

Licensee applicant questionnaire

Name of licensee applicant: _____ ACP registration #: _____

To be granted approval and issued a pharmacy licence, the licensee applicant must be a pharmacist in good standing with the Alberta College of Pharmacy (ACP). The applicant must meet certain [criteria](#) to provide assurance to ACP that they are qualified and capable of fulfilling their legislative responsibilities and the pharmacy will operate in compliance with the legislation that governs the practice of pharmacy in Alberta.

A qualified licensee applicant must answer “yes” to **at least two** of the following questions, otherwise the application may be denied. The registrar may approve an applicant with other qualifying attributes upon submission of additional evidence to support their application.

The licensee applicant must answer questions 1 to 6 and provide the information as requested:

<p>1. Have you been registered on ACP’s clinical pharmacist register for the past two consecutive years or more?</p> <p>OR</p> <p>Have you been registered as a pharmacist in another Canadian jurisdiction for the past two consecutive years or more? Information must be supported by a letter of standing from the applicable jurisdiction.</p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p>
<p>2. In the past five years, have you served as a licensee or the equivalent in a Canadian jurisdiction for at least one consecutive year, where there have been no conditions or discipline proceedings?</p> <p>List EVERY pharmacy where you have served as a licensee in a Canadian jurisdiction for ANY length of time. (Attach a separate page if additional space is required.)</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>During the time you were licensee of ANY pharmacy, were there any conditions imposed or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details.*</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Yes</p> <p>No</p>

*Additional qualifying attributes may be required by the licensee applicant.

<p>3. In the past 10 years, have you served as a proprietor (owner, major shareholder, or proprietor's representative) of one or more pharmacies in Alberta for at least two consecutive years, where there have been no discipline proceedings?</p> <p>List EVERY pharmacy where you have served as a proprietor (owner, major shareholder, or proprietor's representative) in a Canadian jurisdiction for ANY length of time. (Attach a separate page if additional space is required.)</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>During the time you were a proprietor (owner, major shareholder, or proprietor's representative) of ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details.*</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>Yes</p> <p>No</p>
<p>*Additional qualifying attributes may be required by the licensee applicant.</p>	
<p>Answer this question only if you are NOT the proprietor's representative.</p> <p>4. Will you be practising in a licensed pharmacy where the proprietor's representative is a regulated member who is in good standing with ACP?</p>	<p>N/A</p> <p>Yes</p> <p>No</p>
<p>Answer this question only if you are NOT the proprietor's representative.</p> <p>5. Will you be practising in a licensed pharmacy where, in the past five years, the proprietor's representative has served as a licensee in Alberta for at least one consecutive year, without being subject to any conditions or discipline proceedings?</p> <p>List EVERY pharmacy the proprietor's representative has served as a licensee in a Canadian jurisdiction for ANY length of time. (Attach a separate page if additional space is required.)</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>During the time the proprietor's representative was licensee of ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details.*</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>N/A</p> <p>Yes</p> <p>No</p>
<p>*Additional qualifying attributes may be required by the licensee applicant.</p>	

Answer this question only if you are NOT the proprietor's representative.

6. Will you be practising in a licensed pharmacy where, in the past 10 years, any of the proprietors (owner, major shareholder, or proprietor's representative) has owned one or more pharmacies in Alberta for at least two consecutive years, where there have been no discipline proceedings?

List EVERY pharmacy ANY of the proprietors (owner, major shareholder, or proprietor's representative) have owned in Alberta for any length of time. (Attach a separate page if additional space is required or contact ACP to provide further details.)

Pharmacy name: _____

Licence #: _____ Proprietor name: _____

Pharmacy name: _____

Licence #: _____ Proprietor name: _____

Pharmacy name: _____

Licence #: _____ Proprietor name: _____

During the time ANY of the proprietors (owner, major shareholder, or proprietor's representative) owned ANY pharmacy, were there any conditions imposed on the pharmacy licence or any discipline proceedings? Are there any outstanding complaint matters? If yes, provide further details.*

*Additional qualifying attributes may be required by the licensee applicant.

N/A

Yes

No