



COLLEGE OF PHARMACIST OF MANITOBA

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ADDING COMPONENT(S) TO AN EXISTING PHARMACY

Prior to filling out this form, ensure that you have duly updated the [staff and contact information](#) via the pharmacy profile. Kindly take note that each additional component to your pharmacy's services has a corresponding fee which must be supported with details and documentation. Furthermore, this is subject for review and approval from our Field Operations Team.

For questions related to this application form, requirements or process, please contact registration@cphm.ca.

For questions related to practice direction, regulation guidelines, etc. of the components, please email fieldops@cphm.ca.

Effective Date of Change:

Pharmacy Licence Number

Pharmacy Name

Please select the component(s) you would like to add. For more details on practice directions, regulations, etc. for each component, just lick on the component name.

[CENTRAL FILL](#)

[DISTANCE CARE: NON-INTERNATIONAL PRESCRIPTION SERVICE \(NON-IPS\)](#)

[DISTANCE CARE: INTERNATIONAL PRESCRIPTION SERVICE \(IPS\)](#)

NOTE: Please be advised, for a pharmacy that applies for a Distance Care (International Prescription Service (IPS) component of the Pharmacy licence, the new pharmacy licence will be issued with the condition the pharmacy includes the Council-approved disclaimer that will advise their clients, and potential clients, that 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 Canada to receive their medical care in Manitoba.)

<input type="checkbox"/>	EXTERNAL DISPENSING		
Mailing Address		City	Postal Code
Telephone Number	Hours of Service		
<i>The External Dispensing Site will (check one):</i>			
<input type="checkbox"/>	be staffed by a Pharmacy Technician	<input type="checkbox"/>	use a mechanical automated dispensing system.
<p>Declaration on Reasonable Access: We 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.</p> <p><i>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.</i></p> <p>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.</p> <p>We 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 _____ practice year.</p>			
<input type="checkbox"/>	LOCK AND LEAVE	Lock and Leave Hours:	
Please provide a sketch that includes the Lock & Leave area and the larger retail operation.			
<input type="checkbox"/>	PERSONAL CARE HOME (LONG TERM CARE)		
<input type="checkbox"/>	SECONDARY HOSPITAL		
Please list name(s) of secondary hospital(s):			

<input type="checkbox"/>	SATELLITE PHARMACY	Satellite Pharmacy Name (May be the same name as the primary pharmacy name):
Satellite Pharmacy Address:		
Satellite Pharmacy Telephone #:	Satellite Pharmacy Hours:	
<p>We hereby make application to conduct a Satellite Community Pharmacy under the provisions of the Satellite Community Pharmacy Practice Criteria of the College of Pharmacists of Manitoba until the end of the current practice year. Furthermore, the above satellite pharmacy is owned by the same owner as the Primary Pharmacy and will be conducted in accordance with the Satellite Community Pharmacy requirements of the College.</p>		
<input type="checkbox"/>	STERILE COMPOUNDING	
<p>We hereby declare that the pharmacy will provide sterile compounding services in compliance with NAPRA Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations. All pharmacy staff will ensure we are fully compliant with the NAPRA Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations including appropriate facilities, training, education, and personnel.</p> <p>Do you want your pharmacy listed on the College of Pharmacists of Manitoba website so other pharmacists, healthcare providers, and the public can find sterile compounding pharmacy care services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, list my sterile compounding pharmacy care services on the public register. <input type="radio"/> No, do not list my sterile compounding pharmacy care services on the public register. 		

FEES & PAYMENT
<p>When your request has been reviewed and approved, you will receive an email from the College which includes login credentials that you can use to access your online portal and an invoice for you to settle the fee(s). Please visit our website for a full list of our scheduled fees.</p> <p>Payment Options:</p> <ul style="list-style-type: none"> ✓ Visa / Mastercard / Visa Debit This is our preferred payment option and can only be done online through the Registrant Portal. ✓ Cheque Print a copy of the invoice issued to you and mail to the College along with the cheque. Please take note that cheques must be made payable to the College of Pharmacists of Manitoba <p style="text-align: center;">Please Note: All Fees are NON-REFUNDABLE</p>

DECLARATIONS

We hereby declare that we have read and understood the contents of the reference material(s) related to the pharmacy component(s) we are applying for.

We understand that the College's approval for the additional component(s) requested will only apply to the current pharmacy licence holder for which it was given. If there's a change in pharmacy licence holder, the new "owner" (as defined in *The Pharmaceutical Act*), must submit a new application to add component(s) for this pharmacy.

We acknowledge and agree that if we submit this document electronically and insert our names below, it is equivalent to our original ink signatures.

Pharmacy Manager's Full Name & Licence Number	
Pharmacy Manager's Signature	
Pharmacy Owner/Signing Officer's Full Name	
Pharmacy Owner/Signing Officer's Signature	