



NEW APPLICATION PHARMACY REQUIREMENTS

INITIAL REQUIREMENTS:

- 1. Application Form
2. Acknowledgement Form
3. Name Consent Form
4. Add Pharmacy Component(s) Form (If applicable)

Fill this out only if you are adding any pharmacy components. You can also opt to add component(s) on a later date. Please refer to Adding Components to Your Pharmacy page for more information.

- 5. Proof of Ownership
- For community pharmacy:
o Manitoba Companies Office (MCO) File Summary for the Licence Holder (Sole Proprietorship, Partnership or Corporation).
- For hospital pharmacy:
o List of Board Members or Directors (must be dated)
o List of Executive Leadership (must be dated)
6. Owner's Declaration Form
7. A description of the pharmacy services in bulleted format
8. Pharmacy Floor Plan Checklist along with a detailed floorplan of the pharmacy facility

SUBMISSION OF DOCUMENTS:

Send the initial requirements via email by following the instructions below:

Table with 2 columns and 2 rows. Row 1: Send to: registration@cphm.ca. Row 2: Subject Line: New Pharmacy Application | <Proposed Pharmacy Name> / New Pharmacy Application | MyPharma



Frequently Asked Questions (FAQs)

1. How long does it take for my application to be approved?
 - The turnaround time depends on factors such as your ability to complete the requirements being asked from you, Manitoba Companies Office registration, pharmacy construction, scheduling inspection, and the number of requests/applications the Registrar must review along with yours. An applicant who diligently complied and adhered to our process have been granted to operate as a pharmacy after 3 months from initial application.
2. When do I get a pharmacy licence number?
 - After you have registered the pharmacy/business name with Manitoba Companies Office, CPhM will send you an email containing your assigned pharmacy licence number along with other important reminders such as how to access your pharmacy profile and pay fee(s) online. Please take note that issuance of a pharmacy licence number does not mean you've been approved by the Registrar.
3. How do I pay the fees for the application?
 - Once you've been issued a pharmacy licence number, CPhM will provide you with login credentials for your pharmacy profile. This is where you will modify pharmacy information and access the invoices created by CPhM. Our preferred mode of payment is either by Visa or MasterCard which can be done online. However, you may also opt to issue a cheque payable to the College of Pharmacists of Manitoba.
4. How can I apply for Pharmacare number?
 - Manitoba Health is responsible for assigning a Pharmacare number thus it is your responsibility to fill out and timely submit the DPIN application form. Get the latest application form from the [MB Health - Pharmacare Program](#) page. Please note that they will only finalize your DPIN application once they received an email from CPhM confirming that the Registrar has granted you the licence to operate a pharmacy. Concerns about your DPIN/Pharmacare application must be directed to MB Health and **not** to CPhM.
5. Can I apply for new accounts from third party organizations?
 - Third party organizations require that you are fully licenced with CPhM before they can process your application with them. Once the Registrar grants you the licence to operate a pharmacy, an email will be shared with you at the end of the application which you can forward to these third parties as proof.



Definition of Terms

1. What does Pharmacy Licence Holder mean?

The individual or entity that is listed as the owner of the pharmacy is the Licence Holder. For reference, the pharmacy licence issued every practice year shows the name of the Licence Holder.

An owner is defined in *The Pharmaceutical Act* (the Act) as a person who holds a pharmacy licence of any category and whose name is entered on the register of licensed pharmacies. An owner can be a single proprietorship, limited partnership or corporation for community pharmacies and a Regional Health Authority for hospital pharmacies. Information on the license application must include details on the legal and beneficial shareholders as well as the pharmacist that will be designated as the pharmacy manager. The named owner, upon application, commits that the premises are suitable for the purposes of a pharmacy, that a member will physically be present in the pharmacy at all times and the pharmacy will be operated in accordance with the Act, Pharmaceutical Regulation (Regulation), by-laws, the code of ethics and all College of Pharmacists of Manitoba (CPhM) Standards of Practice and Practice Directions.

