



Application for Accreditation/Pharmacy Licence: New Pharmacy Opening

Applications must be submitted to the NSCP no later than 30 days in advance of the date of the new pharmacy opening.

Pharmacy	
Date of Application:	
Proposed Opening Date:	Proposed Pre-Opening Inspection Date:
Pharmacy Trade Name:	
Pharmacy Phone:	Pharmacy Fax:
Pharmacy Address:	
Pharmacy Website:	
Pharmacy Email Address:	
Pharmacy Manager Email Address:	

Pharmacy Owner	
Provide pharmacy owner's information, or if owned by a corporation, provide that information.	
Name:	Email Address:
Address:	

Pharmacy Owner's Representative	
The Pharmacy Owner's Representative is an individual with authority to bind the owner in undertakings provided to the College with respect to the pharmacy, including the certification of compliance required by clause 23(1)(a) of the Pharmacy Act before a licence is issued. (Registration, Licensing and Professional Accountability Regulations s.25(2)).	
Name:	Email Address:
Address:	

Directors/Officers	
List all directors/officers (for corporate ownership) or all shareholders/end owners (for a partnership).	
Directors/ Officers:	Shareholders/ End Owners:
_____	_____
_____	_____
_____	_____

Pharmacy Manager (please complete Appendix A)	
Name:	Manager Licence #:
Address:	

Pharmacy Staff

List names and designations (RPh, RPhT, RSt, RIn) for all staff pharmacists, pharmacy technicians, registered pharmacy students and interns.

Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:
Name:	Designation:

The pharmacist on duty in the pharmacy, the owner of the pharmacy, the pharmacy manager, and every director of a corporation that owns a pharmacy are responsible for all activity in the pharmacy and for compliance with the Pharmacy Act of Nova Scotia and its regulations.

I/we hereby certify that the statements set out in this application are true and correct, and further that the pharmacy located at the address listed above meets the requirements of the Pharmacy Act of Nova Scotia and its regulations.

Dated at _____ this _____ day of _____, 20_____

Pharmacy Owner/Owner's Representative Name

Pharmacy Owner/Owner's Representative Signature¹

Pharmacy Manager Name

Pharmacy Manager Signature¹

Fees

Initial Registration + Annual Licence

Please consult the [Schedule of Fees](#)

The fee and detailed diagram are required prior to final approval of this application.

The diagram (which will be confirmed upon inspection) must include, at a minimum, the layout of the pharmacy, drawn to scale, that includes:

- The perimeter of the dispensary, including areas where professional services are provided (e.g., consultation rooms).
- A general indication of where non-prescription drugs (e.g., Schedule III and other OTC medications) are stored in relation to the dispensary.

(Note: If submitting an AutoCAD drawing (or other computer-aided drawing), please only include an enhanced portion of the relevant areas). **Click here to view [Sample Diagram 1](#) and [Sample Diagram 2](#).**

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.

¹I understand that typing my name in this field constitutes a legal signature.

Appendix A

Incoming Pharmacy Manager Declarations

Please choose the applicable pharmacy manager category and complete the declarations.

Pharmacy Manager Category (see Registration, Licensing and Professional Accountability Regulations s.29-30):

- ☐ Permanent (> 30 days) ☐ Interim (maximum of 30 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 30 days and is only possible if there has been no previous Interim Pharmacy Manager within in the preceding 60 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 NSCP must be contacted if the Emergency Pharmacy Manager is subsequently named as the Interim Manager.

Please choose one:

- ☐ 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

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 [Narcotic and Controlled Drug Reconciliation Policy](#), I will undertake a physical count and reconciliation of the inventory immediately upon assuming the role of pharmacy manager.
☐ I declare that I have reviewed and accept the responsibilities of a Pharmacy Manager as set out below. By checking each of the boxes below, I acknowledge that I have read and understand each expectation of me as a pharmacy manager.

Pharmacy Act

- ☐ [s.23\(1\)\(a\), 26\(1-4\), 28\(1-6\), 29, 30\(1\), 51\(7\) and 73](#)

Registration, Licensing and Professional Accountability Regulations

- ☐ [Renewing Pharmacy Licence: s.27\(1-5\)](#)
☐ [Notifying College of Change of Status of Pharmacy Manager: s.28](#)
☐ [Applying for New Pharmacy Licence on Replacement of Pharmacy Manager: s.29\(1-4\)](#)
☐ [Retaining Patient Records: s.37\(1-3\)](#)

Pharmacy Practice Regulations

- ☐ [Changes: s.18\(1-4\)](#)
☐ [Responsibilities of the Pharmacy Manager: s.21\(1-2\)](#)
☐ [Reporting conduct of concern of employees to the College: s.21\(3\)](#)
☐ [Quality Assurance: s.22\(1-4\)](#)
☐ [Persons Permitted in Dispensary and Pharmacy: s.23\(1-5\)](#)
☐ [Security: s.26\(1-3\)](#)
☐ [Closing a Pharmacy: s.28](#)

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