



Pharmacy renovation guide

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Renovating your pharmacy

The layout, design, and appearance of a licensed pharmacy enable a practice environment that supports regulated members in providing effective person-centred care.

Licensees are required to ensure their pharmacy adheres to legislative requirements and standards. When contemplating a renovation, it's a good opportunity for the licensee to ensure that the entire licensed pharmacy space complies with all pharmacy legislation. To ensure compliance, ACP will be assessing the entire pharmacy throughout the renovation process (not just the area being renovated).

There are a number of important considerations for the licensee before, during, and after a renovation. This guide has been developed as a resource to help you through the process.

Key resources

Before you get started with your renovation, ensure you closely review the following resources.

- [Standards for the Operation of Licensed Pharmacies](#)
- [Foundational requirements: Guidelines for opening and operating a licensed pharmacy](#)
- [Standards for Pharmacy Compounding of Non-sterile Preparations](#)
- [Pharmacy compounding of non-hazardous and hazardous sterile preparations](#)

What is considered a renovation?

Any changes to the physical facilities, intended use of space, or layout of a licensed pharmacy are considered renovations and require advanced notice and approval by ACP before any changes are made.

The licensee is expected to submit a complete renovation application in myACP **at least 45 days** before construction begins.

A renovation includes any proposed changes to the floor plan or use of space within the pharmacy including the following:

- **Changes to the overall layout or floor plan.** For example, this may include
 - adding or removing a room, or
 - altering a shared premise in a way that changes the approved floor plan.



- **Changes to the dispensary or patient services area.** For example, this may include
 - expanding or rearranging the contents of the dispensary,
 - adding consultation rooms (e.g., for “pharmacy clinic” use), or
 - adding infrastructure, such as an automated dispensing machine, which may affect aisle widths or otherwise change the overall layout and workflow of the pharmacy.
- **Changes in use of space for pharmacy services.** For example, this may include
 - converting a storage room into a compounding area,
 - adding a hood to shift from performing Level A compounding to Level B compounding, or
 - adding a primary engineering control (PEC) to perform Level B or C compounding.
- **Infrastructure modifications.** For example, this may include
 - modifying counter spaces,
 - installing a fume hood/primary engineering control (PEC), or
 - adding a sink in the dispensary.

Note: The list of examples above is not comprehensive. Other changes may also require approval.

Prior approval is not required for cosmetic changes or modifications that do not alter the approved floor plan or intended use of space (e.g., painting, changing flooring).

If you are unsure if your changes qualify as a renovation that require prior approval, contact ACP at pharmacy@abpharmacy.ca.

When are renovations required?

Proprietors and licensees may choose to renovate their pharmacy at any time to meet the needs of patients and the pharmacy team. Renovations may also be required due to

- changes in standards or legislation, or
- direction from ACP (e.g., pharmacy practice consultants).

Required steps


To renovate your pharmacy, the following steps are required. This guide will explore each of these steps in detail.

- Step 1: Planning your renovation.
- Step 2: Submitting the renovation application in myACP.
- Step 3: Application review and decision.
- Step 4: Completing your renovation.
- Step 5: Renovation inspection.

Step 1: Planning your renovation

The planning process is an essential first step for the renovation process. Effective planning will help to ensure that the rest of the steps go smoothly.

1. **Understand the legislation:** ACP has developed the [Foundational requirement guidelines for opening and operating a licensed pharmacy](#) as a tool to help licensees ensure they meet legislative requirements.
2. **Prepare a floor plan:** The floor plan must include the entire licensed space, including the area that you are proposing to renovate. Refer to the [Floor plan requirements guide](#) for details.
3. **Staff and training planning:** The licensee must consider how the renovation will affect pharmacy operations and the professional services the pharmacy team intends to offer.
 - For example, if a pharmacy proposes a renovation to add sterile compounding services, the licensee must demonstrate that the regulated members are appropriately trained to prepare all types of sterile compounding services intended and assign a qualified compounding supervisor before submitting a renovation application.



Refer to the “Developing your floor plan” section for information to help you prepare a floor plan.

Additional considerations


Depending on your pharmacy and the renovation you are planning, there may be additional factors to consider.

Licence category

Do you need to [change](#) the pharmacy [licence category](#)? For example, a compounding and repackaging licence is required if the pharmacy will be selling compounded preparations or repackaged drugs to another pharmacy.

Shared premises

Does the pharmacy share a space with another business or healthcare professional? The pharmacy and the adjoining business must be able to operate independently of one another. Refer to the required [Shared premises form](#) for more information.




