



College of Pharmacists of Manitoba

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2023 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, 2023.**

Pharmacy Business Name(s)

Pharmacy 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

Primary E-Mail Address

Additional E-Mail Address

Fax Number

Primary Website

Additional Website

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 after the College has received this application and all supporting documents, 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
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 components:			
Central Fill	YES or No	Personal care home (long term care)	YES or No
*Distance care (international prescription service (IPS))	YES or No	Satellite pharmacy	YES or No
Distance care (non-international prescription service)	YES or No	Secondary hospital	YES or No
External dispensing	YES or No	Sterile compounding	YES or No
Lock and Leave	YES or No	Opioid Agonist Therapy (OAT)	YES or No
Sterile Compounding Licence Component Declaration			
<p>1. Please indicate if your pharmacy currently provides sterile compounding care services:</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, my pharmacy provides sterile compounding services in compliance with NAPRA Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations* <input type="radio"/> No, my pharmacy does not provide sterile compounding services. <p>*Please note that if your pharmacy provides these services, the pharmacy manager and staff must ensure they 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>2. 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 pharmacy on the public register. <input type="radio"/> No, do not list my pharmacy on the public register. 			
The applicant must provide additional details with this application for any of the components listed above.			
<p>* Please be advised, for a pharmacy that applies for a Distance Care (International Prescription Service (IPS)) component of the Pharmacy licence, the 2023 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 into Canada to receive their medical care in Manitoba.)</p>			
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)		

The pharmacy, above, 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.

The pharmacy, above, 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.

The pharmacy will complete a Safety Self-Assessment and a formal Continuous Quality Improvement staff meeting in compliance with Sections, 3.2.5.3 and 3.2.5.4 of the Medication Incidents and Near-Miss Events Practice Direction.

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	

FEES & PAYMENT

Select all applicable fees:			Total Amount
	Pre-Opening Inspection Fee	\$886.89 + GST \$44.34 =	\$931.23
	Pharmacy Licence Fee Licence effective January 1st to December 31st	\$1,743.40 + GST \$87.17 =	\$1,830.57

	Pharmacy Licence Fee Licence effective July 1st to December 31 st	\$1,046.04 + GST \$52.30 =	\$1,098.34
Additional Fees			
	Central Fill (non-“patient contact” pharmacy) component	\$591.26 + GST \$29.56 =	\$620.83
	Distance Care (IPS) Component: effective Jan 1 st – Dec 31 st	\$7,822.41 + GST \$391.12 =	\$8,213.53
	Distance Care (IPS) Component: effective Jul 1 st – Dec 31 st	\$4,693.45 + GST \$234.67 =	\$4,928.12
	Distance Care (Non-IPS) Component	\$754.29 + GST \$37.71 =	\$792.00

When your application, and all supporting documents are received and approved at the College Office, you will be notified by email that an invoice has been generated and is ready for payment.

Payments are accepted by:

1. **Visa or MasterCard**
If you choose to pay by credit card, you will be advised to pay online through your registrant portal.
2. **Cheque**
If you choose to pay by cheque, print a copy of the invoice and mail both the invoice and cheque to the College Office. Cheque made payable to the **College of Pharmacists of Manitoba**

Please Note: All Fees are NON-REFUNDABLE

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 ***

Name	Address
Name	Address

*** 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 *

Name	Address
Name	Address

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***

Name	Address
Name	Address

**** 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 *

Name	Address
Name	Address

Please Attach Documents and Lists as Necessary