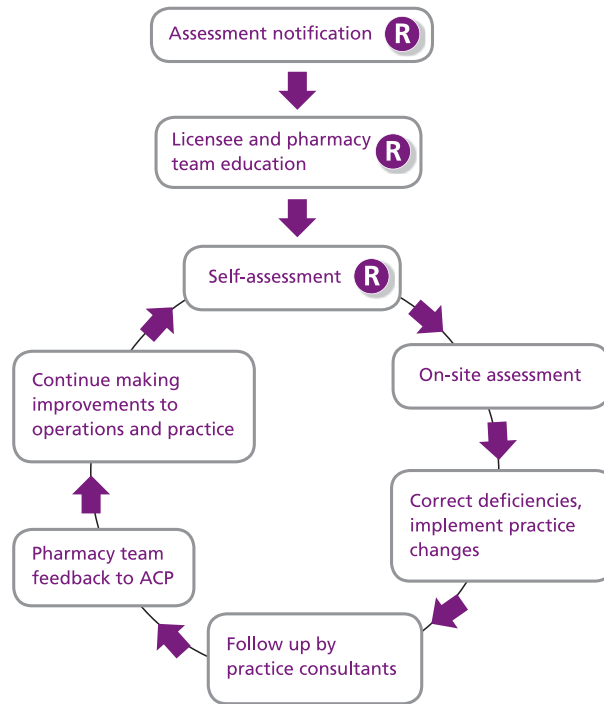
continued on page 6

Pharmacy Assessment
continued from page 5

Tip 2: Keep the big picture in mind

The purpose of the pharmacy assessment is to help elevate pharmacist practice in order to meet and/or exceed the minimum standards to improve patient care and ensure patient safety.

Here is a brief overview of the online assessment process. It is designed to help you and your ACP Pharmacy Practice Consultant communicate and complete the assessment efficiently.



R symbolizes a Routine assessment. For renovation, relocation, and consultation assessment types there is no requirement for the licensee to complete a self-assessment.

Key benefits of online assessment

Online assessment feature	Benefits
User-friendly	<ul style="list-style-type: none"> ■ The online system was designed to be simple and easy to use. ■ A user guide will be delivered to every pharmacy and is also available on ACP’s website.
Fast, efficient and good for the planet	<ul style="list-style-type: none"> ■ No more stacks of paper! Licensees will now receive an assessment notification email containing instructions and a link to ACP’s website. <p><i>You can change your email address online by logging into the Registrant profile login section on the ACP homepage, choosing the View Profile option, and following the prompts.</i></p>
One central location for pharmacy assessment information	<ul style="list-style-type: none"> ■ No more searching for the self-assessment and assessment reply form! That’s right - the salmon colored self-assessment form has retired. ■ At any time during the assessment process you will know the exact location of your assessment information – online! ■ All assessment information is at your fingertips – <ul style="list-style-type: none"> ● Self-assessment: <i>Licensees will access an electronic self-assessment which takes approximately 45 minutes to complete. Pharmacies are busy, so the save option allows for disruptions without losing information.</i> ● Action Report: <i>Deficiencies and recommendations are now identified on an electronic Action Report. A few simple clicks to submit the Action Report to ACP and the pharmacy assessment is finished!</i>
Track progress of assessment and improvements	<ul style="list-style-type: none"> ■ Pharmacy teams can track how they are continuously improving practice and operations in order to meet or exceed standards. ■ This feature also helps licensees manage improvements over the long term.

The evidence is in: Chat, Check and Chart works

Two years ago, the college introduced “Chat, Check and Chart” at an interactive workshop. Chat, Check and Chart is a system that integrates patient assessment and documentation into existing pharmacy practices.

The system has proven to be a powerful tool! Pharmacists’ efficiency and confidence in completing patient assessments and documentation increased significantly after the workshop. How do we know this? Because, built into the workshop was a study to measure the results. The findings have just been accepted for publication in the International Journal of Clinical Pharmacy. Here is a sneak peek at highlights from the article.

