



# 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/Shareholder<sup>1</sup> 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

<sup>1</sup> 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*.

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Pharmacist-in-Charge Signature

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Date Signed

**New Pharmacy Application Fee Paid By:**

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