



Newfoundland & Labrador Pharmacy Board

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Application for a Change in Pharmacy Ownership (In accordance with NLPB Policy - Change in Pharmacy Ownership)

PART A: Request to Terminate Current Pharmacy Licence

Pharmacy Information:

Pharmacy Licence # _____

Pharmacy Name _____

Street Address _____

P.O. Box (if applicable) _____

City/Town _____

Postal Code _____

Name of Pharmacist-in-Charge _____

Pharmacist-in-Charge Registration # _____

Requested Date for Licence Termination:

_____ (the day prior to the effective ownership change)

Current Owner/Shareholder Certifications:

- I certify that the pharmacy named in this application will be changing ownership as per the details provided.
- I have reviewed the NLPB Policy - *Change in Pharmacy Ownership* and understand that the pharmacist-in-charge named above is responsible for meeting the policy requirements for terminating a pharmacy licence.
- I will notify the pharmacist-in-charge as soon as possible if the plans for the change-in-ownership change from that which are stated in this application, so that the necessary information can be forwarded to NLPB.

Owner/Shareholder Name _____ Signature _____ Date Signed _____

Owner/Shareholder Name _____ Signature _____ Date Signed _____

Owner/Shareholder Name _____ Signature _____ Date Signed _____

Current Pharmacist-in-Charge Certifications:

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information may be cause for an allegation of conduct deserving of sanction.
- I have reviewed the NLPB Policy - *Change in Pharmacy Ownership* and understand that I am responsible for meeting the policy requirements for terminating a pharmacy licence.
- Upon approval of this application, I will notify patients of the change in pharmacy ownership.
- Upon closure, I will provide a copy of the complete inventory of narcotics, controlled drugs and benzodiazepines, signed by both the selling and acquiring pharmacists-in-charge, to the Government of Canada Office of Controlled Substances within 10 days.
- I will return the current pharmacy licence to NLPB by the effective date of the ownership change.
- If the pharmacy will not be continuing under the same name**, I will ensure that all exterior and interior signage using the current trading name of the pharmacy is removed from the premises upon closure.

Pharmacist-in-Charge Signature _____

Date Signed _____

PART B: Request for New Pharmacy Licence

Proposed Date for New Pharmacy Licence:

Proposed Pharmacist-in-Charge:

Name of Proposed Pharmacist-in-Charge

Registration #

Pharmacy Operating Name:

Pharmacy Corporate Name:

Pharmacy Contact Information:

Telephone #

Fax #

Pharmacy Email Address

Website (if applicable)

Pharmacy Staff: *(please attach a list if more space is necessary)*

Name

Registration Number (if applicable)

Name

Registration Number (if applicable)

Name

Registration Number (if applicable)

Name

Registration Number (if applicable)

Owner/Shareholder¹ Certification:

I hereby acknowledge the following:

- I understand that the pharmacist-in-charge is responsible for ensuring that the pharmacy complies with all relevant legislation, regulations, bylaws, and standards of practice established by the Newfoundland and Labrador Pharmacy Board.
- I understand that, pursuant to the *Pharmacy Act, 2012*, no person "other than a pharmacist-in-charge shall direct, control or manage a pharmacy".
- I understand that it is an offence to contravene the *Pharmacy Act, 2012*.
- I will not interfere with the direction, control or management of the pharmacy.

Owner/Shareholder

Address

Profession

Signature

Date Signed

Owner/Shareholder

Address

Profession

Signature

Date Signed

Owner/Shareholder

Address

Profession

Signature

Date Signed

¹ Please include the names, addresses and professions of all individual owners, directors, partners or persons who are shareholders (except in the situation of a publicly-traded company).

Pharmacist-in-Charge Certifications:

- I certify that the information contained in this application is complete and correct and I recognize that providing false or incomplete information on the application may be cause for revocation of the pharmacy licence and/or an allegation of conduct deserving of sanction. I understand that I must inform NLPB as soon as possible if any of the information in this application changes.
- I have reviewed the NLPB Policy - *Change in Pharmacy Ownership* and understand that I am responsible for meeting the policy requirements for acquiring a new pharmacy licence.
- I acknowledge my responsibilities as pharmacist-in-charge and agree to abide by the requirements of all relevant legislation, regulations, bylaws, standards of pharmacy operation and standards of practice established by the Newfoundland and Labrador Pharmacy Board.
- I have enclosed any additional applications that are necessary (for example, *Application to Register as a Pharmacy Participating in Opioid Agonist Maintenance Treatment, Application for Lock and Leave Approval*).
- I will submit a completed *Community Pharmacy Self-Assessment Form* within 30 days of the new pharmacy licence being issued and understand that I am responsible to address any areas of non-compliance within a timeframe satisfactory to the Board.
- I have enclosed the new pharmacy application fee as indicated below, as per the *NLPB Schedule of Fees*.

Pharmacist-in-Charge Signature

Date Signed

New Pharmacy Application Fee Paid By:

- Cash, Cheque or Money Order
- Credit Card (please contact NLPB office for processing)