



College of Pharmacists of Manitoba

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
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2017 APPLICATION FOR PHARMACY LICENCE FOR A NEW HOSPITAL PHARMACY

I,(We) _____ (Name of Pharmacy Licence Holder for example: 123456 Manitoba Ltd.)
hereby make application for a Pharmacy Licence to conduct a pharmacy under the provisions of The Pharmaceutical Act of the Province of
Manitoba **until the 31st day of December, 2017.**

PHARMACY BUSINESS NAME _____

PHARMACY ADDRESS*: _____
(Street Address) (City) (Province) (Postal Code)

*[] Additional buildings, facilities and/or premises are being used as part of this pharmacy licence and details of the location(s)
and description of activities at each location is attached to this application.

CORPORATION'S (9 digit) BUSINESS NUMBER: _____

TELEPHONE #1: _____ TELEPHONE #2: _____

FAX NUMBER(S): _____

PRIMARY E-MAIL ADDRESS: _____

*Additional E-Mail Addresses: _____

PRIMARY WEBSITE: _____

*Additional Websites: _____

BUSINESS HOURS OF OPERATION: _____

EXPECTED DATE OF OPENING: _____ (Must be no less than 30 days following the date of this application)

ALL APPLICATIONS MUST ATTACH:

1. A sketch / floorplan showing the physical layout of the pharmacy;
2. A description of the pharmacy services to be provided, and

This pharmacy meets the minimum \$5,000,000 commercial general liability insurance requirement under a policy through the following
insurance company (and evidence will be provided to the College such as a letter from the insurance broker or the insurer, a copy of the policy
declaration page or a copy of the policy itself): _____

Does this pharmacy conduct business or practice pharmacy with the following components: (Check All That Apply)

- Central fill Secondary hospital Personal care home (long term care)
 *Distance care (international prescription service (IPS)) External dispensing Satellite pharmacy
 Distance care (non-IPS) Sterile Compounding

Any above noted services, the application must provide additional details with this application.

* Please be advised for those pharmacies that apply for a Distance Care (International Prescription Service (IPS)) component of the
Pharmacy licence, the 2017 Pharmacy licence will be issued with the condition the pharmacies include the Council approved disclaimer
that will advise their clients, and potential clients, the licensing authority in Manitoba has some limitations regarding the enforcement of
the public protection provisions of the provincial legislation for clients outside of Canada. The IPS component of the Pharmacy licence is
defined as, "A pharmacy that fills prescriptions for patients who have not physically attended the pharmacy to receive their medication due
to their residence and citizenship being outside Canada." (An IPS component may not be needed for a pharmacy located near the American
border where the patient physically enters into Canada to receive their medical care in Manitoba.)

For Office Use Only:

Licence #: _____

Approved By: _____

Date Approved: _____

PHARMACY MANAGER: (please print) _____
(No. of hours/week on site) _____

LICENSED PHARMACISTS (please print and include licence number)

PHARMACY STUDENTS & INTERNS

PHARMACY TECHNICIANS (qualified and listed by the College)

We confirm the above pharmacy will be conducted in accordance with the provisions of *The Pharmaceutical Act*, other legislation and rules related to the practice of pharmacy and the provisions of and regulations made under the *Food and Drugs Act* and *Controlled Drugs and Substances Act of Canada*. We declare that neither the pharmacy manager nor the applicant owner (legal and beneficial owners, officers, directors and/partners, as applicable to the ownership for this pharmacy) have been subject to disciplinary, criminal or administrative sanctions associated with the practice of pharmacy or the operation of a pharmacy in any jurisdiction.

I grant permission for the College of Pharmacists of Manitoba to access drug wholesale records for this pharmacy, as required for audit purposes.

Signature of Pharmacy Manager _____

Signature of CEO or Pharmacy Owner _____

Print Name of CEO or Pharmacy Owner _____

Date of Application _____

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: ___ / ___

Pre-Opening Inspection Fee: (\$765.75) + GST (\$38.29) = \$804.04

Licence Fee: If licensing between January 1 & June 30:

Pharmacy Licence Fee (\$1,177.05) + GST (\$58.85) = \$1,235.90

Pharmacy Licence Fee (\$1,177.05) + IPS Fee (\$6,753.92) + GST (\$396.55) = \$8,327.52

Licence Fee: If licensing between July 1 & December 31:

Pharmacy Licence Fee (\$706.23) + GST (\$35.31) = \$741.54

Pharmacy Licence Fee (\$706.23) + IPS Fee (\$4,052.35) + GST (\$373.01) = \$4,996.51

HOSPITALS: NAME AND ADDRESS OF OFFICERS AND DIRECTORS *

* PLEASE ATTACH LISTS AS NECESSARY