



Change in the Certificate Holder of a Pharmacy

(Must be submitted at least 30 days prior to change.)

Name of Pharmacy: Certificate of Operation No.:

Street Address:

City: Province: Postal Code:

Telephone: Fax:

Pharmacy E-mail:

Pharmacy website:

Effective date* of this change:

Year Month Day

*All responsibilities are transferred to the New Certificate Holder as of this date.

<p>New Certificate Holder / Pharmacy Manager (Pharmacist registration/licence number:)</p> <p>I (print name), certify that I understand my role and responsibilities inherent in this undertaking and will operate this pharmacy in accordance with the Pharmacy Act, Regulations, Standards of Practice and any other requirements established by the NB College of Pharmacists.</p> <p>I understand and acknowledge that the position of pharmacy manager is a full-time responsibility and I will give my full attention to managing this pharmacy in accordance with Part XX of the Regulations of the NB College of Pharmacists.</p> <p><i>I understand that a new Methadone Pharmacy Registration Form must be completed by me if this pharmacy provides Methadone Maintenance Therapy Services.</i></p> <p>..... Signature of Pharmacist (New Certificate Holder/ Pharmacy Manager) Year Month Day</p>	<p>Current (outgoing) Pharmacy Manager I (print name), will no longer be the certificate holder of the pharmacy listed above.</p> <p>I understand I am still responsible for all pharmacy activities until the date listed above and, in accordance with Regulation 14.5, I will surrender the certificate of operation to the Registrar at that time.</p> <p>Comments:</p> <p>..... Signature of Current (outgoing) Pharmacy Manager Year Month Day</p>
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Payment must be included with form. See the Fee Schedule on website for applicable fee. Cheque, MasterCard or Visa are acceptable forms of payment.

Credit Card #: Expires (mm/yy): 3-digit code on back of card: