



College of Pharmacists of Manitoba

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2018 APPLICATION FOR PHARMACY LICENCE FOR A NEW COMMUNITY 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* in the Province of Manitoba **until the 31st day of December, 2018.**

Pharmacy Business Name(s): _____

Pharmacy Address*: _____
(Street and/or Mailing 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: _____

Primary Website: _____ (Please list additional email and website address on separate paper)

Business Hours of Operation: _____

Lock and Leave: YES or NO If Lock and Leave, list hours:

: _____

Expected Date of Opening: _____ (Must be no less than 30 days following the date of this application, or at such other time as may be acceptable to the registrar.)

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
3. If a Lock & Leave permit is also being requested, a sketch that includes the Lock & Leave area and the larger retail operation.

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): _____

For Office Use Only: Licence #: _____

Approved By: _____

Date Approved: _____

Does this pharmacy conduct business or practice pharmacy with the following:

- Central Fill Yes No
- *Distance care (international prescription service (IPS)) Yes No
- Distance care (non-international prescription service) Yes No
- External dispensing Yes No
- Lock and Leave Yes No
- Personal care home (long term care) Yes No
- Satellite pharmacy Yes No
- Secondary hospital Yes No
- Sterile compounding Yes No

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 2018 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.)

Pharmacy Manager: (please print) _____

No. of hours/week on site _____

Licensed Pharmacists (please print and include licence number)

Pharmacy Students and 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.

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: \$819.35 + \$40.97 GST = \$860.32

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

Pharmacy Licence Fee \$1259.44 + \$62.97 GST = \$1322.41

Pharmacy Licence Fee \$1259.44 + IPS Fee \$7226.69 + GST \$424.30 = \$8910.43

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

Pharmacy Licence Fee \$755.67 + \$37.78 GST = \$793.45

Pharmacy Licence Fee \$755.67 + IPS \$4336.01 + GST \$254.58 = \$5346.26

For New Pharmacy Applicants Only:

Section 1 – Must be completed by Corporations

(Partnerships and Sole Proprietorships, please see Section 2 below.)

1. A copy of the Articles of Incorporation (or equivalent, if an extra-provincial corporation) for the applicant, and any amendments thereto;
2. Where the applicant is an extra-provincial corporation, a copy of the Application for Registration and Certificate of Registration showing the applicant to be registered to conduct business in Manitoba; and
3. Where the applicant intends to conduct business under a name other than its own name, a copy of the Business Name Registration, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration.

Identify by name(s) and address(es), the legal and beneficial ownership of the shares in the corporation ***

*** If any of the Shareholders of the applicant are corporations, then also provide all of the information above for any such corporate Shareholders.*

Where any person is listed as an owner, or director or legal or beneficial owner of shares of the corporation applying for the licence has an interest in any other pharmacy in Canada, disclosure of the name(s) and address(es) of such pharmacy or pharmacies *

Section 2 - Partnerships and Sole Proprietorships

Where the applicant intends to conduct business under a name **other than** its own name, a copy of the Business Name Registration, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration.

Identify by name and addresses all of the partners* of the partnership*:**

**** For Partnerships, if any of the Partners are corporations, all the information above regarding Corporations must also be provided for any such corporate Partners.*

Where any person is listed as an owner, director or legal or beneficial owner of shares of the corporation applying for the licence has an interest in any other pharmacy in Canada, disclosure of the name(s) and address(es) of such pharmacy or pharmacies *

***Please attach lists as necessary**