College of Pharmacists of British Columbia

Pharmacy Licensure Guide

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Introduction

The College of Pharmacists of British Columbia protects public health by licensing and regulating pharmacists and pharmacy technicians and the pharmacies where they practice. It receives its authority from - and is responsible for administering - provincial pharmacy legislation in BC. The College is responsible for making sure every pharmacist and pharmacy technician in BC is fully qualified and able to provide the public with safe and ethical pharmacy care.

As the licensing body for all pharmacies in the province, the College regulates the ownership and operation of BC pharmacies in accordance with the *Pharmacy Operations and Drug Scheduling Act* (PODSA), the *Health Professions Act* (HPA), and the bylaws of the College made pursuant to these Acts.

This licensure guide is intended to help you understand the process and requirements associated with applying for a new pharmacy licence, renewing an existing pharmacy licence, making changes to a pharmacy's licensure information, and closing a licensed pharmacy. The information included in the guide is intended to generally apply to all licence types and ownership structures. Pharmacies need to apply the information provided based on their individual licence type and ownership structure.

The information in the licensure guide is not intended, and should not be construed, as legal or professional advice or opinions.

Those with questions pertaining to ownership structure are advised to seek legal or professional advice based on their particular circumstances. The College does not provide legal advice or opinions.

The Licensure Department

The Licensure Department is responsible for processing all pharmacy-related applications, including those for new pharmacy licences, pharmacy licence renewal/reinstatement, changes to licensure information and closing a pharmacy. The Licensure Department is also responsible for processing the Proof of Eligibility submissions/results from owners and managers for pharmacy licensure purposes. Contact the Licensure Department for any questions related to pharmacy licensure.

Office Address: 200-1765 West 8th Avenue, Vancouver BC, V6J 5C6

Office Hours: Monday to Friday 830am to 430pm (except Statutory holiday)
Note that the College office is closed in the last week of December.

Office Tel Number: (General) 604-733-2440 or 800-663-1940
(Licensure) Extension 985, or 778-330-0985
Leave a message in the licensure voice mail box. Due to high volumes of calls on a daily basis, your call will be returned in the order it was received. All calls will be returned as soon as possible.

Your application will be processed in accordance with the processing time stated in this document. You will be contacted if further documents are required or when your application is complete/can be moved to the next phase.

Office Fax Number: 604-733-2493

Licensure Email*:   licensure@bcpharmacists.org

*preferred method of communication and receiving applications/documents, especially when it contains personal or sensitive information.

Other Departments

For pharmacist or pharmacy technician related applications including renewals, contact the Registration Department at: registration@bcpharmacists.org.

For questions related to day-to-day pharmacy practice, contact the Practice Support Department at: practicesupport@bcpharmacists.org.

For all other departments, refer to this webpage for more information:
http://www.bcpharmacists.org/contact-us

Types of Pharmacy Licences

A pharmacy is defined as the area of a premises licensed under *PODSA* where drugs or devices may be stored, or dispensed or sold to the public.

The College issues four types of pharmacy licences, each of which has different criteria and serves different needs.

- A **Community Pharmacy Licence** is issued to a pharmacy that is licensed to sell or dispense drugs to the public. In addition to the *PODSA* and *HPA bylaws*, this type of pharmacy and the registrants at this practice setting are subject to the Standards of Practice: *HPA Bylaw Schedule F Part 1 – Community Pharmacy Standards of Practice* and, if applicable, *HPA Bylaw Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice*.

- A **Hospital Pharmacy Licence** is issued to a pharmacy that is licensed to operate in or for a hospital, providing pharmacy services to patients who are admitted to the hospital. This type of pharmacy may also provide pharmacy services to outpatients in addition to inpatients. In addition to the *PODSA* and *HPA bylaws*, this type of pharmacy and the registrants at this practice setting are subject to the Standards of Practice: *HPA Bylaw Schedule F Part 2 – Hospital Pharmacy Standards of Practice* and, if applicable, *HPA Bylaw Schedule F Part 3 – Residential Care Facilities and Homes Standards of Practice*.

- A **Pharmacy Education Site Licence** is issued to a pharmacy that is licensed for the purpose of pharmacy education and where pharmacy services are not provided to any person. The site may only store Schedule I, II and III drugs, but not controlled drug substances.

- A **Telepharmacy Licence** is issued to a telepharmacy located in a rural and remote community and staffed with at least one pharmacy technician during all hours of telepharmacy operation and is under the direct supervision of a pharmacist at the central pharmacy using real-time audio-video conferencing technology. There are additional requirements for a telepharmacy location. See section 12.1 and 31 of the *PODSA Bylaws* for more information. In addition to the *PODSA* and *HPA bylaws*, this type of pharmacy and the registrants at/servicing this practice are subject to the Standards of Practice: *HPA Bylaw Schedule F Part 1 – Community Pharmacy Standards of Practice* and *HPA Bylaw Schedule F Part 6 – Telepharmacy Standards of Practice*.

In addition to the above licence types, the College also issues authorizations to hospitals that have an area operating as a **pharmacy satellite** where the provision of pharmacy services is dependent upon support and administrative services from a licensed hospital pharmacy.

Licensure Fees and Payment Methods

All licensure fees can be found in the *PODSA Bylaw Schedule A – Fee Schedule*.

The only accepted methods of payment are Visa, Mastercard or corporate cheque. Personal cheques are not accepted.

A pharmacy licensure application is not complete until payment is received by the College.

If payment is by cheque, the application will not be considered complete until the cheque has been processed. Note that an administrative fee will be charged for a NSF cheque or a late renewal application.

All College fees are non-refundable.

Ownership of a Pharmacy

Anyone with an ownership interest in a pharmacy is considered an owner. Other than pharmacists, anyone authorized by an enactment to prescribe drugs is **not** allowed to own a pharmacy.

Types of Pharmacy Ownership

Your pharmacy's ownership structure determines what information is required as part of the pharmacy licensing process. Owners must be able to identify their ownership type to ensure they submit the necessary requirements to open a new pharmacy, renew/reinstate their pharmacy licence, report changes to licensure information, or close a pharmacy.

PODSA defines the types of pharmacy ownership allowed in BC, and distinguishes between **direct owners** and **indirect owners**. Direct owners are the holders of the pharmacy licence. They can be individuals or legal entities:

Individuals	Entities
- A pharmacist (i.e. sole proprietor); or - A partnership of pharmacists.	- a corporation incorporated under the *Company Act* or the *Business Corporations Act* in which the majority of the directors in the corporation are pharmacists; - a partnership of corporations in which each corporation is incorporated under the *Company Act* or the *Business Corporations Act* and a majority of the directors in each corporation are pharmacists; - a hospital as defined in the *Hospital Act*; - an association incorporated under the *Cooperative Association Act*; - a society as defined in the *Societies Act*; - a university as defined in the *University Act*; - the Thompson Rivers University; - the City of Vancouver or a municipality; or - the government.

Figure 1. Types of Pharmacy Ownership
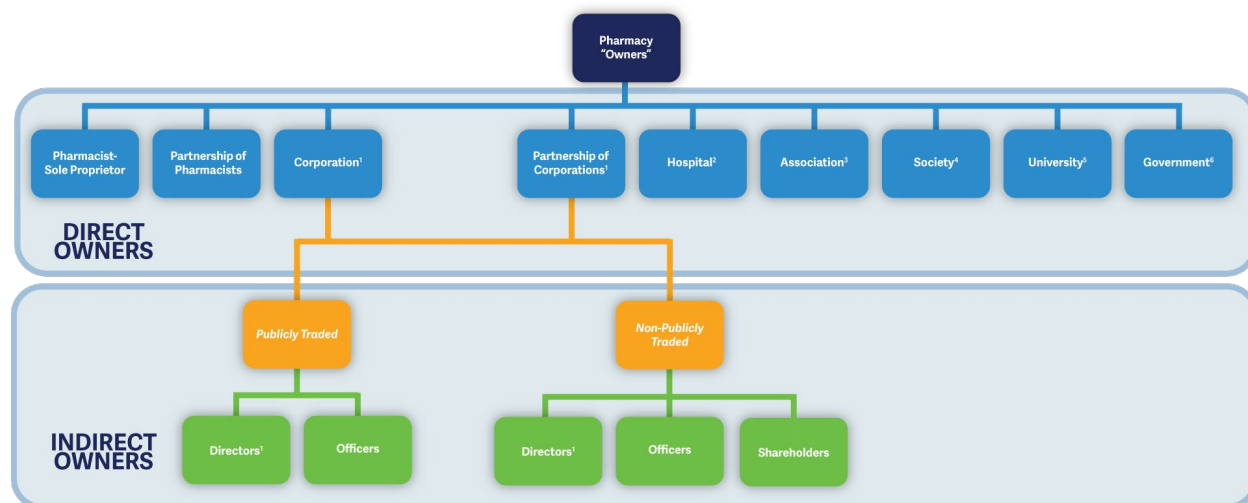
1 incorporated under the *Company Act* or the *Business Corporations Act* in which the majority of the directors in the corporation are pharmacists
2 as defined in the *Hospital Act* (including health authorities)
3 incorporated under the *Cooperative Association Act*
4 defined in the *Societies Act*
5 defined in the *University Act* or Thompson Rivers University
6 the City of Vancouver or a municipality, or the government

(Download "Types of Pharmacy Ownership" Diagram)

Sole Proprietorship as a Direct Owner

In a sole proprietorship, one person owns and operates the business. Under *PODSA*, this person must be a registered pharmacist and is considered the "direct owner" of the pharmacy.

