



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

2018 NEW EXTERNAL DISPENSING PHARMACY COMPONENT APPLICATION

Name of primary (main) pharmacy _____

Street and/or Mailing Address	City or Town	Postal Code
Telephone Number	Fax Number	

Location of external dispensing site _____

Street and/or Mailing Address	City or Town	Postal Code
Telephone Number	Hours of Service	

I hereby make application to conduct an External Dispensing Site for the above named Pharmacy under the provisions of section 42 of the regulations to the *Pharmaceutical Act* for the year ending **the 31st day of December, 2018.**

Definition of Reasonable Access: The College of Pharmacists of Manitoba Council, on September 17, 2013, passed a motion and approved a policy on “reasonable access” that prohibits an external dispensing site or satellite pharmacy from locating in any community where a community pharmacy already exists, but does not require the closure of an external dispensing site or satellite pharmacy should a community, hospital or clinical pharmacy open after an external dispensing site or satellite pharmacy began operating in the community. Not having reasonable access is defined as occurring when individuals residing in the community have a strong likelihood of experiencing an unacceptable and harmful delay in receiving proper care or the care being provided is a lower standard. In order to open an external dispensing site or satellite pharmacy, applicants would be required to show that no pharmacy is located in the community and provide evidence of an unacceptable and harmful delay in receiving proper care or that the care being provided is of a lower standard in the community.

Declaration on Reasonable Access: I declare the community where the External Dispensing Site will be located does not have reasonable access to pharmacy services as the nearest Pharmacy is located a distance of _____ kilometres. (Applicant: Please Initial _____)

Document the manner in which the community presently receives pharmacy and pharmacist services, including the timelines of the services. (Attach additional materials and documentation on the process as needed):



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The External Dispensing Site will (check one):

- be staffed by a Pharmacy Technician, or
- use a mechanical automated dispensing system.

Requirements included with the application:

- A copy of the policy and procedure manual describing the requirements listed in section 42(3j) of the regulations.
- A copy of documentation on the telecommunication technology and process that will be used to provide external dispensing services to insure quality assurance and supervision by a licensed pharmacist (pursuant to section 42(3)f of the regulations to the *Pharmaceutical Act*)

The above external dispensing site is owned by the same owner as the Primary (main) Pharmacy and will be conducted in accordance with the External Dispensing Site requirements of the legislation. I further attest that I, as pharmacy manager, have made the pharmacy owner (if applicable) aware of this application.

Date

Signature of Pharmacy Manager

FEE: \$546.24

GST \$ 27.31
\$573.55

Payment must accompany application ... All fees are non-refundable

GST No. R107660664

o **Cheque: (Payable to the College of Pharmacists of Manitoba (CPhM))**

o **Interac: (Payment made at the CPhM Office)**

o **Visa or MasterCard Number: _ _ _ / _ _ _ / _ _ _ / _ _ _ Expiry Date: _ _ / _ _**