

## Application to Amend Certificate of Accreditation/Pharmacy License

This form is to be used to document changes within the corporation that owns the pharmacy or within the pharmacy entity when these changes will **not** result in a change of the legal ownership of the pharmacy, and at least one registrant involved in the management prior to the change will remain involved in the management after the change.

Pharmacy Owner: \_\_\_\_\_

Pharmacy Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Proposed Change

- ☐ trade name of pharmacy
 ☐ name of corporate owner
 ☐ directors & officers  
☐ shareholders
 ☐ other: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ Pharmacy NSCP License #: \_\_\_\_\_

Name and license number of registrant previously involved in management of the pharmacy prior to the change that will remain involved in the management of the pharmacy after the change:

Name: \_\_\_\_\_ NSCP License #: \_\_\_\_\_

The owner of a pharmacy and every director/officer of a corporation that owns a pharmacy are responsible for compliance with the Pharmacy Act of Nova Scotia and its regulations.

Director/Officers	Individual End Owner(s)
_____	_____
_____	_____
_____	_____

Pharmacy Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address (Personal & Private): \_\_\_\_\_

Payment Advice	Fees
Administration Fee	Please see the <a href="#">schedule of fees</a>
HST	
<b>Total</b>	

I/we confirm that the changes documented on this notification are the only changes, and that I/we confirm that there is no change of ownership of the pharmacy within the meaning of the Pharmacy Act.

I/we hereby certify that the statements set out in this Application are true and correct, that the registrant named above who was involved in the ownership of the pharmacy prior to this change in shareholders will continue to be involved in the ownership after the change is completed, and further that the pharmacy located at the address listed above meets the requirements of the Pharmacy Act of Nova Scotia and the Regulations.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Pharmacy Owner \_\_\_\_\_

Pharmacy Manager \_\_\_\_\_

**NOTE: Pharmacies must ensure that third party payers, including MSI, the Prescription Monitoring Program (PMP) and DIS are notified as soon as possible about anticipated pharmacy openings, changes in ownership/address, or closures and the associated change in pharmacy NSCP licence number.**