Partnership as a Direct Owner

In a partnership, the business is owned by two or more partners, who can be individuals or corporations. There are several types of partnerships, including the following:

- **General Partnership** – When partners manage the business and assume responsibility for the partnership's debts and other obligations.

- **Limited partnership** – When the business has both general and limited partners. The general partners own and operate the business and assume liability for the partnership, while the limited partners serve only as investors with no control over the business and who are not subject to the same liability as the general partners. Like sole proprietors, general partners are personally liable for the partnership's debts and obligations.

Under *PODSA*, all partners (if they are all individuals), regardless of type, must be pharmacists and each partner is the "direct owner" of the pharmacy.

For a partnership of corporations, see the next section on corporations.

Corporation(s) as a Direct Owner

While there are different types of ownership, the majority of pharmacies fall under "corporation." A corporation is an independent legal entity.

Corporations that are direct owners *must be incorporated in British Columbia* (with a BC Incorporation Number issued by BC Registry Services). Corporations that are registered in BC (and have been issued a BC Registration Number), but are incorporated federally or extraprovincially **cannot** be direct owners.

A corporation's structure consists of 3 main groups: **directors**, **officers** and **shareholders**. In *PODSA*, these groups are defined as "Indirect Owners" depending on the type of corporations.

Directors

A director refers to an elected or appointed member of the Board of Directors of a corporation, and they manage or supervise the management of the business and affairs of the company. A member of the organization with the *job title* containing the word "Director," (e.g. Director of Operations or District Operations Manager) is not necessarily considered a Director under *PODSA*.

Directors can be found in the *Notice of Articles* or *BC Company Summary* issued by BC Registry Services. If there are changes to the directors of the corporation, the new directors would be listed in the *Notice of Change of Directors* or the most recent *BC Company Summary*.

PODSA requires that the majority of the directors of a corporation that is a direct owner of a pharmacy, be either full or non-practising pharmacists registered with the College. "Majority" in this case refers to the number of pharmacists, **not** the number of shares owned by individual directors. For example, if a corporation has 3 directors on its Board, two of them must be registered pharmacists in BC, even if the non-pharmacist director has a 51% share. If a corporation has 2 directors, both of them must be registered pharmacists in BC because 50% does not constitute a majority.

If one or more pharmacist directors does not renew his/her registration as a full or non-practising pharmacist with the College before their registration expiry date, he/she will become a former registrant, resulting in the cancellation of the pharmacy licence of the pharmacy if the directorship requirement is not met. The pharmacy must complete the *Pharmacy Closure* process and apply for a *New Pharmacy Licence* if the direct owner wishes to open the pharmacy again.

Officers

Officers are appointed by directors and hold a particular office in the corporation to oversee the day-to-day operations of the business. Officer positions may include: CEO, COO, CFO, Treasurer, Secretary, etc. The officers of a corporation are usually listed in the *Notice of Articles* or the most recent *BC Company Summary* issued by BC Registry Services.

Shareholders

Shareholders have an ownership interest in the corporation by virtue of a monetary investment, and they normally do not have any involvement in the management of the corporation as the right to manage flows from the director or officer roles.

Shareholders of a non-publicly traded company incorporated in BC are considered **indirect owners**, regardless of class or voting rights.

Shareholders are identified in the *Central Securities Register* of the corporation. Every corporation is required by the *BC Business Corporations Act* to maintain a complete and current shareholder register with the following information:

- All shares issued by a company
- Name and last known address of each shareholder and;
- Number, class and any series of any shares owned by that shareholder

Shareholders can be individuals or corporations.

A corporation that is a shareholder of another corporation is often called a "parent company" or "holding company". If a parent company is a non-publicly traded company incorporated in BC, their directors, officers and shareholders are also classified as **indirect owners**. Directors, officers and shareholders of a parent company that is **publicly traded** are not considered **indirect owners**.

Non-publicly traded companies that are **incorporated federally** or **extra-provincially** are exempted from the requirements as an **indirect owner**; however, the College may request for additional information if needed.

A **trust** is a relationship where one or more persons (the trustee(s)) hold property in trust for the benefit of certain persons (the beneficiaries). A trust is *NOT* a separate legal entity like a corporation so a trust itself cannot be a shareholder.

The **trustee** of a trust can be an individual, an incorporated entity (a corporation or a society), or a public trustee. If the shares of a corporation that is a direct or indirect owner of a pharmacy are held in a trust, the trustee of the trust is the shareholder with respect to those shares. If the trustee is an individual, he/she is considered **indirect owner** under *PODSA*. If the trustee is a non-publicly traded company incorporated in BC, their directors, officers and shareholders are classified as **indirect owners**.

> **FAQ: HOW CAN I TELL WHETHER MY CORPORATION (DIRECT AND INDIRECT) IS PUBLICLY TRADED OR NOT?**
>
> A publicly traded corporation is a company that is listed on a stock exchange anywhere in the world. A Canadian publicly traded corporation has the following key features:

- A large number of shareholders;
- Is registered with BC Securities Commission or other provincial securities regulator;
- Files public securities documents and information on the System for Electronic Document Analysis and Retrieval (SEDAR).

FAQ: HOW CAN I TELL WHETHER MY SHAREHOLDER, A CORPORATION, IS BC INCORPORATED OR NOT?

All BC corporations have a BC incorporation number that can be found in their ownership documents (i.e. BC Certificate of Incorporation and Notice of Articles) as well as their BC Annual Report (or the BC Company Summary – click here for a sample from BC Registry Services). Corporations are required to file an annual report with the BC Corporate Registry within 2 months after the anniversary date of incorporation each year. A corporation that files a BC Annual Report with the BC Corporate Registry but does not have a BC incorporation number, is not considered a BC Corporation. Note that a BC *incorporation* number is not the same as a BC *registration* number.

FAQ: WHAT IS THE DIFFERENCE BETWEEN A PARENT COMPANY AND A SUBSIDIARY CORPORATION?

A corporation that is a shareholder of another corporation is often called a "parent company" or "holding company", whereas a subsidiary corporation is a corporation that is controlled by another corporation by holding shares in the subsidiary.

If a direct owner of the pharmacy has a shareholder that is a corporation, the direct owner is the subsidiary corporation, whereas the parent company is a corporation that is the shareholder of the direct owner.

FAQ: HOW ARE TRUSTEES IDENTIFIED IN THE OWNERSHIP DOCUMENTS OF A CORPORATION?

When the shares are held in a trust, the central securities register should list the registered owner of those shares as the trustee of the trust. In addition, the central securities register should indicate that the trustee is holding those shares in their capacity as trustee. For example, the shareholder may appear as follows:
>   (a) John Smith, as trustee of the John Smith Family Trust;
>   (b) John Smith, trustee of the John Smith Family Trust;
>   (c) John Smith, in trust for the John Smith Family Trust;
>   (d) John Smith, in trust.

The shareholder should not be listed as the trust (e.g., "The John Smith Family Trust").

Additional Requirements for a Direct/Indirect Owner

All direct and indirect owners must meet the eligibility criteria in order to hold a pharmacy licence. Submitting a Proof of Eligibility in the form of an annual attestation and Criminal Record History once every 5 years is required when applying for a new pharmacy licence; renewing or reinstating a pharmacy licence; applying for a change of direct owner or a change of indirect owner. See the Proof of Eligibility section for details.

Responsibilities of a Direct and Indirect Owner

The direct owner of a pharmacy is responsible for tasks related to pharmacy licensure, including:

- Applying for a new pharmacy licence;
- Renewing or reinstating a pharmacy licence; and/or
- Notifying the College of changes to previously submitted licensure information.

The authorized representative(s) of the direct owner will be responsible for performing these activities. Refer to the section in this licensure guide that applies to your application, licence and/or ownership type for information and/or document(s) required for submission by the direct owner.

Regardless of ownership type, all pharmacy owners must comply with all applicable duties under the most current *Pharmacy Operations and Drug Scheduling Act* and *Health Professions Act*, their regulations, and College bylaws and policies pursuant to these Acts. Specific responsibilities of a direct and indirect owner are set out in section 18 of the *PODSA Bylaws*.

Authorized Representatives (AR)

Authorized representatives are classified based on their roles in relation to the direct owner.