Refer to the “Shared premises considerations” section for more information.

Lock and leave

If a pharmacy shares premises with another health professional or business, then it must operate as a lock and leave, even if both businesses intend to operate for the same hours. Refer to the [Lock and leave webpage](#) for more information.

Compounding

If the pharmacy offers compounding services, the pharmacy must meet [additional requirements and standards](#) for [non-sterile compounding](#) or [sterile compounding](#).



Refer to the “Compounding” section for more information.

Before submitting a renovation application, please ensure you and your team have a thorough understanding of all compounding standards.

Step 2: Submitting the renovation application in myACP

The licensee must submit an application to renovate the pharmacy in [myACP](#) by completing the following steps:

1. **Prepare your supporting documentation:** The following PDF attachments must be completed so you can upload them as part of your renovation application in myACP.
 - **Floor plan (required):** The floor plan must accurately depict the physical facilities, intended use of space, and layout of the **entire licensed pharmacy**. The floor plan must comply with the [Floor plan requirements guide](#). Any submissions that do not comply with this guide will be rejected.
 - **Shared premises form** (only required if the pharmacy shares premises with another business): You must also provide an additional floor plan depicting the overall facilities, space, and layout of the entire premises.
 - **Sterile floor plan preliminary questionnaire** (only required if adding sterile compounding): You must submit this completed questionnaire if the renovation of the pharmacy includes adding sterile compounding.
2. **Complete the application:** Complete the “Application to renovate the pharmacy” form in the New applications section of myACP.
 - Be prepared to upload all supporting documentation listed in step 1.
3. **Provide payment:** Once you submit your application, you will be required to provide payment.
 - The college’s fees are outlined in the ACP [fee schedule](#).
 - Only Visa, Visa Debit, Mastercard, or Debit Mastercard will be accepted.

Your application is not complete and will not be reviewed until the application, all supporting documentation (including a complete floor plan that adheres to the Floor plan requirements guide), and payment have been submitted.

Applications are reviewed in the order in which they are submitted. Insufficient floor plans or incomplete applications often result in a delay in the review of your application and may result in refusal of your renovation application.



Step 3: Application review and decision

1. **Initial review:** ACP will conduct an initial review of your application and respond back to you with additional questions within 15 business days of receiving a complete application.
 - ACP will complete a thorough review of the floor plan of the entire licensed pharmacy, including the areas of the pharmacy that are being renovated.
 - If the pharmacy is conducting sterile compounding renovations, the pharmacy practice consultant will reach out to the licensee for additional clarification.
 - This pharmacy practice consultant has been assigned to your pharmacy and will be the one conducting the inspection of your pharmacy.
2. **Application decision:** After the initial review, ACP will either conditionally accept or refuse your application.
 - **Conditional acceptance:** If the proposed floor plan of the entire pharmacy meets all requirements and all supporting documentation is sufficient, ACP may conditionally accept the renovation application and you are expected to proceed with renovating the pharmacy in accordance with the submitted floor plan within six months.
 - **Note:** Conditional acceptance is based on the final version of the floor plan submitted, is valid for six months from the date it was accepted and does not guarantee that your renovation will pass the final inspection.
 - **Refusal:** If the floor plan or supporting documentation does not meet all legislative requirements, the supporting documentation is not sufficient, or the renovation application has been open for more than six months, the renovation application may be refused.



NOTE: Ensure your application is submitted at least 45 days before construction begins. You will receive acknowledgement of your application or follow-up questions within 15 days, but the duration of the approval process will depend on the floor plan meeting all foundational requirements.

Step 4: Complete your renovations

1. **Begin construction:** The renovation construction may begin once the renovation application has been conditionally accepted.
 - You are expected to complete the renovation within six months of conditional acceptance.
 - If construction has been delayed or you are not able to complete the renovation within six months, you must contact ACP. The application may be cancelled and, in this case, you will need to submit a new application to renovate.
 - If there are any changes to the floor plan, you must consult ACP. The outcome of the final inspection may be affected if changes are made during the renovation that were not reflected in the proposed floor plan. The application may be cancelled and, in this case, you will need to submit a new application to renovate.

