



PHARMACY CLOSING NOTIFICATION

(SUBMIT AT LEAST 30 DAYS PRIOR TO THE CLOSURE)

Name of Pharmacy: Certificate of Operation No.:

Street Address:

City: Province: Postal Code:

Telephone: Fax:

Pharmacy email:

Pharmacy website:

Incorporated Name of owner:

Name of owner:

Owner email:

Name of the Pharmacy Manager (licensed pharmacist) who is the Certificate Holder of the pharmacy:

.....

Pharmacy Manager email:

*Expected Closing Date:
Year Month Day

All patient files and necessary information will be transferred to the following pharmacy:

Name of Pharmacy: Certificate of Operation No.:

Street Address:

City: Province: Postal Code:

Telephone: Fax:

I hereby acknowledge that all client files, documents and relevant information were transferred in accordance with the NB Pharmacy Regulations 14.12, 14.13 and 14.14. I also understand my responsibilities as the Pharmacy Manager and Certificate Holder of the Pharmacy. I / We the undersigned hereby certify that the pharmacy closure will be conducted in accordance with the New Brunswick Pharmacy Act and Regulations.

.....
Signature of Pharmacy Manager

.....
Date



PHARMACY CLOSING CHECKLIST

New Brunswick Pharmacy Regulation 14.12 stipulates: **“Every person who closes a pharmacy with the intention of discontinuing the operation thereof shall:”**

NBCP has been notified of the closure (30 days prior to the pharmacy closing where possible)	
Client records have been preserved as required by law	
Client records have been copied to clients if requested	
Arrangements have been made to transfer prescription files to another pharmacy	
Orderly continuation of client care has been arranged	
Clients have been notified of arrangements for record retention, file transfer and accessibility	
Arrangements have been made with software vendor to freeze records to prevent changes	
The Certificate of Operation has been returned to NBCP for cancellation	
Signs, symbols and advertising relating to pharmacy have been removed from the premises	
All drugs have been removed and disposed of according to law	

The above requirements should be completed and the checklist should be returned to NBCP within 7 (seven) days of the closing of the pharmacy.

The Pharmacy Manager of the closing pharmacy is responsible for the storage and security of the records for the required period of time (as defined in Regulation 17.22) unless the records are transferred to another person who agrees to assume responsibility for the records. The Pharmacy Manager of the closing pharmacy must notify NBCP of this transfer.