2. What is a Business Name?

The business name is mostly commonly known as the operating name or what CPhM refers to as “Pharmacy Name”. For example, the pharmacy may be owned by a numbered corporation e.g., 123456 Manitoba Inc. which is considered the licence holder while the pharmacy itself may have a different operating name, e.g., Happylife Drugs.

3. What is a Pharmacy Signing Officer/Owner?

While the Act or Regulation do not discuss a ‘Signing Officer/Owner’ in any capacity, CPhM has determined that, an owner of a pharmacy’s business structure may have a ‘Signing Officer/Owner’ position that is distinct from an owner, officer or director role. It is the pharmacy owner's responsibility to ensure that this individual is made aware and complies with the requirements of the Act and Regulation. While the signing officer is recognized by CPhM as the individual with authority (for signing corporate documents), any non-compliance would ultimately be the owner’s responsibility and liability.

The identified “Pharmacy Owner/Signing Officer” will be your organization’s designated individual authorized to transact with CPhM regarding pharmacy operations. No other individuals may sign the pharmacy owner field on CPhM forms except for this person.



APPLICATION FOR A NEW PHARMACY LICENCE

For CPhM Use Only:

PHARMACY LICENCE NUMBER: _____

Community Pharmacy

Clinical Pharmacy

Hospital Pharmacy

EXPECTED OPENING DATE

(Month, Day, Year)

Pharmacy Licence Holder (Sole Proprietor/Partnership/Corporation/Hospital RHA):

Pharmacy/Business Name:

Complete Physical Address:

Pharmacy Telephone #:

Pharmacy Fax #:

Pharmacy E-Mail Address (personal email address not accepted)

Pharmacy Website (this is subject for review and approval prior to posting on the public directory):

Business Hours of Operation (i.e., M-F 8AM-5PM):

Will your pharmacy conduct business or practice with any pharmacy components?

For more information, please visit the [Adding Components to Your Pharmacy](#) page.

Yes, we will fill out the Add Pharmacy Component(s) form

No, we are **not** providing any components

Do you or any officers/directors/shareholders in your company, has/have any interests in any other pharmacy/pharmacies in Canada? If yes, please list them below and if none, kindly put N/A instead. Use a separate sheet as needed.

Pharmacy Name

Pharmacy Address



FEES & PAYMENT

When your application has been assigned a pharmacy licence number, you will receive an email from CPhM which includes login credentials that you can use to access your pharmacy profile online and an invoice for you to settle the fee(s). Please visit our website for a full list of our Fee Schedule. Payment Options:

- ✓ Visa or MasterCard
✓ Cheque

Print a copy of the invoice issued to you and mail to CPhM Office along with the cheque. Please take note that cheques must be made payable to the College of Pharmacists of Manitoba

Please Note: All Fees are NON-REFUNDABLE

We hereby declare that:

This pharmacy will be conducted in accordance with the provisions of The Pharmaceutical Act, The Pharmaceutical Regulations, 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.

This pharmacy (community pharmacies only) will act in compliance of the Medication Incidents and Near Miss Events Practice Direction and the Safety IQ Quality Assurance Program (effective June 1, 2021). The pharmacy will document all medication incidents within an incident reporting platform that satisfies the Council-approved criteria. All incident/near miss data will then be exported to the National Incident Data Repository housed by ISMP Canada.

We grant permission for the College of Pharmacists of Manitoba (CPhM) to access drug wholesale records for this pharmacy.

We acknowledge that the pharmacy owner will work alongside with the designated manager to inform CPhM of any changes that may affect pharmacy operations as stated in Sections 45 - 50 of The Pharmaceutical Regulations and the Council-approved policy for ownership changes.

This pharmacy meets the minimum \$5,000,000 commercial general liability insurance requirement under a policy through the insurance company _____.

By submitting this form electronically, we understand that it represents our signature and is a confirmation of the information provided throughout.

Table with 2 columns and 10 rows for designated pharmacy manager and pharmacy signing officer details.



NEW PHARMACY APPLICATION ACKNOWLEDGEMENT

Every pharmacy in Manitoba must be registered with the College of Pharmacists of Manitoba. Before opening a pharmacy, it is your responsibility to be aware of the regulations, guidelines, standards of practice, etc. Here are the reference materials you must read and acknowledge before you start the application process:

1. *The Pharmaceutical Act: Part 7 "Pharmacies"*
2. The Pharmaceutical Regulation: Part 6 "Pharmacy Licences"
3. The Pharmaceutical Regulation: Part 7 "Standards of Practice"
4. Standard 15: Pharmacy Facilities Practice Directions that includes pharmacy minimum standards
5. Standard 12: Records and Information Practice Directions
6. Minimum Pharmacy Policy and Procedure Manual Content
7. Safety IQ Implementation New Pharmacy Opening Notice
8. CPhM Council Approved Policies related to Pharmacy Operations

We hereby declare that we have read and understood the contents of the above-mentioned reference materials. We acknowledge that we will abide by these guidelines during and after our application for a new pharmacy licence. By submitting this form electronically, we understand that it represents our signature and is a confirmation of the information provided throughout.

(Pharmacy Manager Name and Signature)

(Pharmacy Owner Name and Signature)



To: College of Pharmacist of Manitoba
ATTN: Mr. Kevin Hamilton, Registrar & CEO

We at _____, along with our designated licenced pharmacy manager,
(Pharmacy Licence Holder's Name)

_____, pursuant to [Section 4\(2\) of The Pharmaceutical Act](#), we hereby seek
(Pharmacy Manager's Name)

CPhM's consent to use the pharmacy/business name of _____. We
(Proposed Pharmacy Name)

hereby confirm to the College of Pharmacists of Manitoba (CPhM) that we are in the process of preparing an application to have our business licenced and that the pharmacy will not commence doing business until such license is obtained. By submitting this form electronically, we understand that it represents our signature and is a confirmation of the information provided throughout.

Pharmacy Manager's Name & Licence #

Pharmacy Signing Owner's Name

Pharmacy Manager's Signature

Pharmacy Signing Owner's Signature

Date Signed

Date Signed



Please fill out this form ONLY IF you are adding pharmacy component(s).

Kindly take note that adding a component to your pharmacy's services has a corresponding fee which must be supported with details and documentation and is subject for CPhM 's review and approval.

For questions related to this application form, requirements or process, please contact registration@cphm.ca. For questions related to practice direction of the components, regulation guidelines, etc., please email fieldops@cphm.ca.

Pharmacy Licence Holder (Sole Proprietor/Partnership/Corporation/Hospital RHA):

Pharmacy/Business Name:

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

CENTRAL FILL

DISTANCE CARE: NON-INTERNATIONAL PRESCRIPTION SERVICE (NON-IPS)

DISTANCE CARE: INTERNATIONAL PRESCRIPTION SERVICE (IPS)

EXTERNAL DISPENSING

Complete Physical Address:

Telephone Number

Hours of Service

The External Dispensing Site will (please check one):

- Be staffed by a Pharmacy Technician Use a mechanical automated dispensing system.

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.

LOCK AND LEAVE

Lock and Leave Hours:

PERSONAL CARE HOME (LONG TERM CARE)



<input type="checkbox"/>	<u>SECONDARY HOSPITAL</u>
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Please list name(s) of secondary hospital(s):

<input type="checkbox"/>	<u>SATELLITE PHARMACY</u>
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Satellite Pharmacy Name (May be the same name as the primary pharmacy name):

Satellite Pharmacy Address:

Satellite Pharmacy Telephone #:	Satellite Pharmacy Hours:
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FEES & PAYMENT

When your request has been reviewed and approved, you will receive an email from CPhM which how to settle the fee(s) online. Please visit our website for a full list of our [Fee Schedule: Schedule A to CPhM Bylaws](#).