Step 5: Renovation inspection

1. **Submit the [Pharmacy inspection readiness form](#):** After the renovation is complete, submit this form to indicate that you are ready for the required onsite inspection. A pharmacy practice consultant will attempt to schedule an inspection of the pharmacy within one month.
2. **Prepare for the inspection:** During the inspection, the pharmacy practice consultant will inspect the entire pharmacy space, including the renovated area, to ensure that the pharmacy meets the Standards for the Operation of Licensed Pharmacies, other applicable standards, and foundational requirements. Ensure you review and meet all elements as indicated in the [Pharmacy inspection compliance checklist](#) and the applicable standards (e.g., Standards for Pharmacy Compounding of Non-sterile Preparations if your renovation includes non-sterile compounding services).
3. **Review inspection findings:** Once the onsite inspection is completed by the pharmacy practice consultant, inspection findings will be communicated through myACP and all inspection findings must be resolved in a specified time period.
 - Inspection findings may include the pharmacy requiring further changes or may require a new renovation application.

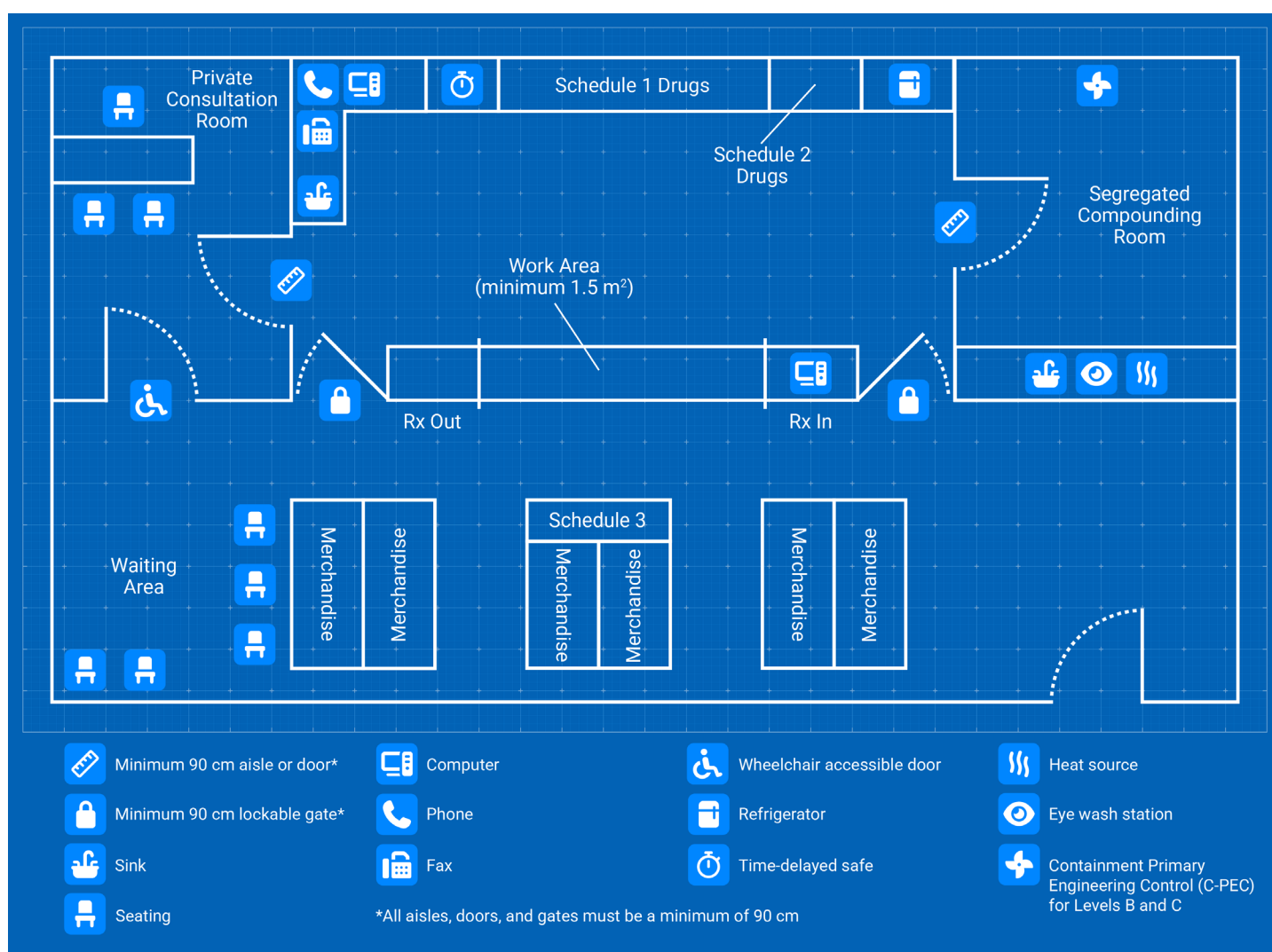


Developing your floor plan

As part of the renovation application process, you must submit a floor plan that complies with all elements outlined in the [Floor plan requirements guide](#). Floor plans that do not clearly indicate and comply with all listed requirements will not be accepted.

