



Interim Pharmacy Manager Notification

Regulation 20.2(f)

Name of Pharmacy: Certificate of Operation No.:

Street Address:

City: Province: Postal Code:

Telephone: Fax:

Pharmacy E-mail:

Pharmacy website:

The pharmacist acting as Interim Pharmacy Manager (Registration/licence number:) will be responsible

Beginning / **Ending:**
 Year Month Day Year Month Day

All responsibilities are transferred to the Interim Certificate Holder/Pharmacy Manager as of the beginning date above and until the specified end date.

<p>Interim (short term) Pharmacy Manager I (print name): </p> <p>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 (Interim Pharmacy Manager)</p> <p>..... Year Month Day</p>	<p>Current Pharmacy Manager I (print name): </p> <p>will be absent from the pharmacy for more than eight weeks (Regulation 20.2(f)). I will not be the certificate holder of the pharmacy between the dates specified above.</p> <p>When I resume my role as Pharmacy Manager I understand it will be my responsibility to notify the NB College of Pharmacists and surrender the interim certificate of operation to the Registrar. I understand I am still responsible for all pharmacy activities until the beginning date of change listed above.</p> <p>..... Signature of Pharmacist (Current Pharmacy Manager)</p> <p>..... 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:**