



COLLEGE OF PHARMACIST OF MANITOBA

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2023 Change of Pharmacy Manager Request Form

When requesting a change of pharmacy manager, please print a copy of the current pharmacy licence which can be found on the CPhM pharmacy manager's portal, complete the information below, and submit both documents to the College office. Original ink signatures are required. Please note the following legislation when requesting a change in pharmacy manager.

PHARMACY CHANGING MANAGER

SEE SECTION 47(3) OF THE PHARMACEUTICAL REGULATION

47(3) If the pharmacy manager changes, the owner must advise the registrar of the change and surrender the pharmacy licence to the registrar. Upon payment of the fee prescribed in the by-laws, the registrar must issue a new licence to the owner unless the owner no longer meets the requirements of section 64 of the Act or of this Part.

PHARMACY MANAGER REQUIREMENTS

SEE SECTION 51 OF THE PHARMACEUTICAL REGULATION

51 In addition to the requirements of subsection 64(3) of the Act, a pharmacy manager must

- (a) be a member;
- (b) not be a pharmacy manager at more than one pharmacy, unless approved by the council; and
- (c) demonstrate to the registrar's satisfaction that he or she will personally and adequately supervise the operation of the pharmacy.

PLEASE NOTE THIS REQUEST FOR A CHANGE IN PHARMACY MANAGER MUST BE REVIEWED PRIOR TO APPROVAL BY THE CPhM AND ISSUANCE OF A NEW PHARMACY LICENCE. THE CURRENT PHARMACY MANAGER REMAINS ACCOUNTABLE FOR THE SUPERVISION AND OPERATION OF THE PHARMACY UNTIL SUCH TIME THAT THE NEW PHARMACY MANAGER IS APPROVED BY AND THE NEW PHARMACY LICENCE IS ISSUED.

Pharmacy Name:

Pharmacy Licence No.:

Fee:

\$72.13 + \$3.61 GST = \$75.74

Pharmacy Address:

Pharmacy Email Address (as posted on the Pharmacy Public Register):

We hereby notify the CPhM that _____ (Current Manager) will cease to be manager of the pharmacy and we therefore surrender this licence for cancellation and request the issuance of a new licence in the name of _____ (New Manager). We confirm there has been no change in the ownership of the pharmacy and if the owner of the pharmacy is a corporation, there has been no change in the legal or beneficial owners, shareholders or officers and directors of the corporation. We recognize this request to change the pharmacy manager requires review and approval by the CPhM prior to the issuance of a new pharmacy licence, and we remain accountable for the supervision and operation of the pharmacy under the current pharmacy manager, until approval is granted.

Current Pharmacy Manager (Printed)

Signature

Date

Pharmacy Owner (Printed)

Signature

Date

I confirm that the above-named pharmacy will be operated in accordance with the provisions of *The Pharmaceutical Act*, the by-laws, the Code of Ethics, the standards of practice, and all other relevant legislation and rules related to the practice of pharmacy, including the provisions of and regulations made under the federal *Food and Drugs Act* and *Controlled Drugs and Substances Act of Canada*.

Please note every change in pharmacy manager and issuing of a new pharmacy licence requires an additional physical inventory count of all narcotics, controlled drugs, and targeted substances, conducted by the departing pharmacy manager and the new pharmacy manager.

New Pharmacy Manager (Printed)

Signature

Date

IF APPLICABLE: As the new pharmacy manager, I confirm that I will continue with the Pharmacy Technician Final Check Program as previously approved by the CPhM for this pharmacy. For any future changes to the Pharmacy Technician Final Check Program, I will submit all amendments for review and approval by the CPhM prior to being implemented.

New Pharmacy Manager (Printed)

Signature

Date