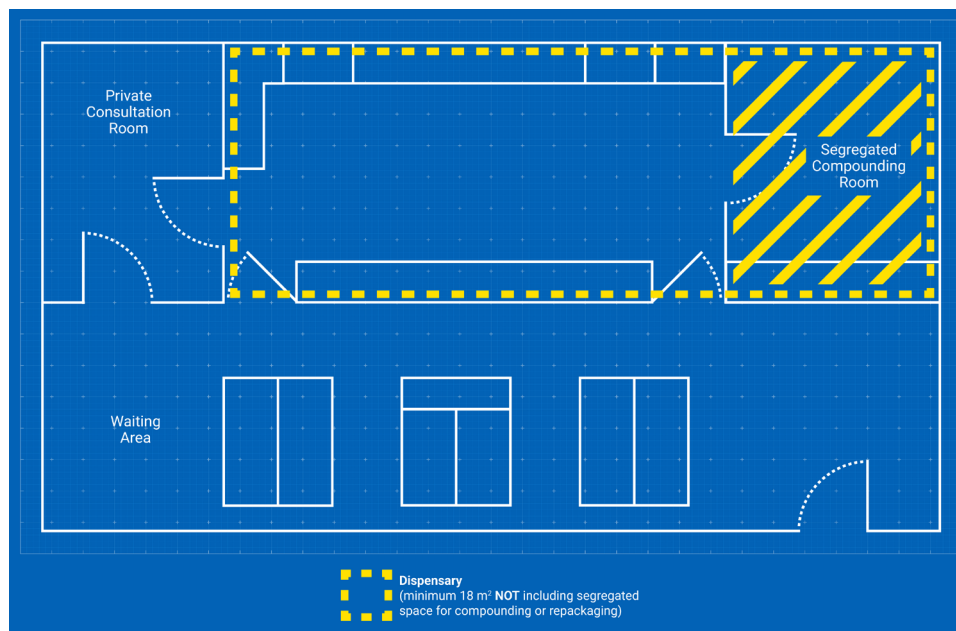
Sample pharmacy layout

Per the Pharmacy and Drug Regulation and the SOLP, a licensed pharmacy is referred to as a **prescription department**, which includes a **dispensary** and a **patient services area**. The **public area** is the area outside of the prescription department.



1. Dispensary

The dispensary is the secure area of a licensed pharmacy that is not accessible to the public and in which regulated members dispense, compound, repackage, provide for sale, and sell Schedule 1 and 2 drugs.



Size requirements

The entire prescription department (dispensary and patient services area) must be at least 33m² in area, of which the dispensary must be at least **18m²**.

A dispensary must have sufficient space and equipment to allow the practice of pharmacy to be conducted effectively and safely.

Space and size considerations include the following:

- A dispensary must be one area that is at least 18m² and may not consist of different areas/rooms that are separated by a publicly accessible space or include separate adjoining rooms dedicated to compounding or repackaging.
- A dispensary must have physical barriers such as walls, gates, and/or doors to prevent access by unauthorized individuals.
- If a separate space is required to conduct pharmacy services, the licensee must make a request for approval to ACP, as a separate pharmacy licence may be required.
- Aisles and entrances must be at least 90 cm (3 ft.) wide.
- There must be adequate shelving and storage space.
- The dispensing counter must have a minimum of 15 m² (16.1 ft²) of uninterrupted workspace (free of terminals or phones).

All pharmacy services, including storing, compounding, dispensing, and selling of drugs, must only occur within the dispensary of a licensed pharmacy.

All patient records must be stored within the dispensary of a licensed pharmacy. An [application](#) is required if pharmacy records are to be stored outside the dispensary of a licensed pharmacy.

Additional requirements include the following:

- Full-size refrigerator or temperature-controlled area with digital monitoring (no bar fridges).
- Sink with hot and cold running water (outside compounding rooms and readily accessible for hand hygiene).
- Metal safe with time-delay lock (minimum five minutes).
- Internet-connected computer or electronic device.
- The **compounding area** must comply with ACP standards. An additional sink in the compounding area may be required.



