

Proprietor form

Background and instructions

The Legislative Framework¹ which governs the licensing of pharmacies

- provides that a pharmacy licence can only be issued to a licensee, who must be a clinical pharmacist²;
- requires that the licensee must personally manage, control, and supervise the operation of the licensed pharmacy³;
- recognizes that persons other than licensees, called proprietors, may own, manage, or direct the operation of the facility in which a licensed pharmacy is located and exercise a significant degree of control over the management and policies of the licensed pharmacy and the conduct of regulated members employed by the licensed pharmacy⁴;
- prohibits proprietors from directing or influencing, or attempting to direct or influence, the operation of a licensed pharmacy in a way that contravenes the legislative framework governing the licensing of pharmacies and the practice of pharmacists and pharmacy technicians or an order made under the *Pharmacy and Drug Act* or a condition imposed on the pharmacy licence under the legislative framework⁵; and
- requires a proprietor to provide the licensee with the support and resources necessary for the licensee to comply with the licensee's obligations under the Legislative Framework⁶.

Before issuing a pharmacy licence, the Alberta College of Pharmacy (ACP) requires specific information with respect to the proprietors:

- names of the owner and major shareholders (including, where applicable, organization(s) or individual(s));
- identification of all organizations or individuals who fall within the definition of a proprietor under the *Pharmacy and Drug Act*;
- name and contact information for the proprietor's representative of a licensed pharmacy;
- an undertaking by the proprietor's representative to act in accordance with the *Pharmacy and Drug Act* including regulations made under it and any order made under the *Pharmacy and Drug Act*, the Code of Ethics, and the Standards for the Operation of Licensed Pharmacies;
- a statutory declaration by the proprietor's representative stating whether the proprietor, including any owner or major shareholder, have been convicted of an indictable offence related to misconduct, fraud, or commercial matters within Canada or a similar offence outside Canada; and
- information that satisfies the registrar⁷ that pharmacy services will be provided by the licensed pharmacy without undermining patient safety, the quality of patient care, or the integrity of the drug distribution system.

This form is used by ACP to collect the required information with respect to proprietors.

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, Health Professions Restricted Activity Regulation, the Standards of Practice, the Standards for the Operation of Licensed Pharmacies, the Code of Ethics, the *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.

² *Pharmacy and Drug Act*, s. 5.01

³ *Pharmacy and Drug Act*, s. 10

⁴ *Pharmacy and Drug Act*, s. 1(1)(y)

⁵ *Pharmacy and Drug Act*, s. 10(3) and 11(2)

⁶ Standards for the Operation of Licensed Pharmacies, 14.2

⁷ In this proprietor form there is a reference to the registrar. Wherever this appears it includes any employee of ACP to whom the registrar may delegate a role in the registration process.

Instructions

Please complete all sections of this form completely and accurately.

The information you provide may be subject to audit for the purpose of satisfying the registrar that pharmacy services will be provided by the pharmacy without undermining patient safety, the quality of patient care, or the integrity of the drug distribution system.

Pharmacy information

Operating name

Licence number (if pharmacy is already licensed)

Chain or banner group (if applicable)

If this form is accompanying an application to change the proprietor, please indicate the **proposed effective date of change in owner, major shareholder, or proprietor's representative:**

Proposed effective date

Will the current licensee continue as the licensee of this pharmacy? Yes No

If no, and there will be a new licensee, you must also submit an application to change the licensee.

Section 1: Ownership information

Part A: Owner information

Name of the legal owner

Email address

Mailing address

Phone number

City

Province

Postal code

What is the ownership structure? Please select one.

A corporation⁸

In Part B, identify all the major shareholders⁹ and the percentage of voting shares held by each major shareholder
OR

Indicate that the corporation is publicly traded and where it is traded:

A sole proprietor¹⁰

In Part B, identify the individual who is the sole proprietor.

A partnership¹¹

In Part B, list all the partners and their percentage shares of the partnership.

A limited partnership¹²

In Part B, identify the general partner and each of the limited partners.

