

Governing the practice of pharmacy in Nova Scotia in the interest of the health and well being of the public

Notification: Renovation of an Existing Pharmacy

Pharmacy Trade Name: NSCP Pharmacy License #: Pharmacy Address: Pharmacy Phone: Contact Name: Contact Email Address: Brief Description of Renovation (e.g., addition of consultation room only, full pharmacy renovation, installation of "Lock and Leave")	Date:	Proposed Renovation Completion Date:
Pharmacy Address: Pharmacy Phone: Contact Name: Contact Email Address: Brief Description of Renovation (e.g., addition of consultation room only, full pharmacy renovation, installation of	Pharmacy Trade Name:	i
Pharmacy Phone: Contact Name: Contact Email Address: Brief Description of Renovation (e.g., addition of consultation room only, full pharmacy renovation, installation of	NSCP Pharmacy License #:	
Contact Name: Contact Email Address: Brief Description of Renovation (e.g., addition of consultation room only, full pharmacy renovation, installation of	Pharmacy Address:	
Contact Email Address: Brief Description of Renovation (e.g., addition of consultation room only, full pharmacy renovation, installation of	Pharmacy Phone:	
Brief Description of Renovation (e.g., addition of consultation room only, full pharmacy renovation, installation of	Contact Name:	
	Contact Email Address:	
"Lock and Leave")	· · ·	ion of consultation room only, full pharmacy renovation, installation of
	"Lock and Leave")	

Note: A pharmacy inspection will take place within one month of the **completed** renovation. If the renovation includes the installation of a lock and leave barrier, an inspection must take place prior to using the lock and leave feature. Please contact pharmacyrenovations@nspharmacists.ca for any questions.

A diagram of the post-renovation pharmacy layout and the Pharmacy Renovation Fee must be included with this Notification. (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.

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.

I/we hereby certify that the pharmacy listed above continues to meet the requirements of the Pharmacy Act of Nova Scotia and its regulations.

Pharmacy Manager Name

Pharmacy Owner/Owner's Representative Name

Pharmacy Manager Signature¹

Pharmacy Owner/Owner's Representative Signature¹

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

Submit completed form and pharmacy diagram to renovations@nspharmacists.ca or by fax to 902-422-0885. Payment options (See Schedule of Fees) include cheque, credit card through the pharmacy's NSCP 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. For any questions, contact Tracey Chiasson at renovations@nspharmacists.ca.