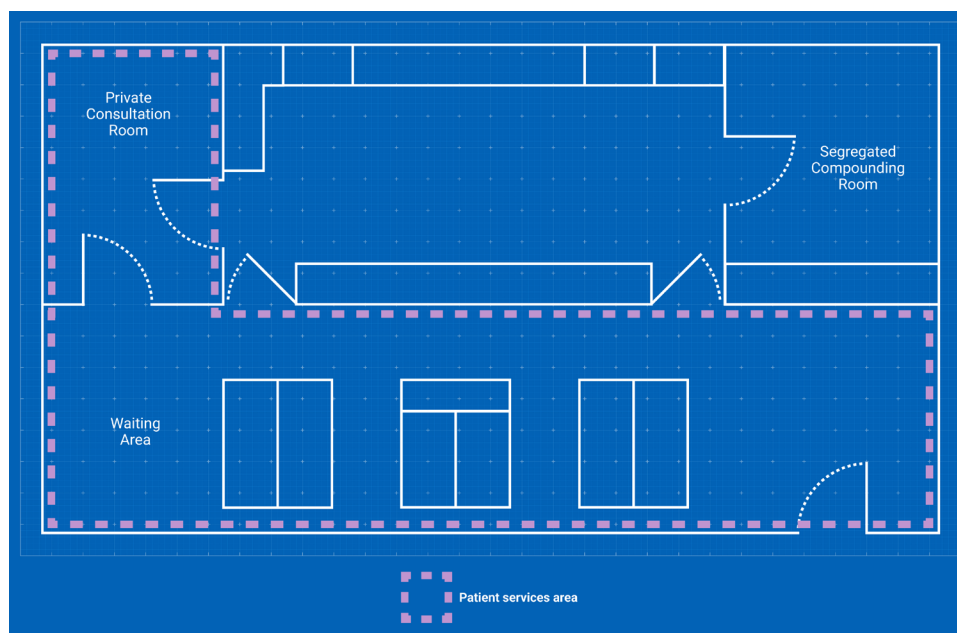
Refer to the “Compounding” section for information about non-sterile and sterile compounding requirements.



2. Patient services area

The **patient services area** is the area of a licensed pharmacy located outside and adjacent to the dispensary where

- patients receive professional services from regulated members or other regulated health professionals who are part of the pharmacy team,
- the private consultation room or area is located, and
- Schedule 3 drugs are provided for sale.



Space and size considerations include the following:

- Drop-off and pick-up zones must be semi-private.
 - Areas must be a suitable distance away from patient waiting or high-traffic areas, such as seated areas, busy hallways, entrances, or shelves with merchandise.
 - Areas must have visual barriers to prevent others from seeing what drug, healthcare products, aids, or devices are being provided to or for the patient.
 - For example, partitions or partial walls that are an adequate height and depth, and are not transparent, would satisfy this requirement.
 - Areas must have suitable sound barriers that prevent conversations from being overheard by unauthorized individuals.
 - Suitable sound barriers may include a combination of background noise (e.g., music) and physical barriers that help minimize the likelihood of being overheard.

Private consultation room

The private consultation room is a required dedicated space located within the patient services area for confidential communication with patients or their agents. This space must meet the following requirements:

- Publicly accessible and adjacent to the dispensary.
- Physical barrier to prevent unauthorized access.
- Clean, safe, well-lit, and adequately sized to facilitate patient care.
- Barrier-free access for patients with mobility limitations (wheelchairs, walkers, strollers). Wheelchair accessibility can generally be accommodated in a 152.4x 152.4 cm (5x5 ft.) room with an entrance that is at least 90 cm (3 ft.) wide.
- No storage/display of non-healthcare items.
- Visual and sound privacy.
 - Have suitable visual barriers to prevent others from seeing what drug, healthcare products, aids, devices, or pharmacy services are being provided to or for the patient.
 - Areas must have suitable sound barriers that prevent conversations from being overheard by unauthorized individuals.



3. Public area

The **public area** is the area outside of the prescription department and may be part of a larger business entity or shared with another healthcare professional. This area must be clearly separate from the prescription department and includes any shared or adjacent space not used for pharmacy operations (e.g., waiting rooms, retail areas).

The public area does **not** count towards the overall size of the prescription department.