Type of Direct Owner	Authorized Representative(s)
Sole Proprietor	Sole proprietor (pharmacist)
Partnership of Pharmacists	Any partners (pharmacist) in the partnership
Corporation	Any director(s)
Partnership of Corporations	Any director(s) of each corporation in the partnership
Others (e.g. Hospital, University, Society, Association)	Assigned authorized representative(s)

Should a sole authorized representative be on leave temporarily, he/she may authorize an individual in writing, generally through Power of Attorney, to represent or act on the direct owner's behalf in private affairs, business, or other legal matters. This individual will have the same permissions as the authorized representative for submitting licensure requirements and applications upon receipt of Power of Attorney by the College.

The authorized representative(s) of your pharmacy(ies) can be found on the **Profile** Page of your pharmacy under the Pharmacy Portal on eServices.

All authorized representatives of a pharmacy must always keep their contact information on eServices up-to-date. They must not unsubscribe from the College's email list as it is the College's primary method of communication.

For direct owners that are corporations, when a director is added to or is leaving the direct owner, their role of authorized representative for the pharmacy will be added or removed automatically when the Change of Indirect Owner application is complete, respectively.

For direct owners that are legal entities that are *not* corporations, notify the College of the change of authorized representative as soon as possible. Otherwise, the departing AR will continue to receive communications regarding the pharmacy and no current members of the direct owner will receive communication from the College (such as renewal notices). Refer to the Change of Authorized Representative section for details.

Figure 2. Who are the Direct Owners, Indirect Owners and Authorized Representatives of a Pharmacy?
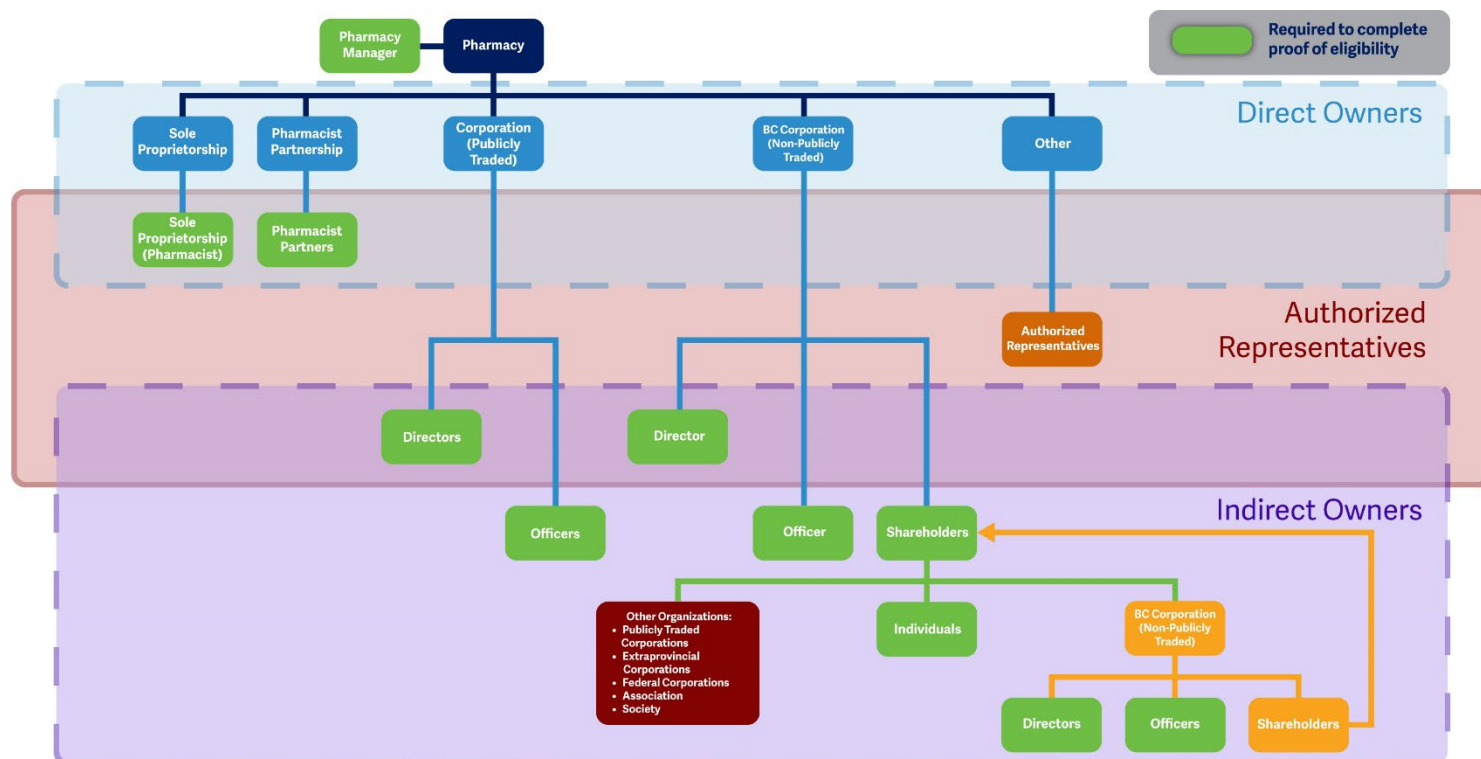
(Download "Who are the Direct Owners, Indirect Owners and Authorized Representatives of a Pharmacy" Diagram)

Management of a Pharmacy

PODSA defines a "manager" as *"a pharmacist who is designated in a pharmacy licence as manager of a pharmacy"*.

The manager must be registered as a Full Pharmacist with the College. If a pharmacy manager does not renew his/her registration as a Full Pharmacist before the registration expiry date, he/she will become a former registrant, resulting in the cancellation of the pharmacy licence of the pharmacy where he/she is appointed as the manager. The pharmacy must close, and the direct owner will have to complete the *Pharmacy Closure* process and apply for a *New Pharmacy Licence* if the direct owner wishes to open the pharmacy again.

A manager must meet all the eligibility criteria provided in *PODSA*. Proof of Eligibility consists of an attestation for each pharmacy annually, and a Criminal Record History once every 5 years and is required when applying for a new pharmacy licence; renewing or reinstating a pharmacy licence; or applying to be a manager. See the Proof of Eligibility section for details.

Responsibilities of a Manager

The pharmacy manager is responsible for the actual management and operation of the pharmacy. Managers are required to supervise pharmacy staff to ensure that practice is in compliance with practice standards. They have the statutory obligation to develop, implement and maintain policies and procedures to comply with the legislative requirements of operating a licensed pharmacy. They are also required to report changes to the pharmacy's operational information, such as hours of operations, pharmacy staff roster and types of pharmacy services provided.

The manager must comply with all applicable duties under the most current *Pharmacy Operations and Drug Scheduling Act (PODSA)* and *Health Professions Act (HPA)*, their regulations, and the College bylaws and policies made pursuant to these Acts.   Specific responsibilities of a manager are set out in sections 18 and 24 and/or 29 of the *PODSA Bylaws*. It is the manager's responsibility to read, understand, and be familiar with federal and provincial legislation governing pharmacy practice before beginning their role, as well as during the time they hold the position as a pharmacy manager.

Managers appointed to a community pharmacy must complete the pharmacy manager training program approved by the Board as soon as practical and no later than one year after appointment, as well as every 3 years thereafter as per *Professional Practice Policy- 69*. Declaration of completion must be submitted to the College through the manager's personal eServices account immediately upon completion of the program. The declaration can be submitted by logging onto eServices and selecting "**My Profile**" > "**My Declaration**" > "**Community Pharmacy Manager Education**". Individuals who complete their manager training prior to registering as a Full Pharmacist, may submit their declaration on eServices when their Full Pharmacist registration has been granted.

If a pharmacy manager goes on a leave and is unable to carry out their responsibilities as the manager, the authorized representative must appoint a new manager as soon as possible.

Another Change of Manager application will be required when the previous manager returns from their leave.

Proof of Eligibility (POE)

Direct owners, indirect owners and managers must meet specific eligibility criteria provided in *PODSA* in addition to requirements under the *PODSA bylaws* in order to hold a pharmacy licence.

Proof of eligibility (POE) is required from the direct owners, indirect owners and the manager of a pharmacy who are 19 years or older when:

- Applying for a new pharmacy licence;
- Renewing/reinstating a pharmacy licence; or
- When there is a change of direct owner, indirect owner or manager[1].

POE is to be submitted online through eServices or on a paper application, depending on the type of pharmacy licence application. Instructions will be provided by the College at specific stages in the licensure process. Note that a deadline is applicable to certain types of pharmacy licensure applications. Please refer to the section in this licensure guide that applies to your application, licence and/or ownership type for how and when POE is to be submitted.

Indirect owners who are under 19 years old are exempt from completing the POE. The authorized representative must complete and submit the "*Proof of Eligibility Exemption*" declaration form to the Licensure Department when renewing their pharmacy licence, when applying for a new pharmacy licence or change of direct owner. The completed declaration form must be submitted for each renewal application until they turn 19 years old.

Proof of Eligibility consists of:

- An attestation, and
- A Criminal Record History (CRH) submission.

