Relocating a Pharmacy

“Relocation” shall be interpreted to mean a change in location of the premises within a convenient distance of the existing pharmacy but no change in ownership and no transfer of files or records.

**Pharmacy Relocation Application Form:** If a pharmacist proposes to relocate his/her pharmacy, he/she shall provide the PEI College of Pharmacists with a completed application form at least **fifteen days** before the relocation date.

**Public Notification:** The public must be effectively notified, by way of advertising/signage, of the location of the new premises and the date of the location change.

**Pharmacy Self Audit Form:** A Pharmacy Self Audit form must be completed by the pharmacist-in-charge and submitted to the Board prior to the inspection. The pharmacy will not be inspected until the College office has received the self-audit.

**Fees:** The fees associated with the relocation must be submitted to the PEI College of Pharmacists along with the *PEI College of Pharmacists Pharmacy Relocation Application Form* prior to the inspection. The pharmacy will not be inspected until the College office has received the fees.

**Inspection:** A successful inspection must be completed **within 30 days** after the relocation date. The inspection date shall be scheduled in conjunction with the College Inspector.
Pharmacy Relocation Application Form

Pharmacy Information

Date of application __________________________

Pharmacy name ____________________________ PEICP # __________________

Previous address ______________________________________________________

New address __________________________________________________________

Phone ___________ Fax ___________ E-mail ___________ Website ____________

Proposed relocation date (At least 15 days after form submission) ________________

Proposed inspection date (within 30 days of relocation) __________________________

Lock and leave (if applicable) Yes ☐ No ☐

Staff Pharmacists (please print)

1. Managing Pharmacist: __________________________ 4. __________________________

2. __________________________ 5. __________________________

3. __________________________ 6. __________________________

Permit Holders/Owners (please print)

1. __________________________ 3. __________________________

2. __________________________ 4. __________________________
Applicable Fees (Check those that apply)

$105.00 Inspection Fee (mandatory)
$105.00 Lock and Leave Endorsement fee (if previous location did not have a Lock and Leave Endorsement)

Total:

Cash (Exact change required)
Cheque (Payable to Prince Edward Island College of Pharmacists)
Email transfer (info@pepharmacists.ca)

Declaration/Signatures

I(we) the undersigned certify that this Pharmacy will be conducted in accordance with the Prince Edward Island Pharmacy Act and Regulations, and other legislation governing the sale of drugs.

Signature (Managing Pharmacist) ___________________________ Date _______________

Signature (permit holder) ___________________________ Date _______________

Send completed forms to: Send completed forms to: P.E.I College of Pharmacists, 375 TCH, PO Box 208, Cornwall, PE C0A 1H0 or by fax to (902) 628-6946 or scan and e-mail to info@pepharmacists.ca