DECLARATION

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

We understand that CPhM’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 incoming “owner” (as defined in [The Pharmaceutical Act](#)), must submit a new application to add component(s) for this pharmacy.

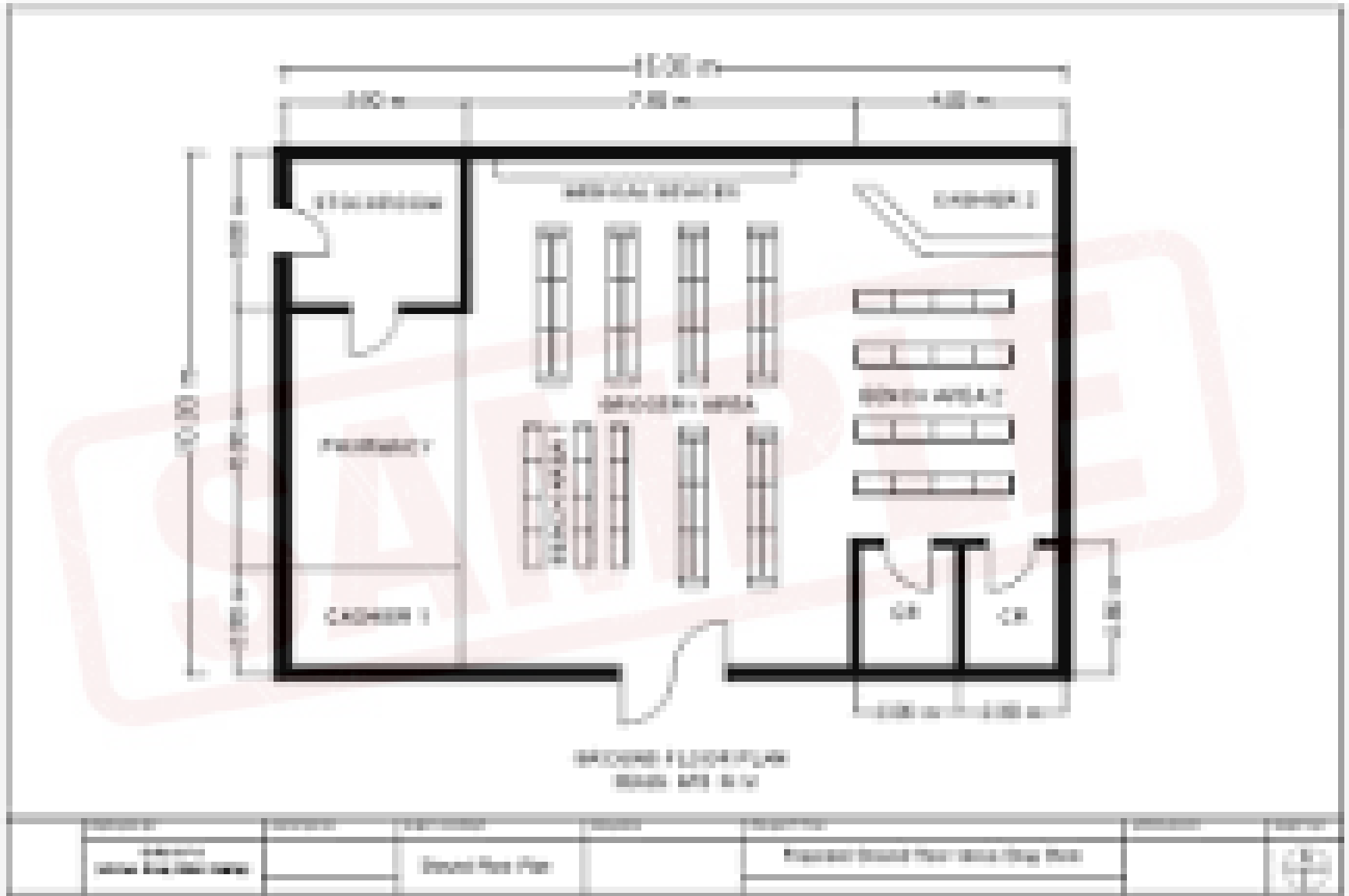
By submitting this form electronically, we understand that it represents our signatures and is a confirmation of the information provided throughout.

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

Pharmacy Services:

- Addiction Services
- Administration of Medication and Vaccines by Injection
- City Wide Delivery
- Compounding
- Convenience Packaging / Blister Packs
- Dietitian Services
- Flu and Covid Shots
- Medication Reconciliation
- Medication Reviews and Follow ups
- Refill Reminders
- Security Medication Storage

SAMPLE PHARMACY FLOOR PLAN





<i>Pharmacy Name (Please include licence # if applicable)</i>	<i>Address</i>
<i>Pharmacy Manager Name and License Number</i>	<i>Type of Floor Plan (New opening, Relocation or Renovation)</i>
<i>Anticipated Construction Start Date</i>	<i>Anticipated Construction End Date</i>

The Pharmaceutical Regulation requires an applicant for a new pharmacy licence to provide a floor plan to the College of Pharmacists of Manitoba (CPhM). CPhM also requests a floor plan be submitted prior to a pharmacy relocation or renovation.

A CPhM Field Officer will review the floor plan for compliance with the [Pharmacy Facilities Practice Direction](#). When preparing your floor plan please use this checklist to ensure it contains all necessary details.

AREA/CATEGORY	<input checked="" type="checkbox"/>	REQUIREMENT(S)	COMMENT(S)
DISPENSARY <i>Please ensure the pharmacy floor plan includes these items</i>	<input type="checkbox"/>	Size of Dispensary (sq feet)	
	<input type="checkbox"/>	Size of Counterspace (sq feet)	
	<input type="checkbox"/>	Dispensary Access Points	
	<input type="checkbox"/>	Outline security against unauthorized entry	
	<input type="checkbox"/>	Location of the Narcotic Safe and how it will be Secured	
	<input type="checkbox"/>	Location of the Fridge and Temperature Monitoring Equipment	
	<input type="checkbox"/>	Location of the Sink	
	<input type="checkbox"/>	Compounding Area: Include size, location and intended level of compounding (Nonsterile A, B or C, Nonhazardous Sterile and/or Hazardous Sterile)	
	<input type="checkbox"/>	Location of Prescription Pick-up and Drop-off	
	<input type="checkbox"/>	Location of Privacy Barriers	
	<input type="checkbox"/>	Location of schedule 1 drug Storage	
	<input type="checkbox"/>	Location of Schedule 2 Drug Storage	



AREA/CATEGORY	<input checked="" type="checkbox"/>	REQUIREMENTS	COMMENT(S)
COUNSELING ROOM <i>Please ensure the pharmacy floor plan includes these items</i>	<input type="checkbox"/>	Size of Counseling Room (sq feet)	
	<input type="checkbox"/>	Location of Counseling Room	
	<input type="checkbox"/>	Counseling Room Access Points	
SIGNAGE <i>Applicable to new pharmacy openings and relocations only</i>	<input type="checkbox"/>	Provide a description and mockup of external pharmacy signage	
	<input type="checkbox"/>	Provide a description of any internal pharmacy signage (Rx drop-off and pick-up, counseling room, pharmacy bulkhead etc.)	
LOCK & LEAVE <i>Only applicable to a pharmacy with or applying for a Lock and Leave Component</i>	<input type="checkbox"/>	Outline of the larger retail operation, including a depiction of the area within which the pharmacy is to be located	
RENOVATION <i>Only applicable to pharmacy renovations</i>	<input type="checkbox"/>	Outline proposed changes from the original layout	
FOR OFFICE USE ONLY			
CPhM Staff Reviewer			
Date of Review			
Approved (Yes or No)			
CPhM Comments			

For new pharmacies, a copy of this form and the floor plan should be included with the new pharmacy application. For pharmacy renovations or relocations please submit the form and floor plan by email to fieldops@cphm.ca or by fax to 204-233-1411.