The **prescription department** must be clearly separated from the public area or adjoining business areas with one or more of the following methods:

- flooring changes (e.g., hardwood vs. tile),
- distinct fixtures or décor, and/or
- physical barriers (walls, gates, doors).



Compounding

If the pharmacy provides on-site compounding services, it must have a compounding area in accordance with the compounding standards. To determine the required facilities and equipment, personnel training, and policies and procedures needed in their pharmacy, licensees should complete the [Non-sterile compounding self-assessment](#) and the [Sterile compounding self-assessment](#) (if applicable) to assess the pharmacy and the pharmacy team's readiness to provide compounding services and compliance with all applicable standards.

When renovating your pharmacy, the floor plan must clearly indicate the location of

- the sink;
- the heat source;
- the eyewash station;
- any primary engineering controls (e.g., LAFW, CAI, BSC, CACI);
- applicable heating, ventilation, and air conditioning systems for controlled rooms; and
- safety showers (if applicable).

Additional requirements for compounding facilities are outlined below.

Facility and equipment

All required certification, maintenance, and calibration of the compounding facility and equipment must occur prior to the inspection.

Personnel and training

All staff involved in compounding must complete and pass appropriate training and competency assessment programs.

The designated compounding supervisor must have appropriate training and competency to manage the facility and ensure high-quality standards.

Policies and procedures

Comprehensive and up-to-date policies and procedures must be in place for all aspects of compounding including using personal protective equipment, cleaning, and preparation.

Quality assurance requirements

The licensee and/or the compounding supervisor must establish a formal quality assurance program to monitor compliance with procedures and verify the quality of equipment, compounding areas, and final preparations.



Considerations for non-sterile compounding

Designated space

All compounding must be performed in a separate space specifically designated (Level A) or dedicated (Level B and C) for compounding. This area must be large enough with appropriate heating, ventilation, and air conditioning systems to avoid decomposition and contamination of chemicals, maintain the quality of products, and ensure the safety and comfort of compounding personnel. Lighting fixtures must be positioned to provide sufficient light for all compounding activities.

Storage

There must be room to store equipment and products in an orderly fashion, in clean and secure surroundings. All components, equipment, and containers must be stored in a clean area that is dry and protected from contamination. Storage should not be on the floor, windowsills, under sinks, or near heating/cooling vents.

Heat source and sink

The heat source (e.g., microwave) must be available close to (Level A), or in (Levels B and C) the compounding area or room. For Level A compounding, the sink with hot and cold running water must be available in or reasonably close to the compounding area. For Levels B and C compounding, the sink must be located in the compounding room, at least one metre away from the C-PEC. If the sink is located in a separate compounding room, the pharmacy must also have a sink with hot and cold running water in the dispensary that is readily accessible for hand hygiene at all times.

Contaminant free

The compounding area should be designed and arranged to prevent cross contamination between products. The compounding area must be conducive to necessary cleaning, maintained in sanitary condition, and in good repair. This also includes ensuring there are no food or drinks stored or consumed in the compounding area.

Level A, B, and C

Level A compounding areas should be located away from parts of the pharmacy where there is a considerable amount of traffic to avoid contamination of the compounded product with dust and dirt, as well as to avoid interrupting or distracting compounding personnel. A separate, well-ventilated room is required for Level B and Level C compounding. The choice of room or containment device depends on the risk assessments of the products being made. If in doubt, referral to Level C requirements may be required, which requires a room where ventilation must occur through a professional, engineered-design HVAC system with appropriate air exchange and negative pressure.

Safety requirements

Compounding areas must contain an **eyewash station** and may require other emergency or safety equipment (e.g., adequate mechanical ventilation, hood, safety showers). Refer to the National Institute for Occupational Safety and Health (NIOSH) list, Safety Data Sheet (SDS), and Workplace Hazardous Materials Information System (WHMIS) to determine the level of risk to the compounding personnel. There must also be adequate systems in place to ensure safe and appropriate waste disposal. Additionally, compounding personnel must wear a clean lab coat reserved for compounding, wear powder-free gloves, and use any personal protective equipment or equipment indicated on the Master Formulation Record.

Considerations for sterile compounding

Controlled environment

Sterile compounding should be performed within a segregated cleanroom complex. This involves an ISO Class 7 cleanroom and an ISO Class 8 or better anteroom. Positive pressure is required for non-hazardous cleanrooms, while negative pressure is used for hazardous cleanrooms.

