



## COLLEGE OF PHARMACIST OF MANITOBA

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7

Phone #: 204-233-1411 | Fax #: 204-237-3468

E-Mail Address: [info@cphm.ca](mailto:info@cphm.ca) | Website: [www.cphm.ca](http://www.cphm.ca)

# NEW PHARMACY APPLICATION

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 Regulations: Part 6 "Pharmacy Licences"*
3. *The Pharmaceutical Regulations: 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

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.

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(Pharmacy Manager Name and Signature)

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(Pharmacy Owner Name and Signature)



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## NEW PHARMACY REQUIREMENTS

### INITIAL REQUIREMENTS:

1. Name Consent Form for New Pharmacy Application
2. New Pharmacy Application Form

*The 'Expected Opening Date' on the form must be no less than 30 days after the College has received all required documents and must be no later than 45 days after the College has granted its approval.*

3. Proof of Ownership
  - ❖ For community pharmacy, [Manitoba Companies Office](#) supporting documents that the pharmacy owner (sole proprietor, partnership, or corporation) is in good standing under [The Corporation Act](#). Please refer to [Section 64\(2\)\(b\)\(ii\) of The Pharmaceutical Act](#).
    - ✓ File Summary
      - NOTE:** The “As of” date (shown on the upper right-hand corner) must be within one month from submission of documents to the College.
    - ✓ Articles of Incorporation
    - ✓ Certificate of Incorporation
    - ✓ Business Number Information
  - ❖ For hospital pharmacy, please provide a list of the board of directors.
4. Evidence in the form of a Notarized Declaration that the corporation's officer(s) and director(s), and legal and beneficial owners have not been subject to disciplinary, criminal, or administrative sanction in any jurisdiction. Should disciplinary, criminal, or administrative sanctions exist, further description of the specific incidents must be included. Please refer to [Section 64\(2\)\(e\) of The Pharmaceutical Act](#).
5. A description of the pharmacy services in bulleted format
6. Pharmacy Floor Plan Checklist along with a detailed floorplan of the pharmacy facility

### SUBMISSION OF DOCUMENTS:

Please scan the above-mentioned requirements and send to [registration@cphm.ca](mailto:registration@cphm.ca) with subject line “**New Pharmacy Application**”. A staff will review the documents and advise you if any correction is needed. Once deemed cleared, your request will be submitted for further processing.



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### NAME CONSENT FORM FOR NEW PHARMACY APPLICATION

To: College of Pharmacist of Manitoba

We at \_\_\_\_\_, along with our designated licenced pharmacy manager,  
(Company Name)

\_\_\_\_\_, would like to confirm to the College that we are in the process of  
(Pharmacy Manager's Name)

preparing an application to have our business licenced and that the pharmacy will not commence doing business

until such license is obtained. Therefore, pursuant to Section 4(2) of The Pharmaceutical Act, we hereby seek the

College's consent to use the pharmacy/business name of \_\_\_\_\_.  
(Pharmacy/Business Name)

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(Pharmacy Manager Name)

\_\_\_\_\_  
(Pharmacy Owner Name)

\_\_\_\_\_  
(Pharmacy Manager Signature)

\_\_\_\_\_  
(Pharmacy Owner Signature)



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### APPLICATION FOR A NEW PHARMACY LICENCE

Expected Opening Date:		For CPhM Use Only: <b>PHARMACY LICENCE NUMBER</b>	
<p><b><u>REMINDER:</u></b> This date must be no less than 30 days after the College physically received all required initial documents and must be no later than 45 days after the College has granted its approval.</p>			
<input type="checkbox"/> Community Pharmacy	<input type="checkbox"/> Clinical Pharmacy	<input type="checkbox"/> Hospital Pharmacy	
Pharmacy Licence Holder (Entity/Corporation Name)			
Pharmacy Business Name			
Complete Pharmacy Address			
Pharmacy Telephone #:		Pharmacy Fax #:	
Pharmacy E-Mail Address ( <i>personal email address not accepted</i> )			
Pharmacy Website ( <i>this is subject for review and approval prior to posting on the public directory</i> )			
Business Hours of Operation ( <i>i.e., M-F 8AM-5PM</i> )			
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	



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### FEES & PAYMENT

When your application has been assigned a pharmacy licence number, you will receive an email from the College 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 [scheduled fees](#). Payment Options:

✓ **Visa or MasterCard**

This is our preferred payment method and can only be done online through the pharmacy profile.

✓ **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**

**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 to access drug wholesale records for this pharmacy.

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

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

<b>Pharmacy Manager's Full Name &amp; Licence Number</b>	
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*REMINDER: The "Pharmacy Owner/Signing Officer" will be your organization's designated individual authorized to transact with the College regarding pharmacy operations. No other individuals may sign the pharmacy owner field on our forms except for this person.*

<b>Pharmacy Owner/Signing Officer's Full Name</b>	
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<b>Pharmacy Owner/Signing Officer's Contact Information (Email Address and Phone #)</b>	
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<b>Pharmacy Owner/Signing Officer's Signature</b>	
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### ADDING COMPONENT(S) TO A NEW PHARMACY

Kindly take note that each adding a 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](mailto:registration@cphm.ca).

For questions related to practice direction, regulation guidelines, etc. of the components, please email [fieldops@cphm.ca](mailto:fieldops@cphm.ca).

Pharmacy Licence Holder (Entity/Corporation Name)

Pharmacy/Business Name

***Please select the component(s) you would like to add. For more details on practice directions, regulations, etc. for each component, just click 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"/>	<a href="#"><u>EXTERNAL DISPENSING</u></a>		
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><b>Declaration on Reasonable Access:</b> 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"/>	<a href="#"><u>LOCK AND LEAVE</u></a>	Lock and Leave Hours:	
Please provide a sketch that includes the Lock & Leave area and the larger retail operation.			
<input type="checkbox"/>	<a href="#"><u>PERSONAL CARE HOME (LONG TERM CARE)</u></a>		
<input type="checkbox"/>	<a href="#"><u>SECONDARY HOSPITAL</u></a>		
<p>Please list name(s) of secondary hospital(s):</p> <div style="border-bottom: 1px solid black; width: 80%; margin: 5px 0;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin: 5px 0;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin: 5px 0;"></div>			

<input type="checkbox"/>	<b><u>SATELLITE PHARMACY</u></b>	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"/>	<b><u>STERILE COMPOUNDING</u></b>	
<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"> <li><input type="radio"/> Yes, list my sterile compounding pharmacy care services on the public register.</li> <li><input type="radio"/> No, do not list my sterile compounding pharmacy care services on the public register.</li> </ul>		

<b>FEES &amp; PAYMENT</b>
<p>When your pharmacy change 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 pharmacy profile online and an invoice for you to settle the fee(s). Please visit our website for a full list of our <a href="#">scheduled fees</a>.</p> <p>Payment Options:</p> <ul style="list-style-type: none"> <li>✓ <b>Visa or MasterCard</b> This is our preferred payment option and can only be done online through the pharmacy profile.</li> <li>✓ <b>Cheque</b> 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</li> </ul> <p style="text-align: center;"><b>Please Note: All Fees are NON-REFUNDABLE</b></p>



## DECLARATION

We acknowledge 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.

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



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CPhM Version 12.11.2023

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## Floor Plan Checklist

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

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

A College 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)
<b>DISPENSARY</b> Please ensure the pharmacy floor plan includes these items	<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	



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AREA/CATEGORY	<input checked="" type="checkbox"/>	REQUIREMENTS	COMMENT(S)
<b>COUNSELING ROOM</b> <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	
<b>SIGNAGE</b> <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.)	
<b>LOCK &amp; LEAVE</b> <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	
<b>RENOVATION</b> <i>Only applicable to pharmacy renovations</i>	<input type="checkbox"/>	Outline proposed changes from the original layout	
<b>FOR OFFICE USE ONLY</b>			
<b>CPhM Staff Reviewer</b>			
<b>Date of Review</b>			
<b>Approved (Yes or No)</b>			
<b>CPhM Comments</b>			

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](mailto:fieldops@cphm.ca) or by fax to 204.237.3468.



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### FREQUENTLY ASKED QUESTIONS (FAQs)

1. How do I pay the fees for the application?
  - Once you've been issued a pharmacy licence number, the College will provide you with login credentials for your pharmacy profile. This is where you will modify pharmacy information and access the invoices created by the College. 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.
2. When do I get a pharmacy licence number?
  - After you have registered the pharmacy/business name with Manitoba Companies Office, the College 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 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 application, 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.
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](#). Please note that they will only finalize your application once they received an email from the College 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 the College.
  -
5. Can I apply for new accounts from third party organizations?
  - Third party organizations require that you are fully licenced with the College before they can process your application with them. Once you are granted approval by the College to operate as 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.