A joint venture¹³

In Part B, identify each member of the joint venture.

A trust¹⁴

In Part B, identify the trustee and each beneficiary of the trust.

Does the pharmacy have a beneficial owner¹⁵ that is different than the legal owner?

Yes

No

If yes, identify the beneficial owner:

⁸ A corporation is a business that is a separate legal entity under provincial or federal law with owners who are called shareholders (e.g., a numbered Alberta company).

⁹ Major shareholder means a shareholder who holds 20% or more of the shares issued by the corporation that carry the right to vote at a meeting of shareholders.

¹⁰ A sole proprietor is a business owned by one individual and is not organized as a corporation.

¹¹ A partnership is a business owned by two or more persons and is not organized as a corporation.

¹² In a limited partnership, a general partner has unlimited liability and the limited partners have limited liability up to the value of their investment. Limited partners are not involved in the organization's management.

¹³ A joint venture is an arrangement in which two or more persons work together in a limited and defined business undertaking. Joint ventures are not partnerships, trusts, or corporations and are therefore not legal persons. The expenses and revenues of a joint venture are distributed in mutually agreed portions.

¹⁴ A trust is a fiduciary relationship involving a trustor and a trustee. A trustor gives the trustee the right to hold property or assets for the benefit of a third party.

¹⁵ A beneficial owner is someone who profits, benefits, or receives an advantage from the ownership of the pharmacy despite not being the legal owner.

Part B: Major shareholders, partners, and persons

List the major shareholders (holding 20% or more voting shares), partners, or persons as indicated above.

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| | | |
| Name (e.g., shareholder's or partner's name) | Registration number (if applicable) | Phone number |
| Mailing address | Percentage of voting shares | Email address |
| City | Province | Postal code |
| | | |
| Name (e.g., shareholder's or partner's name) | Registration number (if applicable) | Phone number |
| Mailing address | Percentage of voting shares | Email address |
| City | Province | Postal code |
| | | |
| Name (e.g., shareholder's or partner's name) | Registration number (if applicable) | Phone number |
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| City | Province | Postal code |
| | | |
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| Mailing address | Percentage of voting shares | Email address |
| City | Province | Postal code |
| | | |
| Name (e.g., shareholder's or partner's name) | Registration number (if applicable) | Phone number |
| Mailing address | Percentage of voting shares | Email address |
| City | Province | Postal code |

If the owner is a corporation, **you must also submit a copy of the corporate registry document** which confirms corporate registration and identifies the shareholders and the percentage of shares held.

Part C: Individuals who manage and direct the operation of the pharmacy

Name any individuals, including their title/position, who will determine the following.

What the operating policies of the pharmacy are:

The management of the facility within which the pharmacy is located:

The hours of operation of the pharmacy:

The budget of the pharmacy:

The number of pharmacists, pharmacy technicians, and other employees of the pharmacy:

The hiring, firing, and setting terms of employment of the licensee, pharmacists, pharmacy technicians, and other employees of the pharmacy:

The marketing programs associated with the provision of pharmacy services by the pharmacy:

Infrastructure, equipment, and technology associated with the provision of pharmacy services by the pharmacy:

Part B: Proprietor's representative questionnaire

The proprietor's representative must answer questions 1 to 12 and provide the information as requested below.

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| <p>1. A proprietor's representative must complete the proprietor's self-assessment or Part B of the Licensee Education Program.</p> <p>Have you provided the licensee your statement of completion (for the proprietor's self-assessment or Part B of the Licensee Education Program) to be submitted as part of the application?</p> | <p>Yes</p> <p>No</p> |
| <p>Answer this question only if you are or were a regulated member with ACP.</p> <p>2. If the proprietor's representative 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>. <p>During the time you have been registered as a regulated member with ACP, have there been any conditions or restrictions on your practice permit, outstanding complaints that have been referred to a Hearing Tribunal, or outstanding sanctions ordered? If yes, provide further details.*</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><small>*Additional qualifying attributes may be required by the proprietor's representative applicant.</small></p> | <p>Yes</p> <p>No</p> <p>N/A</p> |
| <p>3. A proprietor's representative must submit an Enhanced Police Information criminal record check (completed within the past six months).</p> <p>Have you provided the licensee a copy of your current Enhanced Police Information criminal record check to be submitted as part of the 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. | <p>Yes</p> <p>No</p> |
| <p>4. Are you, or have you previously been, a registered member of a pharmacy regulatory authority in another Canadian jurisdiction?</p> <p>If yes, what jurisdiction? _____</p> <p><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></p> | <p>Yes</p> <p>No</p> |