Primary Engineering Controls (PEC)

Within the cleanroom, all compounding must take place in an ISO Class 5 PEC. For non-hazardous sterile compounding, examples include a Laminar Airflow Workbench (LAFW) or a Compounding Aseptic Isolator (CAI). For hazardous sterile compounding, a containment PEC (C-PEC) is required. This may be a Compounding Aseptic Containment Isolator (CACI) or a Class II Type B Biological Safety Cabinet (BSC).

Environmental monitoring

A quality assurance program for the controlled environment is required. The program should include regular, documented monitoring of parameters such as temperature and humidity within the cleanroom and PEC.

Cleaning and maintenance

Facilities must be constructed with smooth, non-porous surfaces that can be easily cleaned and disinfected. All compounding equipment must be regularly calibrated, maintained, and documented. For hazardous compounding, specific procedures for deactivation and decontamination must be in place.

Considerations for hazardous sterile compounding services

Dedicated equipment and external ventilation

All equipment used for hazardous compounding must be dedicated to that purpose and must not be used for non-hazardous preparations. The C-PEC must be externally vented.

Hazardous storage in negative pressure

Hazardous drugs must be stored in a segregated, externally vented room with negative pressure with 12 air changes per hour (ACPH).



Due to the complexity of sterile compounding, all requirements for renovating a sterile compounding facility cannot be addressed in this document. Please refer to the [Sterile compounding webpage](#) for further guidance and information.

Any proposed changes to the pharmacy's compounding services must not be implemented until all inspection findings have been resolved and the inspection is concluded.

Shared premises considerations

When a pharmacy shares its premises with another business or a regulated healthcare professional who is not part of the pharmacy team, the licensed pharmacy must address shared premises considerations as follows.

Independent operations

The pharmacy and the other business (e.g., health professional clinic, larger business enterprise) must be able to operate completely independently of one another in distinct and separate areas. It must be abundantly clear to the patient that the other business and its employees operate and practise autonomously from the pharmacy.

- All pharmacy services must only occur within a licensed pharmacy and must not occur in spaces that are shared with another business.

Adequate space

It is the licensee's responsibility to ensure that the pharmacy has the physical space, layout, equipment, and policies and procedures required for the pharmacy to be in full compliance with all applicable legislation. The pharmacy must have adequate and dedicated space to perform the activities of a pharmacy.

Pick up and drop off areas

Pick up and drop off areas for the pharmacy must not be in close proximity to a patient waiting area or a medical clinic reception desk, or in a high-traffic area. It is not appropriate if a patient, when dropping off or picking up a prescription, impedes the path of individuals who are accessing another business or health professional clinic. The drop off and pick up areas must have adequate sound and visual barriers to protect patient confidentiality and facilitate private or semi-private conversations.

Patient waiting areas

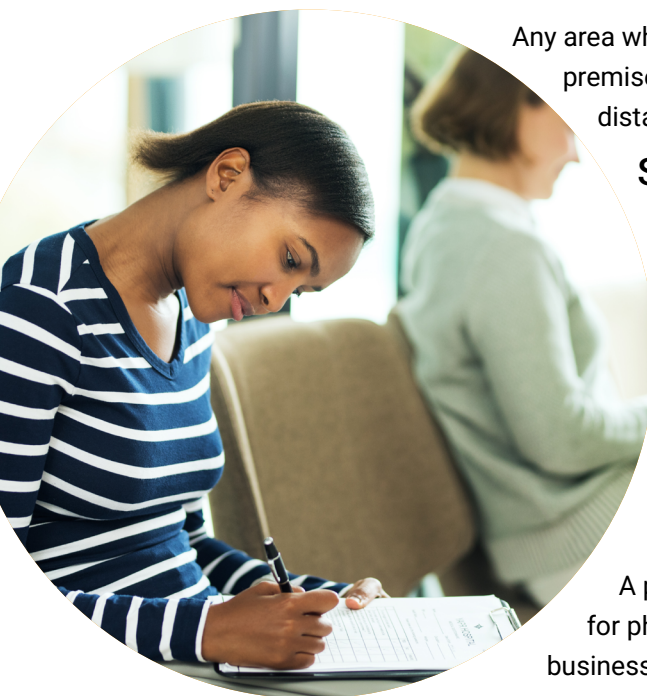
Any area where individuals are waiting for pharmacy services or services of a shared premise business or regulated healthcare professional should be an adequate distance away from the drop off or pick up areas to ensure patient privacy.

