



To fill out and save this form, it must be downloaded and opened with Adobe Reader.

Proprietor form: Annual renewal

This form is used by the Alberta College of Pharmacy (ACP) to collect the required information with respect to proprietors when renewing a pharmacy licence. Please complete all sections of this form completely and accurately.

Pharmacy information

Operating name _____ Licence #: _____

Section 1: Ownership information

Part A: Owner information

Name of the legal owner _____

Mailing address _____

City _____ Province _____ Postal code _____

1. What is the ownership structure? Please select one.

A corporation¹

- In Part B, identify all the major shareholders² 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 proprietor³

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

A partnership⁴

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

A limited partnership⁵

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

A joint venture⁶

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

A trust⁷

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

2. Does the pharmacy have a beneficial owner⁸ that is different than the legal owner? Yes No

If yes, identify the beneficial owner: _____

1 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).

2 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.

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

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

5 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.

6 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.

7 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.

8 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.

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

Section 2: Proprietor's representative information

The proprietor's representative is the individual who is either the owner or the designated representative of the owner who undertakes to ensure that the proprietor fulfills the responsibilities and obligations of a proprietor under the Legislative Framework⁹. The licensee and the proprietor's representative may be the same person. The proprietor's representative must complete the following sections of this form, including the undertaking and the statutory declaration.

Part A: Proprietor's representative information

I, _____
First name Middle name Last name

will fulfill or be responsible for ensuring that the obligations of the proprietor as outlined in the *Pharmacy and Drug Act*, the *Pharmacy and Drug Regulation*, the *Code of Ethics*, and the *Standards for the Operation of Licensed Pharmacies* will be fulfilled.

I am the (please select one) legal owner of the pharmacy.

individual designated by the legal owner to act on their behalf.

Employer and title

Registrant number (if a regulated member of ACP)

Contact information

Business address

City Province Postal code

Phone number (with area code) Cell phone (with area code)

Email address Fax number (with area code)

⁹ 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 B: 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 Framework¹⁰.

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

¹⁰ 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 C: 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 ¹¹ 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

¹¹ *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.

<p>14. I have made inquiries and satisfied myself that any corporations or individuals who own, manage, direct, or will direct the operation of the facility in which the pharmacy is located and exercise a significant degree of control over the management and policies or the conduct of the regulated members who are employed by the licensed pharmacy:</p> <p>a. are financially able to fulfill the obligations of a proprietor and in particular are not bankrupt, have not taken the benefit of any legislation for bankrupt or insolvent debtors, and are not in receivership or winding up proceedings; and</p> <p>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.</p>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No	Yes	No
Yes	No				
Yes	No				
<p>15. I understand that I will not have satisfied the requirements for a pharmacy licence if I make a false or misleading statement or representation on this form.</p>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No		
Yes	No				
<p>16. 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.</p>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No		
Yes	No				

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 the _____)
 (insert "city" or "town")

of _____) in the Province of _____)
 (name of city / town)

this _____ day of _____ A.D. 20 _____)
 (date (e.g., 25th)) (month) (year)

 Signature of declarant

A commissioner for oaths/notary public in and for the Province of _____
 (Out of province declarants – please declare this document before a notary public)

 Print or stamp name of commissioner/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.