



PRINCE EDWARD ISLAND  
**COLLEGE OF PHARMACISTS**

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

## Renovation of an Existing Pharmacy

“Renovation” shall be interpreted to mean a change in the location of the dispensary within the existing pharmacy location or significant alterations to the dispensary but no change in ownership, no transfer of files or records or no change in the address of the pharmacy.

**Renovation of an Existing Pharmacy Application Form:** The Managing Pharmacist will provide a completed application form to the PEI College of Pharmacists at least 30 days before the renovation of the pharmacy begins along with the inspection fee.

**Pharmacy Self-Audit Form:** A Pharmacy Self-Audit Form must be completed by the Managing Pharmacist and submitted prior to the inspection. The pharmacy will not be inspected until the College has received the self-audit.

## Renovation of an Existing Pharmacy Application Form

### Pharmacy Information

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Date of application \_\_\_\_\_

Pharmacy name \_\_\_\_\_ PEICP # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Website \_\_\_\_\_

Proposed renovation date completion date: \_\_\_\_\_

Proposed inspection date (within 30 days of renovation) \_\_\_\_\_

Existing Lock and Leave endorsement: YES NO

Applying for a Lock and Leave endorsement: YES NO

### Staff Pharmacists (please print)

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1. Managing Pharmacist: \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_



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**Permit Holders/Owners (please print)**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Applicable Fees (Check those that apply)**

- \$ 100.00** Inspection Fee
- \$ 100.00** Lock and Leave Endorsement (if applicable)
- Cash (Exact change required)
- Cheque (Payable to Prince Edward Island College of Pharmacists)
- Email transfer ([info@pepharmacists.ca](mailto:info@pepharmacists.ca))

**Declaration/Signatures**

I (we) the undersigned certify that the above named Pharmacy will be operated in compliance 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 \_\_\_\_\_

*PEICP Office Use*

Date Inspection scheduled:	Inspection completed:
Self-audit received:	PEICP signature:

**Send completed forms to:** P.E.I College of Pharmacists, 375 Trans Canada Hwy, P.O. Box 208, Cornwall, PE COA 1H0 or **by fax** to (902) 628-6946 or **scan and e-mail** to [info@pepharmacists.ca](mailto:info@pepharmacists.ca)