Shared hallways

The flow of the pharmacy business should not interfere with the flow of an adjoining business and vice versa. Shared hallways and shared rooms do not facilitate separate and distinct practices. The pick up, drop off, and counselling areas should not be in or be in close proximity to hallways used by an adjoining business. The pathway for a patient to access an adjacent business should be a distinct and separate area from the pharmacy's patient services area.

Pharmacy private consultation room

A private consultation room in the patient services area must be dedicated for pharmacy use only. This space cannot be located in or used by an adjoining business.



Signage

Signage must be used to differentiate the prescription department from adjoining businesses and/or public areas.

- Signage used to differentiate the prescription department from adjoining businesses and/or public areas must be clear to the public and conspicuously visible from the patient services area.
- Signage must be labelled with one of the following: “Pharmacist,” “Prescriptions,” “Prescription Department,” “Pharmacy,” or “Professional Services.”

Delineation

The pharmacy must be clearly delineated and separated from the other business by walls or physical space so that patients can clearly recognize when they are in the pharmacy and when they are in the other business. Your pharmacy layout should be completely separate and independent of the other business.

Records storage

All pharmacy records and drugs must only be accessible to the pharmacy team. The other healthcare professional or business must not have access to pharmacy records or drugs.

Other healthcare professionals as part of the pharmacy team

If other regulated health professionals (e.g., nurses, dietitians, audiologists) are part of the pharmacy team, review the [Other healthcare professionals in the pharmacy advice to the professions](#).



Pharmacist-led clinics

There is no specific licence category for a pharmacy-led clinic. If your renovation is related to expanding your community pharmacy and including a “pharmacist-led clinic” in your patient services area, remember that the same care is expected to be provided to the public by regulated members practising in any community pharmacy, with or without an identified “pharmacist-led clinic.” Regulated members must practise within their scopes, complying with the [standards](#) and adhering to the [Code of Ethics](#).

Location requirements

Pharmacies may choose to add more private consultation areas in the patient services area of their pharmacy for pharmacists to conduct patient assessments. Consultation areas must be private and accessible, safe, and consider the needs of every patient, regardless of age and ability. As a reminder, the patient services area of a pharmacy must continue to be directly adjacent to the dispensary. Areas in which professional services are provided must remain within an approved licensed community pharmacy.

Naming requirements

If the term “clinic” or “walk-in clinic” is used in the advertising for a pharmacy, the word “pharmacy” must also be used (e.g., “pharmacy walk-in clinic”) and it must be abundantly clear that the walk-in service is a part of the licensed pharmacy (e.g., “pharmacy walk-in clinic at [pharmacy name]”).



Summary checklist

You've made it to the end of the Pharmacy renovation guide! Carefully reviewing this document will help you prepare for a successful renovation process.

As you work through the steps, refer to the below checklist to keep on track.

Background reading

I have carefully reviewed the following:

- ☐ [Standards for the Operation of Licensed Pharmacies](#)
- ☐ [Foundational requirements: Guidelines for opening and operating a licensed pharmacy](#)
- ☐ [Standards for Pharmacy Compounding of Non-sterile Preparations](#)
- ☐ [Pharmacy compounding of non-hazardous and hazardous sterile preparations](#)

Planning your renovation

I have prepared a floor plan that meets the following requirements:

- ☐ Dispensary $\geq 18 \text{ m}^2$.
- ☐ Prescription department $\geq 33 \text{ m}^2$.
- ☐ Aisles $\geq 90 \text{ cm}$ (3 ft.) wide.
- ☐ Entrances $\geq 90 \text{ cm}$ (3 ft.) wide.
- ☐ Private consultation room meets privacy and accessibility standards.
- ☐ Drop off/pick up zones are semi-private.
- ☐ Signage is clear and compliant.
- ☐ Physical separation from public areas is visible.
- ☐ All elements of the [Floor plan requirements guide](#) are included and clearly labelled in the floor plan.
- ☐ Staff training and planning is complete.

Submitting the renovation application in myACP

- ☐ Ensure you have all PDF attachments prepared for upload.
- ☐ Application to renovate the pharmacy submitted.
- ☐ Payment submitted.

Application reviewed by ACP

- ☐ Initial review complete.
- ☐ Application decision made and conditional acceptance granted.

Renovations complete

- ☐ Complete your pharmacy renovations.

Renovation inspection

- ☐ Pharmacy inspection readiness form submitted.
- ☐ Entire pharmacy space is prepared for inspection.
- ☐ Inspection finding report has been reviewed.
- ☐ Inspection findings have been resolved.