Figure 3. Proof of Eligibility Components

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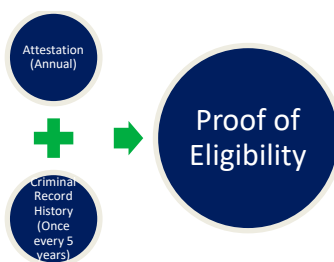
[1] For a change of manager or direct/indirect owner, only the **new** direct/indirect owner(s) or manager will have to submit their Proof of Eligibility before the effective date of change.

Eligibility Criteria

Pursuant to section 3 of *PODSA*, a direct owner may not be eligible to hold a pharmacy licence, or may require that conditions be imposed on the pharmacy licence if any of the following has occurred:

- A direct owner, indirect owner or manager is subject to a limitation imposed by the discipline committee that precludes him or her from being a direct owner, an indirect owner or a manager;

- A direct owner, indirect owner or manager is or has been the subject of an order or a conviction for an information or billing contravention;

- A direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence prescribed under the *Pharmaceutical Services Act* for the purposes of section 45 (1) (a) (ii) of that Act;

- A direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence under the *Criminal Code* (Canada), other than an offence to which the above paragraph applies;

- A direct owner, indirect owner or manager has, within the previous 6 years, had a judgment entered against him or her in a court proceeding related to commercial or business activities that occurred in relation to the provision of (i) drugs or devices, or (ii) substances or related services within the meaning of the *Pharmaceutical Services Act*;

- A direct owner, indirect owner or manager has, within the previous 6 years, had his or her registration with one of the following bodies suspended or cancelled:
    - the College of Pharmacists of British Columbia;
    - a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction;

- A direct owner, indirect owner or manager has, within the previous 6 years, had limits or conditions imposed on his or her practice of pharmacy as a result of disciplinary action taken by a body referred to in the above paragraph.

If a direct owner, indirect owner or manager does not meet any of the above eligibility criteria, the pharmacy application will be referred to the Application Committee for review. Refer to the Application Committee section for more information.

Who Needs to Submit Proof of Eligibility

The individuals required to submit their Proof of Eligibility is dependent on the ownership structure of the pharmacy.

OWNERSHIP STRUCTURE (DIRECT OWNER)	INDIVIDUALS REQUIRED TO SUBMIT POE *
Sole Proprietorship	• Manager • Sole pharmacist owner of business (sole proprietor)
Partnership	• Manager • Each pharmacist (partner) in the partnership
Corporations (Publicly Traded)	• Manager • Each director • Each officer
Corporations (Non-Publicly Traded)	• Manager • Each director • Each officer • Each shareholder o If the shareholder is a BC incorporated, non-publicly traded corporation rather than a person, Proof of Eligibility will also be required from each of their director, officer and shareholder.
Hospital/Health Authority	• Manager
University	• Manager
Association	• Manager
Society	• Manager
Government	• Manager

*If an individual has more than one role in a given pharmacy (e.g. indirect owner as well as the manager of the pharmacy), they will only need to submit their Proof of Eligibility **once** for that pharmacy.

If a corporation owns more than one pharmacy, the applicable individuals will only need to submit Proof of Eligibility **once** for any pharmacies with renewal dates in the same month; or for changes that apply to multiple pharmacies. However, corporations that own multiple pharmacies with renewal dates in different months, are required to complete their Proof of Eligibility once for each pharmacy at the time their renewal is due.

Note that the directors, officers and shareholders of a parent company (i.e. shareholders of the direct owner or an indirect owner) that is publicly traded are not considered indirect owners under PODSA. Directors, officers and shareholders in a non-publicly traded company that is incorporated either federally or extra-provincially are currently exempted from the

requirements of an indirect owner. As such, these individuals are not required to submit their Proof of Eligibility.

Figure 4 Who Needs to Submit Proof of Eligibility?
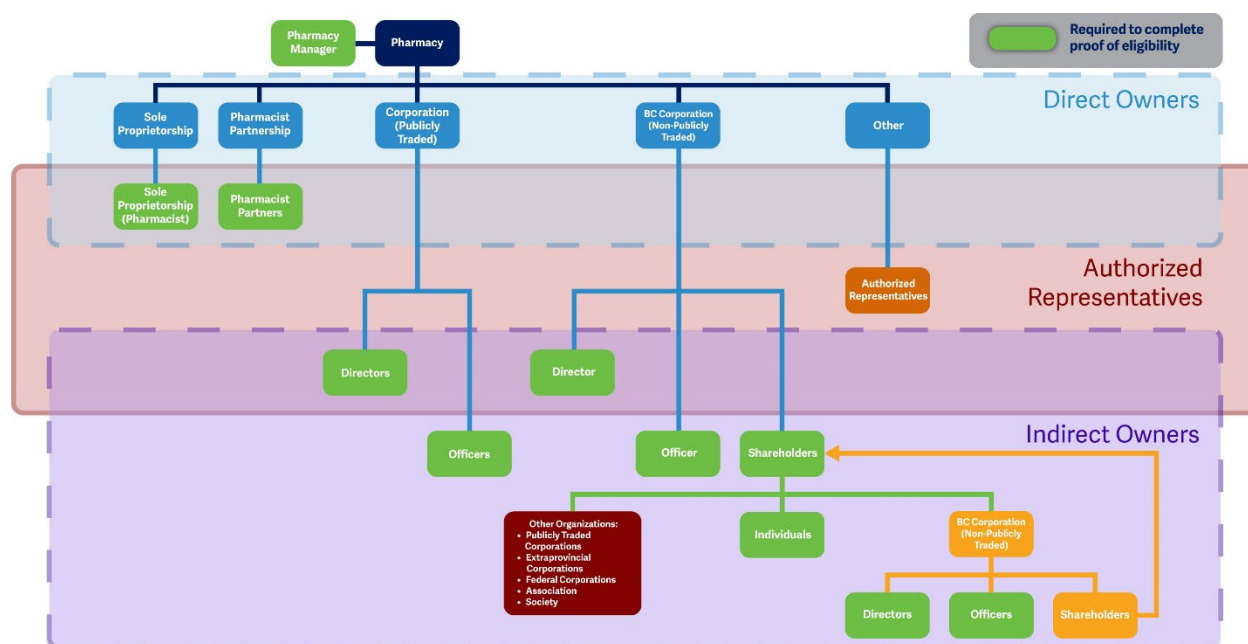
(Download Who Needs to Submit Proof of Eligibility Diagram)

FAQ: WHAT HAPPENS IF I REFUSE TO COMPLETE, OR DO NOT SUBMIT MY ATTESTATION AND/OR CRH?

Your pharmacy application (new/renewal/reinstatement, whichever applies) will be considered incomplete and your pharmacy licence will not be issued/renewed/reinstated and will be referred to the Application Committee for review.

Attestation

Attestation must be submitted by:

- All applicable individuals when applying for a new pharmacy licence or a change of direct owner;
- All applicable individuals when applying for their pharmacy licence renewal every year;
- All applicable individuals when applying for pharmacy licence reinstatement; and
- Each new indirect owner or new manager when a change of indirect owner or manager occurs.

Attestation can be completed using the electronic form on eServices or the paper version of *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* depending on the type of pharmacy licence application:

PODSA Form 5 (Paper)	PODSA Form 5 (Electronic/Online)
• New Pharmacy Licence application; or • Change of Direct Owner application	• Pharmacy Licence Renewal application; • Pharmacy Licence Reinstatement application; or • Change in Indirect Owner application

If an attestation is to be completed electronically, you will receive an email with instructions from the College notifying you that the ownership information or changes in ownership information submitted by the direct owner has been received and validated, and that you may now start completing your Proof of Eligibility through your personal eServices account on the College website.

If you are not listed with the College, you will also receive a separate email with your login information. You will also need to provide your contact information, including your mailing address, phone number and fax number, if applicable, and you will need to provide the ID number associated with one of the following government issued ID's to confirm your identity (you do not need to upload a copy of the document):

1. Canadian citizenship card/certificate,
2. Passport (include the country if issued outside Canada),
3. Canadian driver's licence (include province if outside BC), or
4. BC identification card.

If you are a pharmacist or pharmacy technician registered outside BC (i.e. another province or foreign jurisdiction), you will be required to provide the name of the province/jurisdiction in which you are registered, and your licence/registration/certificate number. See section 2 and section 3 of *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* for more information.

Attestation information can be found in sections 3, 4 and 5 of *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility*. All direct owners, indirect owners, and managers must attest to the following statements:

- That they are not authorized by an enactment to prescribe drugs*see FAQ on next page;

- That they have never been subject to a limitation imposed by the College's discipline committee that precludes them from being a direct owner, an indirect owner, or a manager;

- That they have never been the subject of an order or a conviction for an information or billing contravention*see FAQ on next page;

- That they have not, within the past 6 years, been convicted of an offence prescribed under section 45 (1) (a) (ii) of the *Pharmaceutical Services Act*;

- That they have not, within the past 6 years, been convicted of an offence under the *Criminal Code* (Canada);

- That they have not, within the past 6 years, had a judgment entered against them in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related services (within the meaning of the *Pharmaceutical Services Act*).

In addition, managers, direct owners and indirect owners that are also registered pharmacists or pharmacy technicians must make the following attestations:

- That they have not, within the past 6 years, been suspended or had their registration cancelled by the College, or by a body in another province or foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.

- That no limits or conditions have been imposed, within the past 6 years, on their practice of pharmacy as a result of disciplinary action taken by the College, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.

If you are not able to attest to all of the above statements, you must complete and submit *PODSA Form 6: Manager/Direct Owner/Indirect Owner – Notice of Ineligibility* which will be disclosed to the Application Committee for review. Please note that your eligibility to own a pharmacy will not automatically be declined upon submission of this form. Refer to the Reporting Ineligibility and the Application Committee sections for more information.

FAQ: I AM A PHARMACIST AND I AM NOT ANY OTHER TYPE OF HEALTH PROFESSIONAL WHO CAN PRESCRIBE DRUGS. DO I CHECK OFF THE STATEMENT "I AM NOT AUTHORIZED BY AN ENACTMENT TO PRESCRIBE DRUGS" IN MY ATTESTATION?

Under the *Pharmacy Operations General Regulation* made pursuant to the *Pharmacy Operations and Drug Scheduling Act*, pharmacists are classified as practitioners for the purpose of prescribing specific drugs. Although a pharmacist is authorized to "prescribe" under section 3 of the regulation, they can still be the direct owner or indirect owner of a pharmacy. Therefore, if you are a pharmacist and not any other type of health professional who can prescribe drugs, you should check off the statement.

However, if you are a pharmacist and are also registered as any of the following, you must **NOT** check off the statement: physicians or surgeons; dentists; podiatrists; veterinarians; midwives; nurses practicing nursing as nurse practitioners, registered nurses or registered psychiatric nurses; optometrists; or naturopathic physicians.

FAQ: I AM A PHARMACIST WHO IS REGISTERED IN ANOTHER PROVINCE AND HAS PRESCRIBING AUTHORITY IN THAT PROVINCE. I AM NOT ANY OTHER TYPE OF HEALTH PROFESSIONAL WHO CAN PRESCRIBE DRUGS. DO I CHECK OFF THE STATEMENT "I AM NOT AUTHORIZED BY AN ENACTMENT TO PRESCRIBE DRUGS" IN MY ATTESTATION?

Indirect owners who are pharmacists that have prescribing authority outside BC are not considered prescribers in B.C. Therefore, you should check off the statement.

FAQ: WHAT IS AN ORDER OR CONVICTION OF AN "INFORMATION OR BILLING CONTRAVENTION"? DOES THIS INCLUDE BILLING OR PAPERWORK ERRORS?

The *Pharmacy Operations and Drug Scheduling Act* states that an "information or billing contravention" has the same meaning as it does under the *Pharmaceutical Services Act*. This legislation is a responsibility of the Minister of Health and is established under PharmaCare. If you are unclear about whether you have been the subject of an order or a conviction for an information or billing contravention under Pharmacare and the *Pharmaceutical Services Act*, contact PharmaCare directly to confirm.

Criminal Record History (CRH)

A Criminal Record History involves a search for criminal record history information in the databases of the Royal Canadian Mounted Police and local police stations. The CRH search for pharmacy owners will be conducted by the Board-approved external vendor, Sterling Talent Solutions, a professional private criminal record check provider that partners with local police stations to provide results.

Criminal Record Histories are to be submitted, if they have never previously submitted one to the College, or if it has been 5 years since one was last submitted to the College, by:

- All applicable individuals when applying for a new pharmacy licence or a change of direct owner;
- All applicable individuals when applying for their subsequent pharmacy licence renewal to the College;
- All applicable individuals when applying for their pharmacy licence reinstatement;
- Each new indirect owner when applying for a change of indirect owner; and
- The new manager when applying for a change of manager.

As part of your Proof of Eligibility, you will be required to submit your Criminal Record History online through Sterling Talent Solutions' website. This can be done by following the instructions on eServices when completing your Proof of Eligibility, or the instructions in the email sent by the College upon validation of your ownership information or changes in ownership information. How you receive the instructions will depend on the type of pharmacy licence application:

By Email	On eServices (during POE process)
• New Pharmacy Licence application; or • Change of Direct Owner application	• Pharmacy Licence Renewal application; • Pharmacy Licence Reinstatement application; or • Change in Indirect Owner application

Your Criminal Record History is to be submitted on or after the date you receive the instructions and before the applicable deadline. The College does not accept a shared result that was done for another organization as it may be outdated or a different type of check.

*Registrants and non-registrants **must** submit their CRH through the designated link provided by the College on eServices, regardless of whether they have a pre-existing account with Sterling Talent Solutions. This ensures that the CRH is being conducted for College purposes only. If you do not use the designated link provided by the College, the College will NOT receive your result from Sterling automatically, which may delay processing your pharmacy application.*

The fee for conducting the Criminal Record History is paid directly to Sterling Talent Solutions. Once submitted, a Criminal Record History is valid for 5 years after which time a new one must be completed.

By submitting your Criminal Record History through Sterling Backcheck, you consent to release of the results to the College of Pharmacists of BC for the purpose of processing the pharmacy application and other of the College's activities as disclosed to you in your form of consent on the Sterling website. The College is authorized to collect, use and disclose this personal information under the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act* and the College's bylaws. For any questions about the collection of information, contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org.

If you have any questions during the process with completing your Criminal Record History through Sterling Talent Solutions, please contact their support team by email or by phone between the hours of 9am to 8pm EST:

- Phone: 1-877-455-6730
- Email: support@mybackcheck.com

Criminal Record History Results

PODSA requires that "no direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence under the *Criminal Code* (Canada)".

There are four possible results in a Criminal Record History:

1. **Clear** - This result indicates that no criminal conviction history was identified.
2. **Not Clear, No Disclosure Provided** - This result indicates that, based on the applicant's name, date of birth and place of birth, the Royal Canadian Mounted Police (RCMP) has located a criminal record that does not match the information provided by the applicant which indicated that they had no criminal record.
3. **Not Clear, Disclosure Confirmed** - This result indicates that, based on the applicant's name, date of birth and place of birth, the RCMP has located a criminal record that matches the information provided by the applicant. The "Confirmed" result means that the offence(s), date(s) of conviction and location(s) disclosed by the applicant are representative of what the RCMP found.
4. **Not Clear, Not Confirmed Disclosure** - This result indicates that, based on the applicant's name, date of birth and place of birth, the RCMP has located a criminal record that matches this information provided by the applicant. The "Not Confirmed" result means that the offence(s), date(s) of conviction and location(s) disclosed by the applicant does not match what the RCMP found.

Under the federal *Privacy Act*, the RCMP is unable to disclose details of an individual's criminal record to third parties – only individuals to whom the record belongs may access and disclose this information. As a result, the College is unable to provide details on the discrepancies between the disclosure provided by the applicant and the details found through the Criminal Record History search.

For results categorized as "**Not Clear, No Disclosure Provided**" and "**Not Clear, Not Confirmed Disclosure**", applicants are given the option to "**Zero-In**" on their record for an additional cost. This option gives the applicant a chance to correct, or provide additional details about, their CRH and then conduct a second CRH through Sterling Talent Solutions. Once the revised declaration is deemed accurate, the applicant will receive an amended result of **"Not Clear – Disclosure Confirmed."**

If a "**not cleared**" result from a charge or conviction under any *Criminal Code* (Canada) within the previous 6 years is received, you must complete and submit *PODSA Form 6: Manager/Direct Owner/Indirect Owner – Notice of Ineligibility*, which will then be disclosed to the Application

Committee for review. Your eligibility to own a pharmacy will not automatically be declined upon submission of this form. Refer to the Application Committee section for more information.

It is very important to note that **even if your conviction was over 6 years ago, you will still have to disclose this correctly to avoid the need to zero-in and a delay in the process.** However, only convictions within the last 6 years will be forwarded to the Application Committee for review.

If your CRH result also comes back with a "**defer**" status, regardless of whether you have a "**clear**" or "**not cleared**" result, you will be asked to obtain a vulnerable sector *Police Information Check (PIC-VS)* from your local police department and provide it to the College before the assigned deadline. This check has additional information in the Local Police Information database that Sterling does not have access to.

FAQ: WHAT OFFENCES UNDER THE CRIMINAL CODE WILL BE REVIEWED BY THE APPLICATION COMMITTEE? FOR EXAMPLE, WOULD A SPEEDING TICKET IN THE LAST 6 YEARS BE COUNTED?

Any offence, listed under the *Criminal Code* (Canada), that occurred within the last 6 years will be reviewed by the Application Committee.

If a manager or a direct/indirect owner is not sure about whether he/she has been convicted of an offence, he/she should review the *Criminal Code* of Canada or speak with legal counsel. He/she may also complete a private Criminal Record History at a police station in advance. This private record however, cannot be used for the purpose of pharmacy licensure. The official CRH must be submitted through the designated link provided by the College on eServices, regardless of whether they have a pre-existing account with the College's approved vendor. This ensures that the CRH is being conducted for College purposes only.

FAQ: WHAT RESULTS WILL BE RECEIVED BY THE COLLEGE AFTER I HAVE SUBMITTED MY CRH?

The College will receive a "cleared" or "not cleared" result from the approved vendor. This status will be recorded on the person's profile at the College. Should the result be "not cleared", the College will further determine which of the three subtypes of "not cleared" applies.

If your conviction was 6 years ago, the information will not be recorded in the College's records.

FAQ: WHAT HAPPENS IF I FAIL TO REPORT A CONVICTION WHEN I COMPLETE MY CRH?

When the results from your CRH are "Not cleared, No Disclosure Provided" or "Not cleared, Not Confirmed Disclosure", you will receive an email notification requiring a zero-in (additional fee will be required and pharmacy application may be delayed). When the second "not cleared, conviction

found" result returns to the College, the College will look at the time that the charge or conviction occurred. If it occurred within the past 6 years, your pharmacy application will be referred to the Application Committee for review; however, if it occurred over 6 years ago, the pharmacy application will not be referred to the Application Committee for review.

Criminal Record History (CRH) Versus Criminal Record Check (CRC)

All registered pharmacists and pharmacy technicians currently undergo a Criminal Record Check (CRC) through the Criminal Records Review Program (CRRP) under the *Criminal Records Review Act* (CRRA), as required under Section 20(3) of the *Health Professions Act (HPA)*, at the time of initial registration and at least once every 5 years thereafter at the time of registration renewal. However, this check does not provide the same level of comprehensive Criminal Record History (CRH) that is required under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*. Additionally, the CRRP is specific to registrants and does not provide a means to conduct Criminal Record Histories of non-registrants.

As a result, the College cannot use the CRC results from the CRRP for the pharmacy licensing process because they do not meet the CRH requirements included in *PODSA*. Therefore, all direct and indirect owners and managers must submit a CRH as part of the licensure process; all owners who are registered pharmacists as well as managers must also continue to undergo the separate CRC process to maintain their registration with the College.

	Criminal Record Check (CRC)	Criminal Record History (CRH)
Legislative Requirement of	*Health Professions Act (HPA)*	*Pharmacy Operations and Drug Scheduling Act (PODSA)*
Purpose	Registering as a regulated health professional	Holding a pharmacy licence
Eligibility Criteria	The registrant does not present a risk of physical or sexual abuse to children or a risk of physical, sexual or financial abuse to vulnerable adults	No direct owner, indirect owner or manager has, within the previous 6 years, been convicted of an offence under the *Criminal Code* (Canada)…
Applicable individuals	Pharmacists and Pharmacy Technicians	Direct Owners, Indirect Owners and Manager (*Note: direct and indirect owners can be registrants or non-registrants*)

More information about the Criminal Record Check (CRC) for registrants can be found on the College's website: http://www.bcpharmacists.org/criminal-record-check.

Reporting Ineligibility

You must submit *PODSA Form 6: Manager/Direct Owner/Indirect Owner – Notice of Ineligibility* to the Licensure Department for any of the following:

- If you are unable to attest to all statement in the attestation (*PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility*);

- If you receive a "not cleared" Criminal Record History result from a conviction within the previous 6 years;

- If you no longer meet the eligibility criteria under section 3 of the Act; or

- If you are aware of a direct owner, indirect owner or manager that no longer meets the eligibility criteria under section 3 of *PODSA*.

Due to the nature of the information contained in *PODSA Form 6: Manager/Direct Owner/Indirect Owner – Notice of Ineligibility*, it is recommended that you email the completed form directly to the Licensure Department at licensure@bcpharmacists.org instead of faxing to the College's general fax line.

Your eligibility to own a pharmacy will not automatically be declined upon submission of this form. The Application Committee will review the information provided in making a decision on your pharmacy licence. Refer to the Application Committee section for more information.

Privacy Considerations

The College collects, uses and discloses personal information in accordance with our province's *Health Professions Act* (HPA), *Pharmacy Operations and Drug Scheduling Act* (PODSA), *Freedom of Information and Protection of Privacy Act* (FIPPA) and other applicable legislation.

The College will be using the information collected through Proof of Eligibility submissions only for the purposes of licensing pharmacies and regulating registrants and pharmacy owners. The College has measures in place to safeguard the information and set appropriate retention and disposal periods that are in accordance with privacy legislation.

Refer to our Privacy Policy at: http://www.bcpharmacists.org/privacy. Questions or concerns about privacy and confidentiality can be directed to the College's Privacy Officer at privacy@bcpharmacists.org.

Application Committee (AC)

The Application Committee (AC) consists of at least 6 full pharmacists or pharmacy technicians appointed by the Board. Additionally, at least one-third of the Committee's membership must consist of public representatives, at least one of which is a current Board member. For information on the membership of the committee and its terms of reference, refer to the **Committees** section under **About Us** on the College website.

The AC is a legislative committee established under the *Pharmacy Operations and Drug Scheduling Act (PODSA)* to review any pharmacy licence applications that have been referred by the Register who is not satisfied for either one of the following:

- the application is complete and has no false or misleading information; or
- the direct owner is eligible, under section 3 of the Pharmacy Operations and Drug Scheduling Act (PODSA), to hold a pharmacy license.

When a pharmacy application submitted is incomplete by the due date or where an indirect owner or manager does not meet one or more of the eligibility criteria in *PODSA*, the application will be referred to the AC for review. The authorized representative (AR) of the pharmacy (and the person that does not meet the eligibility criteria if applicable) will be notified of the referral, the reason(s) for referral, and the date of the AC meeting (if confirmed). They may submit, within a reasonable deadline before the meeting, any additional information that they wish the AC to consider.

The Licensure Department will prepare all the information that is relevant to the application for the AC to consider, such as the requirements received for the pharmacy application; information of the pharmacy, the direct owner, all indirect owner(s) if applicable, and the manager; the attestation, the Criminal Record History result within the previous 6 years, and the *PODSA Form 6: Manager/Direct Owner/Indirect Owner – Notice of Ineligibility* completed by the individual who cannot attest to all statements in the attestation; as well as any College documents regarding the information provided in *PODSA Form 6*.

The AC will review the information provided and consider the following before making their decision(s):

- Whether or not the conviction under the *Criminal Code* (Canada) within the previous 6 years was for an offence that is relevant to the provision of drugs or devices, or to the operation of a pharmacy; or
- Whether or not the circumstances resulting in the judgment referred to in section 3 (g) of the Act; the suspension or cancellation referred to in section 3 (h) of the Act; or the disciplinary action referred to in section 3 (i) of the Act are such that there is minimal risk to the public if the pharmacy licence is issued, renewed or reinstated.

Upon reviewing all available information and considering the applicable test above, the AC will make one of the following decisions:

1. Issue, renew or reinstate the pharmacy licence;
2. Issue, renew or reinstate the pharmacy licence with conditions; or
3. Refuse to issue, renew, or reinstate the pharmacy licence.

The AR (and the person who does not meet the eligibility criteria) will be notified of the decision from the AC within 10 days from the meeting date.