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| <p>5. Are you, or have you previously been, registered with any other regulated profession in Canada? If yes, what profession and jurisdiction?</p> <p>_____</p> <p><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></p> | <p>Yes</p> <p>No</p> |
| <p>6. Have you served as a proprietor (owner, major shareholder, or proprietor's representative) of one or more pharmacies in Alberta? List EVERY pharmacy where you have served as a proprietor (owner, major shareholder, or proprietor's representative) for ANY length of time (attach a separate page if additional space is required or contact ACP to provide further details).</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</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 data-bbox="99 1203 1125 1409" style="border: 1px solid black; height: 100px; width: 100%;"></div> | <p>Yes</p> <p>No</p> |

*Additional qualifying attributes may be required by the proprietor's representative applicant.

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| <p>7. Have you served as a licensee of one or more pharmacies in Alberta? List EVERY pharmacy where you have served as a licensee for ANY length of time. (Attach a separate page if additional space is required or contact ACP to provide further details).</p> <p>Pharmacy name: _____</p> <p>Licence #: _____ Province: _____</p> <p>During the time you were a 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: 100px; width: 100%;"></div> <p><small>*Additional qualifying attributes may be required by the proprietor's representative applicant.</small></p> | <p>Yes</p> <p>No</p> |
| <p>8. As the proprietor's representative, do you or will you have any control over the management and policies of the licensed pharmacy? If no, who will have control?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> | <p>Yes</p> <p>No</p> |
| <p>9. As the proprietor's representative, 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> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> | <p>Yes</p> <p>No</p> |
| <p>10. As the proprietor's representative, do you or will you have the licensee report directly to you? If no, who will the licensee be reporting directly to?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> | <p>Yes</p> <p>No</p> |

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| <p>11. As the proprietor's representative, 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> <div data-bbox="99 342 1130 499" style="border: 1px solid black; height: 75px;"></div> | <p>Yes</p> <p>No</p> |
| <p>12. If you are not the legal owner of the pharmacy, please explain your relationship to the owner:</p> <div data-bbox="99 579 1511 821" style="border: 1px solid black; height: 115px;"></div> | |

Part C: Proprietor's representative undertaking

(this undertaking must be completed by the proprietor's representative)

As the proprietor's representative, I hereby undertake to personally ensure that the proprietor fulfills the responsibilities and obligations of a proprietor under the Legislative Framework¹⁷.

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*; or
 - the 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 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 representative

Signature of proprietor's representative

Date

Pharmacy operating name

¹⁷ 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, Health Professions Restricted Activity Regulation, the Standards of Practice, the Standards for the Operation of Licensed Pharmacies, the Code of Ethics, the *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.

Part D: Proprietor's representative 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 for a pharmacy licence (name of pharmacist applying for pharmacy licence) under the <i>Pharmacy and Drug Act</i> . | | |
| 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 representative. | Yes | No |
| 6. I am authorized to make this statutory declaration on behalf of the legal owner. | Yes | No |
| 7. As the proprietor's representative I will fulfill the obligations of the proprietor outlined in the <i>Pharmacy and Drug Act</i> , the Pharmacy and Drug Regulation, the Code of Ethics, and the 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 capacity ¹⁸ to ensure that the proprietor fulfills the responsibilities and obligations of a proprietor under the Legislative Framework. | Yes | No |
| 9. I have pled 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 |
| 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 |

¹⁸ *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.

