



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

PHARMACY RELOCATION OR RENOVATION

As per **Section 47 of The Pharmaceutical Regulations**, if a pharmacy moves, or if the premises from which the pharmacy operates are renovated or changed in a substantial way, notice must be given to the registrar within seven days of the change.

INITIAL REQUIREMENTS:

1. Fill out the **Changes to an Existing Pharmacy Form**
2. ***Permanent Closure and/or Relocation Checklist
3. Pharmacy Floor Plan Checklist
4. ***Manitoba Companies Office (MCO) supporting documents that the new address has been listed and that the pharmacy licence holder is still in good standing under *The Corporation Act*. Please refer to [Section 64\(2\)\(b\)\(ii\) of The Pharmaceutical Act](#).
 - i. File Summary for the pharmacy/business name
 - ii. File Summary for the pharmacy licence holder (sole proprietor, partnership, corporation)

NOTE: The “As of” date (shown on the upper right-hand corner) must be within one month from submission of documents to the College.

*** *Not Applicable for Pharmacy Renovations*

PROCESS:

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

Part of the process is the review and inspection the CPhM's Field Operations team. Kindly contact fieldops@cphm.ca to schedule the inspection. Please note that scheduling conflicts may exceed our internal goal of completion within the relocation period therefore your opening and practice business plans should be adjusted accordingly. Any questions about the site review, or facility requirements should be directed to fieldops@cphm.ca. Please include the subject line '**Pharmacy Relocation (or Renovation)**' in your email.

Once approved, we will process the changes to the pharmacy profile, issue an invoice for the relocation fee and send a notification to Manitoba Health. The same email will be forwarded to you for distribution to third party contacts.



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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



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PERMANENT PHARMACY CLOSURE AND/OR RELOCATION CHECKLIST

In accordance with the [Practice Direction: Permanent and Temporary Pharmacy Closures](#), the following actions must be completed to ensure the closing procedures adhere to the authority of [The Pharmaceutical Regulations](#) to *The Pharmaceutical Act* and [The Pharmaceutical Act](#).

PHARMACY LICENCE #	PHARMACY NAME
MANAGER LICENCE #	PHARMACY MANAGER NAME
EFFECTIVE DATE OF CLOSURE AND/OR RELOCATION	
REASON FOR PERMANENT CLOSURE AND/OR RELOCATION	

I hereby confirm that I have read and understand the requirements of the [Practice Direction: Permanent and Temporary Pharmacy Closures](#). Furthermore, I acknowledge and agree that if I submit this document electronically and insert my name below, it is equivalent to my original ink signature.

Pharmacy Manager Signature

Date Reported

Upon completion of this form, the pharmacy manager named herein, is required to submit the document in full by email to fieldops@cphm.ca or by fax to 204.237.3468.



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IN CASES OF PERMANENT PHARMACY CLOSURE AND/OR RELOCATION:

Within ten (10) days of the closing of the original pharmacy site, the pharmacy manager must provide written notification to Health Canada advising of the following:

1. Date of closure of pharmacy and date of opening of new pharmacy, or date of moving narcotics to new location
2. The addresses of the two locations
3. Inventory list of the drugs (including quantity). Additionally, the record must be kept for 5 years and sent to Health Canada no more than 10 days after closing.

The letter and inventory count may be emailed to: compliance-conformite@hc-sc.gc.ca For further information or mailing address, please contact Health Canada at (613) 954-1541.

PART 1:

ACTION REQUIRED FOR PHARMACY CLOSURE OF A PHARMACY	DATE COMPLETED	PHARMACY MANAGER'S INITIALS
<p>At least 30 days before ceasing to operate (or as soon as possible and as soon as reasonable), notify the community served by the pharmacy of the closure or relocation. Notification methods could include package inserts prior to closure, letters, signs, media announcements, etc.</p> <p>Please ensure you send a copy of your community notice to the College via email at fieldops@cphm.ca or fax it to 204-237-3468.</p>		
<p>Include a specific outline of how this will be completed:</p> <p>(Please use another page if needed)</p>		



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ACTION REQUIRED FOR PHARMACY CLOSURE OF A PHARMACY	DATE COMPLETED	PHARMACY MANAGER'S INITIALS
<p>At least 30 days before ceasing to operate (or as soon as possible and as soon as reasonable), advise the patients of the pharmacy closing or relocation and provide them with the name and contact information of the pharmacy where patient prescription records are to be located;</p>		
<p>Include a description of how this will be completed: (Please use another page if needed)</p>		
<p>Display signs on the premises informing the public of the pharmacy closure or relocation and the location of pharmacy records;</p>		
<p>In cases of permanent closure, direct fax, and phone lines to another licenced pharmacy, preferably the pharmacy responsible for record storage:</p> <p>Name of other licenced pharmacy: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>		



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PART 2:

ACTION REQUIRED WITHIN SEVEN (7) DAYS OF CLOSURE OR RELOCATION	DATE COMPLETED	PHARMACY MANAGER'S INITIALS
<p align="center">Within seven days of the operation permanently ceasing or relocating, it is the joint responsibility of the owner and pharmacy manager to:</p>		
<p>Notify the registrar of the location where the prescription records from the closed pharmacy will be stored. The records need to be kept in a location that complies with The Personal Health Information Act and be accessible upon request to the College and patients or trustees acting on behalf of the patient; and</p> <p>Location: _____</p> <p>_____</p>		
<p>Surrender the pharmacy licence to the College;</p>		
<p>Remove all signs and advertisements that may lead the public to believe that the closed premise is a pharmacy;</p>		
<p>Provide the registrar with a copy of the notice of permanent pharmacy closure or relocation.</p>		



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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)
DISPENSARY 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)
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 204.237.3468.