Opening a Pharmacy

Before a pharmacy in B.C. can open to the public, it must be licensed by the College. To be licensed, the direct owner (including the indirect owner, if applicable, and the manager) and the new pharmacy must meet all of the requirements in the *Pharmacy Operations and Drug Scheduling Act (PODSA)* and the *Health Professions Act (HPA)*, their regulations, and the College bylaws and policies made pursuant to these Acts.
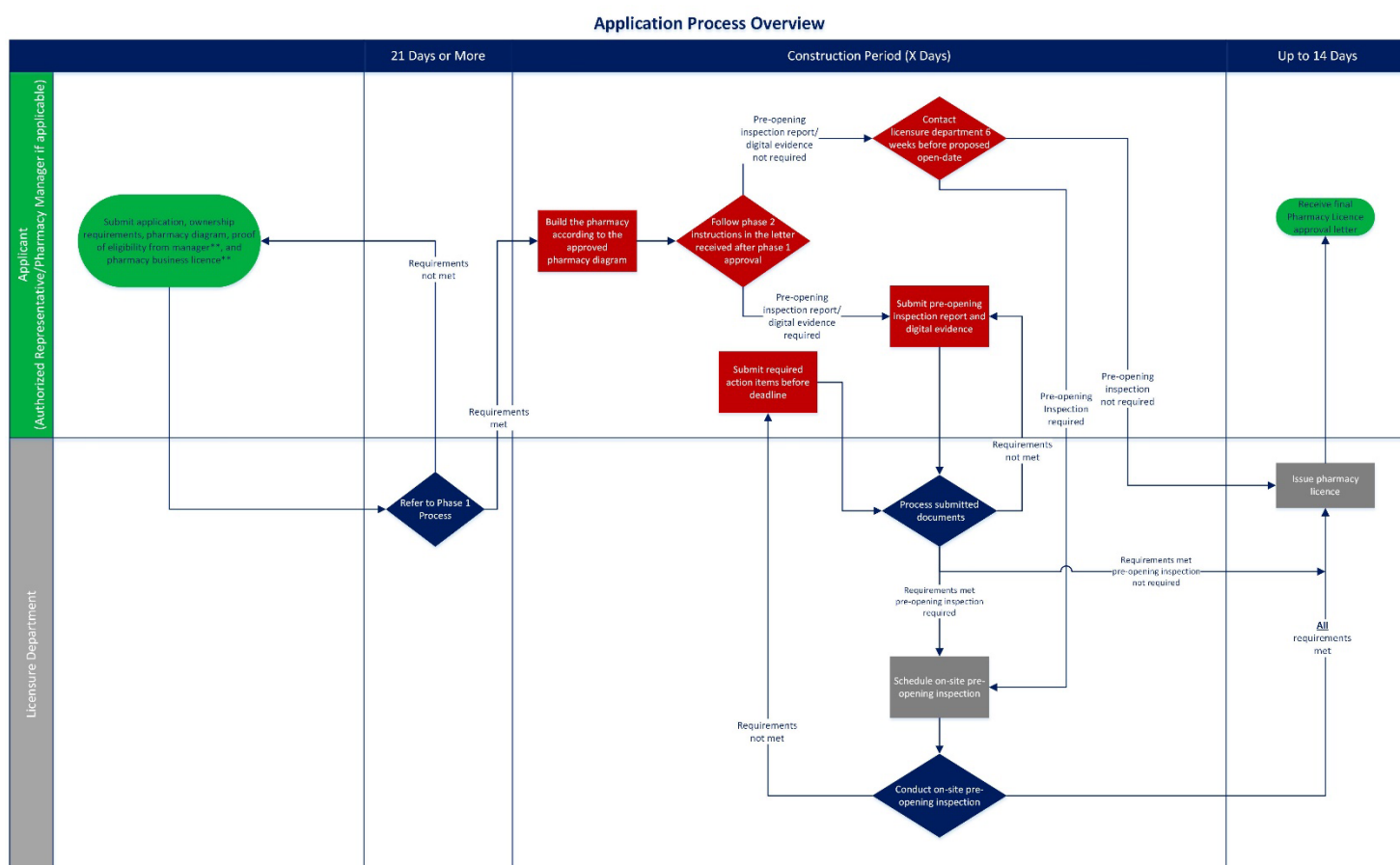
Application Process Overview

The application process for different pharmacy licence types is similar with a few minor differences. For details, refer to the pharmacy licence type you are applying in each step below.

Generally, there are two phases involved during the application process and each phase has its own purpose:

1. **Phase 1** – Confirming all direct/indirect owners (and manager) meet the eligibility criteria in *PODSA*;

2. **Phase 2** – Confirming the new pharmacy meets all physical requirements.

Figure 5. New Pharmacy Licence Application Process Overview

*ownership requirements include ownership information and attestation from each applicable direct/indirect owner
**can be submitted in phase 2

(Download "New Pharmacy Licence Application Process Overview" Diagram)

Processing times

Your pharmacy licence application will **only be** processed upon receipt of **all** the required documents/requirements. It is important to know what documents/requirements you must submit and when you have to submit them depending on the type of ownership of the pharmacy. If the direct owner of your pharmacy is a corporation, use the *Ownership Requirements (Corporation as Direct Owner) Checklist* as a guide to understand and collect all ownership requirements.

Processing times for new pharmacy applications will vary depending on the length of time it takes for applicant(s) to satisfy the following criteria:

- All required documents are submitted at the time of application;
- All required documents are submitted on time;
- All submitted documentation contains complete and accurate information;
- The pharmacy diagram includes all the requirements;
- Pharmacy is built in accordance with the approved pharmacy diagram;
- No instances of non-compliance are identified during the pre-opening inspection;
- No referral to the Application Committee is required.

The submission of an incomplete or unsatisfactory application will result in additional processing time (up to 14 days).

On average, it takes approximately 6 to 12 months to open a new pharmacy (including construction time).

Licensure Date

Some licensure documents ask you to provide an expected licensure date; or a date by which you expect to receive your pharmacy licence. It is important that you understand the requirements, timeline and possible delays for each phase when determining your expected licensure date. We recommend that you allow yourself leeway when determining your expected licensure date in order to account for possible delays.

> Notify the Licensure Department should there be a change to the expected licensure date originally indicated in your pharmacy licence application.

Note that your licensure date will not necessarily be the same as your opening date. There are often other parties outside the College that you will have to make separate arrangements with and whose timelines can affect your opening date. Please refer to the Other Considerations (Non-College Related) section for more information.

Submission of Application and Required Documents

You may submit your pharmacy licence application and required documentation to the College's Licensure Department in one of the following ways:

- Email: licensure@bcpharmacists.org (*preferred method*)

- Fax: 604-733-2493

- Mail: 200-1765 West 8th Avenue, Vancouver BC, V6J 5C6

- In-person at the College's office

Phase 1: New Pharmacy Licence Application + Pharmacy Diagram + Ownership Requirements

The purpose of phase 1 is to confirm that the direct owner is eligible to hold the pharmacy licence when the pharmacy is approved to be licensed. Ownership information and Proof of Eligibility from each direct/indirect owner are collected during this phase. The pharmacy diagram is also reviewed during this phase to ensure that the pharmacy can complete phase 2 smoothly.

Phase 1 involves submitting:
1. New pharmacy licence application form and the application fee;
2. Pharmacy diagram;
3. All required ownership documents (if applicable); and
4. Proof of Eligibility from each applicable direct owner or indirect owner .

Items #1, #2, #3 and the first part[2] of #4 will take up to 14 days for the College to process upon receipt of all documents. When processing is complete, the manager and all applicable direct/ indirect owners will receive instructions via email to complete their Criminal Record Histories if one has not been completed with the College in the previous 5 years.

When all the requirements for Phase 1 are met, Health Insurance BC (HIBC) of the Ministry of Health will be notified. You will also receive a notification via email and may start building your pharmacy according to the approved pharmacy diagram.

It is the responsibility of the pharmacy owner to understand what the physical requirements are before building the pharmacy. Refer to Appendix B for further information.

> Note that if any information you submitted in Phase 1 is changed, you must notify the Licensure Department as soon as possible to avoid a delay in the licensure process.

A new pharmacy licence application is valid for 3 years. You will need to reapply if your new pharmacy is not open within 3 years from the date you submitted the application. If your

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[2] Proof of Eligibility consists of an attestation and a Criminal Record History. You will submit an attestation first before receiving instructions to complete your Criminal Record History.

pharmacy does not open within 1 year from the date you submitted the application, all applicable direct/indirect owners, as well as the manager will have to resubmit their attestation using *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* before the new proposed licensure date.

Figure 6. Phase 1 Process
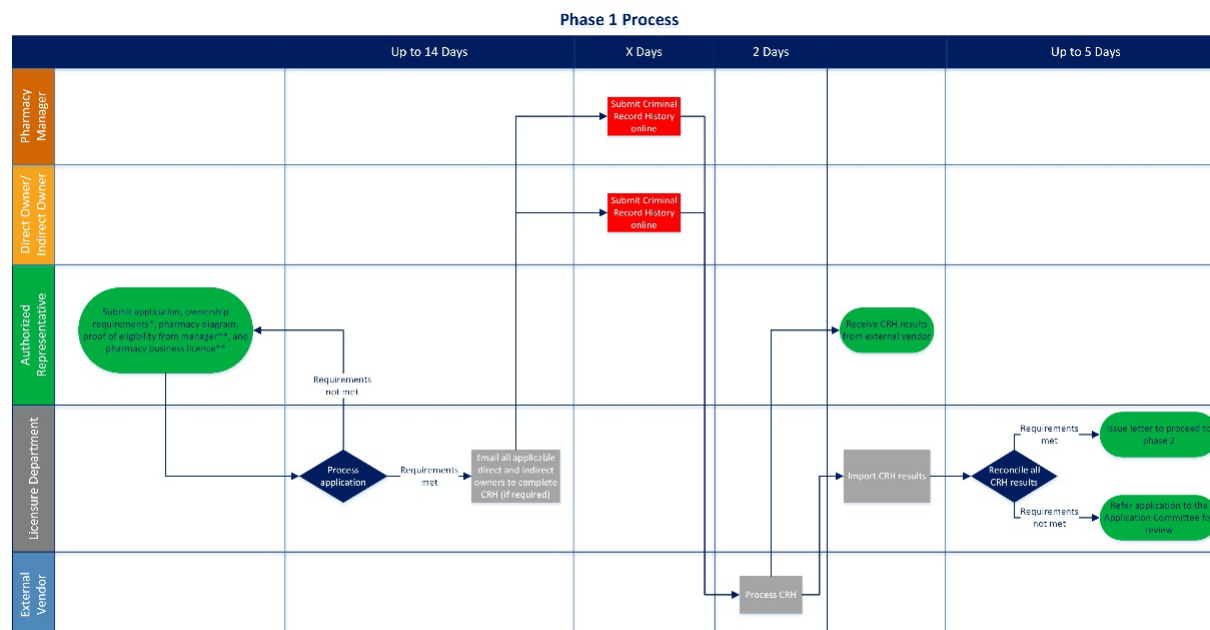
*ownership requirements include ownership information and attestation from each applicable direct/indirect owner
**can be submitted in phase 2

(Download Phase 1 Process Overview Diagram)

New Pharmacy Licence Application Form

The authorized representative of the direct owner of a pharmacy is to complete and submit the new pharmacy licence application form along with the application fee(s) based on the type of pharmacy licence you wish to apply for:

- Community Pharmacy Licence
- Hospital Pharmacy Licence
- Pharmacy Education Site Licence
- Telepharmacy (Community) Licence

Submit this form if you wish to apply for the authorization to operate a hospital pharmacy satellite.

