



New Pharmacy Opening

(Must be submitted at least 30 days prior to opening)

Applications for certificates of operation for a new pharmacy must meet the requirements described in **Sections 13.8 and 13.9 of the Regulations of the New Brunswick College of Pharmacists**. The operation of the pharmacy shall adhere to the requirements illustrated in **Sections 17, 18 and 19 of these same Regulations**.

In addition, a **pre-opening inspection is required** and shall be conducted between two and five business days prior to the anticipated opening date, by an inspector named by the College. The pharmacy must be fully set up and ready to open when the inspection takes place. Any required re-inspection will be subject to the “Pharmacy re-inspection fee” as provided for in the College’s fee schedule. Inspections are conducted Monday to Friday between 8 a.m. and 5 p.m.

The New Pharmacy Opening application form must be submitted at least 30 days prior to the anticipated opening date of the new pharmacy. Once the application has been approved as complete by College, a staff member will be in contact with the pharmacy manager to arrange a date and time for the pre-opening inspection.

PART I - PHARMACY INFORMATION

Expected date of Pharmacy opening:
Year Month Day

Pharmacy Name (to appear on Certificate of Operation):

Incorporated Name:

Pharmacy Street Address:

City: Province: Postal Code:

Pharmacy Telephone: Pharmacy Fax:

Pharmacy E-mail:

Pharmacy website:

Licensed pharmacist to whom Certificate of Operation is to be issued (pharmacy manager):

Name: Registration/Licence no.



New Pharmacy Opening

PART 2 - OWNER INFORMATION

Name of Owner:

Owner Telephone:

Owner email:

PART 3 – NEW PHARMACY OPENING REQUIREMENTS

The following must be included with application:

- Floor Plan that outlines the: Dispensary, Product self-selection area
Digital Photos: From the center of the dispensary, From the front of the dispensary, Distinct areas: Compounding area, Specialty packaging, Counseling room/area, Fridge(s), Sink(s), Washroom(s), Sterile Preparation, Lockable area for narcotics/controlled drugs
Sample labels
Name of computer software

I certify that I understand my role and responsibilities inherent in this undertaking and this pharmacy will operate in accordance with the Pharmacy Act, Regulations, Standards of Practice and any other requirements established by the College.

I understand and acknowledge, that the pharmacy manager role is a full-time responsibility and I certify the pharmacy will be managed by the pharmacy manager in accordance with the requirements of Part XX of the Regulations.

I understand that a Methadone Pharmacy Registration Form must be completed by me if this pharmacy provides Methadone Maintenance Therapy Services.

Signature of Certificate Holder /Pharmacy Manager Date

Signature of Owner Date

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: