Proprietor form: Annual renewal

Updated March 2025

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 Framework.¹

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
 - o managing the practice of pharmacists and pharmacy technicians in that licensed pharmacy, and
 - o 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 nor 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
 - o the Pharmacy and Drug Act, any regulation made under it;
 - a condition imposed on the licence;
 - o an order made under the Pharmacy and Drug Act; or
 - o 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, judgement, 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			
NOTE: Forms submitted without a signature will not be accepted and will result in delays.				
•				
	<u> </u>			
Date	Pharmacy operating name			

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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 for Pharmacist and Pharmacy Technicians, 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.



Proprietor's representative statutory declaration

CANAD	A)		
PROVIN	ICE OF ALBERTA) In the matter of application for a pharmacy lice	nce under the <i>Pharma</i>	cy and Drug Act
TO WIT	:)		
l,		, a resident of, in t	he Province of	
do solei	mnly declare:			
1.	I am aware that			has applied
	for a pharmacy licer	e of clinical pharmacist applying for pharmacy licence) nce under the Pharmacy and Drug Act.		_
2.	The operating name	of the pharmacy will be		
	(pharmacy operating na	ne)		_
3.	The pharmacy will b	e located at		
	(physical address of the	pharmacy)		_
4.	I am the legal owner	of the pharmacy.	Yes	No
5.	I am the individual or proprietor's representation	esignated by the legal owner to act on their behalf as ntative.	s the Yes	No
6.	anything that impair	hysical or mental condition or disorder or aware of s my capacity ² to ensure that the proprietor fulfills th obligations of a proprietor under the Legislative	ne Yes	No
7.		or been found guilty of a criminal offence in Canada nature in a jurisdiction outside Canada for which I wa		No
8.		ubject of a proceeding related to any criminal offence tion outside of Canada.	e in Yes	No
9.	misconduct, incomp	ect of a finding of negligence, professional or ethical betence, or incapacity in relation to the practice of an fession in Canada or any jurisdiction outside of Cana	y Yes	No
10.	misconduct, incomp	ubject of a proceeding for professional or ethical betence, or incapacity in relation to the practice of any fession in Canada or any jurisdiction outside of Cana	•	No

² 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.



particu	e answered "Yes" to any of sections 6 to 10, I have enclosed full lars in relation to the sections that I have answered "Yes" to, including ting a completed disclosure form.	Yes	N/A
who ov pharma manag	made inquiries and satisfied myself that any corporations or individuals vn, manage, direct, or will direct the operation of the facility in which the acy is located and exercise a significant degree of control over the ement and policies or the conduct of the regulated members who are yed by the licensed pharmacy:		
	Are financially able to fulfill the obligations of a proprietor and in particular is not bankrupt, has not taken the benefit of any legislation for bankrupt or insolvent debtors, is not in receivership or winding up proceedings.	Yes	No
b.	Have not been charged with, pleaded guilty, or been found guilty of an indictable offence related to misconduct, fraud, or commercial matters within Canada or a similar offence outside of Canada.	Yes	No
fulfill the obligat of Ethics, and th	to make this statutory declaration on behalf of the legal owner. As the proprictions of the proprietor outlined in the <i>Pharmacy and Drug Act</i> , the Pharmacy are Standards for the Operation of Licensed Pharmacies or will be responsible fulfilled. I understand that I will not have satisfied the requirements for a pharmacies	and Drug Regulati for ensuring tha	ion, the Code t those

or misleading statement or representation on this form. I understand that a false declaration or the provision of inaccurate, false, or misleading information in connection with the application for a pharmacy licence may result in a referral to the complaints director.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at t	he (insert "city" or "town")		
) in the Province of	of)
(name of city/town) this d	ay of (month)	,20 (year))
	OTE: Forms submitted without a /notary public in and for the Prov		cepted and will result in delays.
(Out-of-province declarant	s: please declare this document b	pefore a notary public)	
Print or stamp name of co	mmissioner/notary		Expiry date of commissioner

This document must be sworn in the presence of a commissioner for oaths, notary public, or lawyer and completed by the proprietor's representative, even if the proprietor's representative is also the licensee.