

Date of Application			NSPR Pharmacy Licence #	
Pharmacy Name				
Pharmacy Address			Pharmacy Phone #	
Incoming Pharmacy Manager Name			NSPR License #	
Start Date for New Pharmacy Manager				
Pharmacy Manager Email Address:				
<p>Note: The email address provided will be used for official communications from the Nova Scotia Pharmacy Regulator (NSPR). Pharmacy managers are responsible for ensuring the email is regularly monitored (including during absences such as vacations) and for the dissemination of information received from the NSPR to the staff in a timely manner.</p>				

To be completed by the Incoming Pharmacy Manager

Pharmacy Manager Category (see NSPR Bylaws sections 64 and 65)

- ☐ Permanent (> 60 days)
 ☐ Interim (maximum of 60 days) ²
☐ Emergency (maximum of 72 hours) ³

² A pharmacy licence issued in the name of an Interim Pharmacy Manager is only valid for 60 days and is only possible if there has been no previous Interim Pharmacy Manager within the preceding 90 days.

³ A pharmacy licence issued in the name of the Emergency Pharmacy Manager is valid for 72 hours and is only possible if there has been no previous Emergency Pharmacy Manager in the immediately preceding seven days. The NSPR must be contacted if the Emergency Pharmacy Manager is subsequently named as the Interim Manager.

- ☐ I am a first time Pharmacy Manager
☐ It has been > 2 years since I was last a Pharmacy Manager in Nova Scotia
☐ It has been < 2 years since I was last a Pharmacy Manager in Nova Scotia
☐ I am currently a Pharmacy Manager at another location

Pharmacy Manager Declaration

Please note: A declaration is a formal statement that certain facts are true, complete, and accurate. Pharmacy managers should ensure they have read and understand the items in the following section before making a declaration. Making a false declaration to the NSPR is considered professional misconduct and could be subject to the professional conduct process

I declare that I:

- ☐ am licensed to practice direct patient care in Nova Scotia, and have been practising direct patient care pharmacy in Canada for a total of 12 months in the past five years
☐ practice pharmacy in the location indicated on this form
☐ have no limitations on my practice
☐ have not been disqualified or suspended from acting as a pharmacist or as pharmacy manager
☐ am not the manager at more than one pharmacy (permanent manager only)
- ☐ I declare, that as required by the Practice Policy: Inventory Management of CDSA and Z-Drugs, I will undertake a physical count and reconciliation of the inventory immediately upon assuming the role of pharmacy manager, and submit a copy of the physical count to managerchanges@nspharmacists.ca within 10 days of assuming the manager role.

- ☐ I declare that I have reviewed and accept the responsibilities of a Pharmacy Manager as set out on the following page. By checking each of the boxes, I acknowledge that I have read and understand each expectation of me as a pharmacy manager

Regulated Health Professions Act – Pharmacy Regulations

- ☐ s.30(1)(b), 32, 36(1-4),39

NSPR Bylaws

- ☐ Statement of Disclosure Reporting Offenses s.51.2
- ☐ Renewing Pharmacy Licence: s.62
- ☐ Notifying College of Change of Status of Pharmacy Manager: s.63
- ☐ Applying for New Pharmacy Licence on Replacement of Pharmacy Manager: s.64
- ☐ Closing a Pharmacy: s.67
- ☐ Changes: s.85
- ☐ Responsibilities of the Pharmacy Manager: s.84.1, 84.2
- ☐ Reporting conduct of concern of employees to the NSPR: s.84.3
- ☐ Persons Permitted in Dispensary and Pharmacy: s.89
- ☐ Security: s.90

- ☐ **PERMANENT PHARMACY MANAGER CHANGES ONLY:** I declare that I will notify the NSPR before ceasing to be the Pharmacy Manager by completing the Resignation of Pharmacy Manager form.

Pharmacy Manager Signature		Date	
I understand that typing my name in this field constitutes a legal signature.			

To be completed by the Pharmacy Owner or Pharmacy Owner's Representative

I am the: (choose one)	<input type="checkbox"/> Pharmacy Owner	<input type="checkbox"/> Pharmacy Owner's Representative
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PLEASE NOTE: The Pharmacy Owner's Representative is not necessarily the Pharmacy Manager. The Pharmacy Owner's Representative is an individual appointed by the pharmacy owner and has "authority to bind the owner in undertakings provided to the Regulator with respect to the pharmacy (See NSPR Bylaws section 60)

- ☐ I certify that the pharmacy complies with the requirements of the regulations and that to the best of my knowledge no registrant employed in the pharmacy lacks the capacity or professional competence to practise pharmacy safely
- ☐ I hereby notify the NSPR that Name of outgoing manager will no longer be the pharmacy manager and apply for a new pharmacy licence.

Name (please print)			
Signature		Date	
I understand that typing my name in this field constitutes a legal signature.			

Submission and payment information

Please submit the completed application by email to managerchanges@nspharmacists.ca or by fax to 902-422-0885.

Payment options include cheque, credit card through the pharmacy's NSPR database, by electronic funds transfer (EFT) to finance@nspharmacists.ca (please include your full name and what the payment is for) or by credit card over the phone with Tracey Chiasson at 902-422-8528 extension 240.