How does Chat, Check and Chart work?

The systems focuses on three patient care tools to support assessment and documentation, which help pharmacists meet their standards of practice and are feasible to integrate into daily practice.

1. The 3 Prime Questions (3PQs)

This patient-focused assessment approach centres on the pharmacist asking three key questions about a medication:

- What are you using this medication for?
- How were you told to use it?
- What were you told to expect?

The 3PQs were designed to efficiently assess the patient’s knowledge and identify information needs. This approach can be adapted for both new and refill prescriptions.

2. The 4 Questions to Evaluate Therapy

These questions were designed to support pharmacists in evaluating a patient’s therapy in order to identify, monitor, and prevent medication-related problems.

The four questions are:

- Is the therapy appropriate?
- Is the therapy effective?
- Is the therapy safe?
- Will the patient take the therapy?

3. Efficient DAP (eDAP)

The eDAP (Patient Data, Pharmacist Assessment, and Care Plan) is a documentation method that is intended for the limited space in current pharmacy dispensing software and time available.

Why does Chat, Check and Chart work?

Building patient care services into medication dispensing allows

pharmacists to build on existing strengths and workflow.

By enhancing care at time of dispensing, pharmacists can identify patient needs that require pharmacist services beyond those that can be provided at the time of dispensing.

What do the numbers say?

Of the 104 workshop participants, 61 pharmacists were eligible and 37 agreed to complete the study. Two weeks after the workshop, 54% of those pharmacists were assessing patients and 32.6% were documenting more than half the time.

Before taking the workshop, the pharmacists were quite sure they could assess patients, but were less sure of their ability to document patient interactions. After the workshop, there were statistically significant increases in pharmacists’ belief in their abilities and the importance of their role in regards to both patient assessment and documentation.

continued on page 8

CHAT
3 prime questions
Personalized, open-ended questions to gather information on new and refill medications

NEW MEDICATION

1. Purpose: What did your prescriber tell you your medication is for?
2. Direction: How did your prescriber tell you to take the medication?
3. Monitoring: What did your prescriber tell you to expect?

REFILL MEDICATION

1. Purpose: This medication has many uses, what do you use it for?
2. Direction: How have you been taking this medication?
3. Monitoring: How is this medication working? What side effects have you had?

CHECK
4 questions to evaluate therapy*

- A: Is the therapy appropriate?
- E: Is the therapy effective?
- S: Is the therapy safe?
- U: Is the patient willing to use / adhere to therapy?

CHART
Efficient DAP (eDAP)**

- Date
- Prescription number or title
- Briefly describe

Data — Subjective
 Objective
Assessment
Plan

- Identifier (initials/name)

* Adapted from Liza Gurgulis, PhD, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta.

** Adapted from Liza Gurgulis, PhD, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta.

Example: Rx: 233783 atorvastatin 20mg daily started 1 month ago. Patient: Inc. male, smoker for 30 years, no cardiac disease.

D: LDL 4.00 mmol/L. No muscle soreness and pt willing to continue tx.

A: Tx appropriate & pt tolerating; target LDL < 2.0 mmol/L as per prior risk assessment

P: Monitor for myopathy, ALT/AST, lipid panel in 1 month. Consider smoking cessation at next refill. - RJP

Chat, Check, Chart continued from page 7

What do the study results mean to your practice?

Pharmacists may need to consider refill prescriptions as opportunities to solve drug-related problems and tailor health information.

Pharmacists should reflect on how to balance some patients' preferences for fast service with the pharmacists' duty to evaluate the appropriateness of medications.

When introducing routine documentation, pharmacists may be most comfortable and likely to document when drug-related problems are evident.

What's next?

We will be sharing the aggregate results of our follow up with participating pharmacists about the barriers, facilitators and strategies related to implementing Chat, Check and Chart in community practice.

Resources

To see the full article, link to Chat, Check and Chart study under *Practice Resources/Info sheets & posters* on the ACP website (Note: In the International Journal of Clinical Pharmacy, the article will appear as *Impact of an interactive workshop on community pharmacists' beliefs toward patient care*, by Lisa Guirguis, Shao Lee and Ravina Sanghera)

To find the Chat, Check and Chart tool card, go to *Practice Resources/Info sheets & posters* at pharmacists.ab.ca



Updated TPP information for the prescriber and the dispenser

A document of up-to-date information on the Triplicate Prescription Program, outlining both prescribing and dispensing practices has been released by the College of Physicians & Surgeons of Alberta (CPSA), in partnership with the Alberta College of Pharmacists, the Alberta Veterinary Medical Association and with the approval of the TPP Steering Committee.

You can find it on the CPSA website or use the link in the Bulletin Board on the ACP website homepage.

Review the document to find answers to some of the most common TPP-related questions, such as:

How often must TPP forms be submitted to CPSA?

The pharmacist must forward the CPSA copy of the TPP forms at least weekly.

If the prescription is a part fill, the CPSA copy should be mailed after the first part fill is dispensed. It is not necessary to forward information on further fills. By submitting the pharmacy copies of the TPP form regularly, the database created from the information is kept up to date.

Self-addressed envelopes are provided annually to all pharmacies. You may request additional envelopes via the ACP website.

How do pharmacists handle TPPs from other provinces?

Pharmacists may fill narcotic or controlled prescriptions from other provinces provided they follow the rules of the respective province. If the province participates in a triplicate prescription (or equivalent) program, the pharmacist must mail the prescription copy (if applicable) to the respective triplicate prescription program (addresses are listed in the document).

Quebec, New Brunswick, Prince Edward Island, and the Northwest Territories do not have a triplicate prescription program or equivalent.



Have an idea for another workshop?

If there is a practice topic you would like to know more about or a skill you would like to build, we'd love to know. Send your ideas to karen.mills@pharmacists.ab.ca.

Disciplinary report summary

An investigation and hearing into the professional conduct of a pharmacist has recently concluded. Following is a **summary** of the hearing tribunal report. You can view the full report on ACP's website under *Complaints Resolution/ Investigating & hearing tribunal reports*.

Case 1:

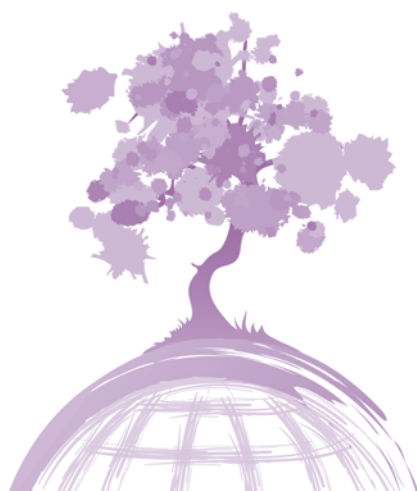
A hearing tribunal made findings of unprofessional conduct against Mohammad Farooq when the following allegations were proven to be true.

Mr. Farooq breached the orders on penalty from his previous hearing (April 2009) when he:

1. practised unsupervised as a pharmacist in pharmacies outside of CFB Wainwright and
 - a. worked unsupervised at these pharmacies,
 - b. did not advise the licensees and pharmacy managers at these pharmacies that his practice permit was subject to conditions,
 - c. did not advise the licensees and pharmacy managers of the Orders of the Investigating Committee, and
 - d. did not ask these licensees and pharmacy managers to agree to supervise his practice as a pharmacist and to confirm to the ACP Complaints Director that a registered clinical pharmacist agreed to supervise his practice and to report any concerns that arise to the Complaints Director;
2. did not provide a copy of the Investigating Committee's decision, the orders, or conditions on his practice to either his employer or the Medical Officer at CFB Wainwright and did not obtain written confirmation from his employer confirming that they had received the decision and would continue to support him in his practice; and
3. failed to inform the ACP or the Court of the work he had done at other pharmacies or the basis on which his employment at CFB Wainwright was terminated.

