



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 | Website: www.cphm.ca

CHANGE OF PHARMACY MANAGER

As per Section 47 of The Pharmaceutical Regulations, if the pharmacy manager changes, the owner must notify the registrar within seven days of the change.

REQUIREMENTS:

1. Fill out the **Changes to Existing Pharmacy** form

REMINDER:

The current pharmacy manager remains accountable for the supervision and operation of the pharmacy until such time that the new pharmacy manager is approved by the College (CPhM), and new pharmacy licence issued.

PROCESS:

Please accomplish the above requirement(s) and send to registration@cphm.ca. A staff will review the document(s) and advise you if any correction is needed. Once deemed complete, your request will be submitted for review and further processing.

Once approved, we will process the changes to the pharmacy profile, issue an invoice for the manager change fee and send a notification to Manitoba Health.



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APPLICATION FOR CHANGES TO AN EXISTING COMMUNITY PHARMACY

Prior to filling out this form, the pharmacy manager must ensure that pharmacy operating hours, pharmacy email, phone number, fax number and staff information remain the same otherwise, the updates must be done through the registrant login as indicated in [Pharmacy Status & Updates site](#). This form will only be use to notify the College of any changes to an existing pharmacy as stated in [Part 7 of The Pharmaceutical Act](#) and [Section 47 of the Pharmaceutical Regulations](#).

Please select the appropriate type of change for your request:

Type of Change/Update	Please provide details:
<input type="checkbox"/> New Pharmacy Manager (Include Licence #)	<hr/>
<input type="checkbox"/> New Pharmacy Name	<hr/>
<input type="checkbox"/> New Pharmacy Location	<hr/>
<input type="checkbox"/> Pharmacy Renovation	<hr/>
<input type="checkbox"/> New Pharmacy Licence Holder (Entity/Company Name)	<hr/>
<input type="checkbox"/> New Pharmacy Owner's Name & Email Address	<hr/>
<input type="checkbox"/> Change in Officers/Directors or 50% or more of Shareholders	<hr/>

REMINDER:

Each change must be submitted along with the appropriate supporting document(s). For a complete list of requirements for each change or if your intended change is not listed above, please contact registration@cphm.ca.

Pharmacy Licence Number

Pharmacy Name

Effective Date of Change:

New Pharmacy Email Address (if applicable):

Fill out this section only if you have selected any of the last three type of change on page 1:

If your pharmacy currently holds a licence with any component(s), do you wish to continue to provide the said service(s) after the College grants its approval for the ownership change?

- ☐ Yes, we wish to keep the said component(s) and willing to undergo the College's process to keep it. ☐ No, we do not wish to continue providing the said component(s).

FEES & PAYMENT

When your request has been reviewed and approved, you will receive an email from the College which how to settle the fee(s) online. Please visit our website for a full list of our [scheduled fees](#). Payment Options:

- ✓ **Visa or MasterCard**
This is our preferred payment option and can only be done online through the manager's registrant 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:

All pharmacy information remains the same and have been updated through the pharmacy profile as noted via [Pharmacy Status and Information Updates](#).

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 will act in compliance of the [Medication Incidents and Near Miss Events Practice Direction](#) and the [Safety IQ Quality Assurance Program](#) that took effect on June 1, 2021.

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 name below, it is equivalent to our original ink signature.

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