The Hearing Tribunal ordered that:

1. Mr. Farooq pay a fine of \$10,000.00 for each proven allegation of unprofessional conduct, for a total of \$30,000.00;
2. Mr. Farooq's practice be suspended for 24 months;
3. Mr. Farooq pay all costs and fees associated with the investigation and hearing of this case, including adjournment hearings [\$66,197.88];
4. Mr. Farooq continue to be bound by all of the April 21, 2009 orders; and
5. a copy of the decision and orders of this hearing tribunal be provided to each licensee in Alberta to make them aware of the orders against Mr. Farooq.



Save a tree – get your ACP newsletters electronically

Clean up the environment and your post office box. To receive acpnews electronically:

1. Go to the ACP homepage (pharmacists.ab.ca)
2. Click on the Registrant profile login button.
3. Log in and then click on View Profile.
4. Click the "edit" icon in the Contact Information box (second from the top).
5. For your newsletter preference, select email.



Practice Skills: Monitoring drug therapy using laboratory values

Congratulations to all the pharmacists who participated* in Practice Skills: Monitoring drug therapy using laboratory values courses in 2011!

This course combined a one-day workshop with online activities designed to enable pharmacists to integrate laboratory values in the management of their patients' medication therapy.

February 2011

Colleen Bredo
Diane Bylyku
Blaine Coulter
Janelle Fox
Karen Hee
Jessica Hadfield
Michelle Henry
Alice Hinds
Bethany Huybregts
Justin Jensen
Erin King
James Kitigawa
Danielle Kuzyk
Joanne Mah
Marie Christine Mercado
Dima Othman
Mark Palyniak
Angela Pidkowich
Linda Psutka
Sharon Randell
Rick Siemens
Terry Lynn Skarberg
Karen Sutherland
Kelly Sutherland
Kristine Veillette
Devon Whitten
Bruce Winston


September 2011


Nadine Abdelrahim
Arzu Aliyeva
Margaret Baril
Denise Bjorgan
Carol Borynec
Ramona Bosnyak
Kimberly Chapman
Safia Chaudry
Ashley Davidson
Ahmed El Sayad
Noha Elsayed
Ahmed Hafez
Natasha Khimji
Donald Makowichuk
Gordon Morck
Hanif Mulji
Susan Mullaney
Ched Nichyporuk
Anthony Nickonchuk
Donald Price
Laurie Reay
Azmina Suleman
Ryan Tratch
Michelle Wong
Carol Wei
Jeffrey Zalitach


* Not all participants are listed; some declined to have their names published.



In memory...

 **Robert (Bob) Brown** died on April 7 at the age of 66. Bob was born in Duns, Scotland. At age nine, he, with his family, immigrated to Moose Jaw and then on to Prince Albert. Upon earning his pharmacy degree (1968) at the University of Saskatchewan, he practised in Prince Albert, Lac La Ronge and Calgary. In 1975, he relocated to Lethbridge and worked as a community pharmacist until the time of his death.


 **Albert Crooks** died on April 13 at the age of 81. Albert was born and raised in Sedgewick, AB. He earned his pharmacy degree at the U of A in 1954. By 1956, he had taken over the managing of Crooks Drugs from his father in Calgary and worked there into the 1990s.

 **Don Mikado** passed away unexpectedly on March 8 at the age of 47. Don was born in Magrath and earned his Pharmacy degree at the U of A in 1988. He worked his entire career as a pharmacist in Lethbridge, most recently as the pharmacy manager at the Lethbridge Costco.





5 tips for completing your CPD Log


For clinical pharmacists, a complete practice permit renewal (due May 31) means the submission of a Continuing Professional Development (CPD) Log indicating completion of a minimum of 15 CEUs between June 1 of the previous year and May 31 of the current year.


 Select your accredited course from the database of accredited courses. Search by keyword or part of the file number to increase your odds of finding the correct course. Taking some time to find the correct course in the database is faster and easier than adding a new accredited course to the database.

If you can't find a course in our database, click "Add a New Course" and fill in the information fields to claim it in your log. ACP staff will then confirm if it is, in fact, an accredited course.

 Do not include the initials of the accrediting body in your search terms, e.g., CCCEP, ACPE.

 Be sure to enter the course completion date as the date on your certificate. The entering of incorrect dates is a common source of error found during Audits of Professional Declarations.

 If you receive an error message that you have exceeded the maximum number of CEUs for a particular course, check if you might have claimed that course previously (even going back to previous years). You may not claim the same course more than once for CEUs.

 Be sure you are allowing pop ups and consider trying a different browser if you encounter technical difficulties when making entries in your log.

It's finally here – alternate employment field on the ACP register

Many pharmacists and some pharmacy technicians work in settings other than a licensed pharmacy or hospital. Until now, we had no way of recording their employment on their ACP registrant profile. Thanks to recent modifications to ACP's database, now we can.

To ensure our records are accurate, information submitted in prior years for employment at a location other than a licensed Alberta pharmacy or hospital setting will not be retrieved from registrant files and entered on our database. If you have alternate

employment information, you must submit it now for it to be entered on our database.

If you are currently employed at a pharmacy-related alternate employment location in Alberta, please forward your alternate employment information to Linda Hagen, ACP Registry Leader, by fax (780-990-0328) or email (linda.hagen@pharmacists.ab.ca). Include the name, address, phone/fax number of your place of employment and the effective date of your employment. It will be your responsibility to notify ACP of any changes to this employment.

awl-ter-nit em-ploi-muhnt

Alternate employment is defined as pharmacy-related employment that is not in a licensed Alberta pharmacy or an Alberta hospital setting (e.g., employment at Alberta Blue Cross, U of A, RxA, ACP).

ACP can now accommodate in-house data entry of alternate employment sites. Future modifications are planned to allow registrants to see current alternate employment records on an online registrant profile.

It's renewal time for pharmacists and pharmacies!

Pharmacist practice permit renewals due by May 31

ACP emailed renewal notices to all pharmacists on April 19. If you have misplaced that message, you can find all the details in the "Pharmacist online renewal now open" posting of April 20 under Spotlight on the ACP website homepage.

Pharmacy licence renewals due by June 15

Pharmacy licence renewal packages have been mailed to each pharmacy. Be sure to contact our office if you have not received your pharmacy renewal package yet.

What if someone else is paying a pharmacist's fees?

Pharmacists: If your employer is paying your fees, *you* are still responsible for ensuring ACP receives payment before May 31. (*Your practice permit will not be issued until ACP receives payment and you cannot practice without a valid permit.*)

Licenses and proprietors: If your pharmacy is paying the renewal fees for your employees as well as for your pharmacy, remember that the payment for your pharmacists must reach our office by May 31.

Questions? Contact us.

Pharmacist reinstatement requests:
statuschange@pharmacists.ab.ca

Pharmacist renewal questions:
registrationinfo@pharmacists.ab.ca

CEU, CPD Log, audit questions:
competenceinfo@pharmacists.ab.ca

Pharmacy licensure questions:
pharmacyinfo@pharmacists.ab.ca

Tel: 780-990-0321

TF: 1-877-227-3838

Fax: 780-990-0328



ACP emails and newsletters are official methods of notification to pharmacists and pharmacy technicians licensed by the college. In addition to providing you with timely information that could affect your practice, college emails serve in administrative hearings as proof of notification. Make sure you get the information you need to practice legally and safely by reading college newsletters and ensuring ACP emails are not blocked by your system.