Note that your application will not be considered complete until payment is received by the College.

A new pharmacy licence application is valid for 3 years. You will need to reapply by submitting all requirements again if your new pharmacy is not open within 3 years from the date you

submitted the application. The College does not retain documents that were submitted for an expired application.

Operating Name

Your Operating Name is the name used to carry on the pharmacy business. This name is also known as the '"Doing Business As" (DBA) Name'.

This name can be the same as, similar to, or completely different from the name of the direct owner or the name on the external signage of a pharmacy. It must be a unique name for the College.

External Signage Name

The External Signage Name is the name printed on the external signage (store front) of the premises where the pharmacy or telepharmacy is located. This is the name recognized or identified by the public as the "pharmacy name". This name must also be included on the prescription labels.

This name can be the same as, similar to, or completely different from the operating name. It can be a unique name or common name such as trade name, brand name, banner name or franchise name.

Below are some examples to illustrate some common scenarios:

Acceptable Scenario	Direct Owner Name	Operating Name	External Signage Name	Name used on Prescription Label
#1	BBB Pharmacy Ltd	BBB Pharmacy	BBB Pharmacy	BBB Pharmacy
#2	CDE Pharmacy Inc.	CDE Pharmacy	Trade Name Rx	Trade Name Rx CDE Pharmacy
#3	Chain Corp.	Chain Drugs and Rx #1	Chain	Chain Pharmacy #1
#4	123456 Co.	Rx Drugs	Banner Name	Banner Name – Location

Pharmacy Diagram

The "pharmacy diagram" is also known as the floor plan of the pharmacy. It is a drawing, to scale, of the spatial relationships between rooms, spaces and other physical features. Dimensions are usually drawn between the walls to specify room sizes and wall lengths.

The pharmacy diagram required for licensure must be professionally drawn (i.e. digitally created, not hand drawn) to scale with the scale or conversion included in the drawing. The recommended scale is ¼ inch equals 1 foot. It must include measurements, details of fixtures such as sinks, and entrance(s) to the pharmacy. The diagram must demonstrate compliance with the physical requirements outlined in the *PODSA* bylaws and applicable policies. Only digital copies of the diagram will be accepted.

A summary of all requirements to be shown in a diagram as well as digital evidence (for Phase 2) can be found in the Appendix B.

Physical requirements specific to the pharmacy diagram can also be found in the checklists below:

- Community Pharmacy/Telepharmacy Diagram Checklist
- Hospital Pharmacy/Hospital Pharmacy Satellite Diagram Checklist

Note: Pharmacy diagrams are not required for Pharmacy Education Sites.

Notify the Licensure Department should there be any changes made to the original pharmacy diagram approved in Phase 1. Compliance with the requirements will be confirmed at the pre-opening inspection stage in Phase 2.

The pharmacy diagram will be attached to the pharmacy's record at the College and be used for inspection purposes by the College inspectors.

Ownership Information

The documents and information required for ownership will depend on the business structure of the **direct owner** of the pharmacy, regardless of the type of pharmacy licence being applied for.

Sole Proprietorship

If the direct owner is a sole proprietorship, submit:

- A copy of the *Statement of Registration of General Partnership or Sole Proprietorship*

Partnership of Pharmacists

If the direct owner is a partnership of pharmacists, submit:

- A copy of the *Statement of Registration of General Partnership or Sole Proprietorship*

Corporations

If the direct owner is a corporation (BC), submit:

1. A copy of the *British Columbia Company Summary (BCCS)*
   - The corporation must be *in good* standing with the BC government.
   - The corporation must have filed their Annual Report within 2 months from the most recent anniversary date of incorporation.
   - The BCCS must be current (i.e. the copy was retrieved recently prior to submission and no changes have been made to the corporation since the retrieval date)

2. A copy of page 1 of *PODSA Form 7: Indirect Owner – Email Contacts*:
    - If the direct owner is a publicly traded corporation, include the contact information of each **director** and **officer**.
    - If the direct owner is a non-publicly traded corporation, include the contact information of each **director**, **officer** and **shareholder**.

If the direct owner is a non-publicly traded corporation (BC), also submit:

3. A certified true copy[3] of the Central Securities Register;

4. If a shareholder is a non-publicly traded BC corporation (i.e. the "parent company"), also submit #1, #2 (but page 2 instead) and #3. Repeat again if a shareholder of the parent company is a non-publicly traded BC corporation until there is no more.

It is important that:
- The information is current, correct and legible;

- The legal name of each indirect owner provided in Form 7 is accurate as it will be used to create the record for the indirect owner at the College (if the indirect owner is not already known to the College) and to match with the request and result of the Criminal Record History.

- Use the appropriate checklist as a guide to understand and collect all required ownership documents:
    o   *Ownership Requirements (Corporation as Direct Owner) Checklist* for a new pharmacy application or a change of direct owner application; or
    o   *Pharmacy Licence Renewal Checklist* for pharmacy licence renewal application.

Hospital

If the direct owner is a hospital, select "Other" (if applying for a community pharmacy licence) in the Direct Owner Information section on the application form and provide the
- Name of hospital where the pharmacy is located; and
- Name of Health Authority.

No additional ownership documents are required.

Association

If the direct owner is an association, select "Other" in the Direct Owner Information section on the application form and provide the following information:
- Name of the entity; and
- BC Incorporation Number.

No additional ownership documents are required unless otherwise requested.

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[3] "**Certified true copy**" means that it is a true copy of the original document. The notary public or lawyer must indicate on the copy that it is a 'true copy' of the original document. "Certified copy of a copy of a document" is not acceptable. Use only a **notary public** or **lawyer** to certify your Central Securities Register. Other professionals will not be accepted.

If the direct owner is a society, select "Other" in the Direct Owner Information section on the application form and provide the following information:

- Name of the entity; and
- BC Incorporation Number.

No additional ownership documents are required unless otherwise requested.

University

If the direct owner is a university, select "Other" in the Direct Owner Information section on the application form and provide the name of the university.

No additional ownership documents are required unless otherwise requested.

Others

For all other type of direct owners, please contact the Licensure Department for more information.

Proof of Eligibility from Direct/Indirect Owners

Proof of Eligibility consists of two components: Attestation and Criminal Record History.

Attestation

Submit a signed copy of the attestation using P*ODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* from **each** applicable direct owner or indirect owner.

> If your pharmacy does not open within 1 year from the date you submitted the application, all applicable direct/indirect owners, as well as the manager will have to resubmit their attestation using *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* before the new proposed licensure date.

Criminal Record History

Criminal Record History is required if one has not been completed with the College in the previous 5 years.

Each direct owner or applicable indirect owner will receive instructions via email to complete their Criminal Record History through the approved external vendor upon confirmation of ownership information and receipt of all attestation forms.

Please do not complete a Criminal Record History before receiving the email from the College.

It will take up to 7 days to process a Criminal Record History result.

Phase 1 or 2: Business Licence and Proof of Eligibility from Manager

The following requirements can be submitted either with Phase 1 or Phase 2 requirements as they may not be available until later on in the process:

- Business Licence of the new community pharmacy or telepharmacy;
- Proof of Eligibility from the Manager.

Business Licence (Community Pharmacy/Telepharmacy Only)

Submit a valid business licence issued by the jurisdiction (e.g. municipality, town or village) where your new pharmacy or telepharmacy is located. You may submit it either in Phase 1 or Phase 2 of the licensure process and it must be received by the College before a community pharmacy/telepharmacy licence will be issued.

If the new pharmacy or telepharmacy is located in a jurisdiction that does not issue a business licence, provide a letter or correspondence from the jurisdiction which confirms that they do not issue a business licence.

A valid business licence must include:

1. **Name of the person or entity (e.g. partnership or corporation) that owns the pharmacy**
   - The "**owner's name**" on the business licence must be consistent with the name of the pharmacy's direct owner reported in the pharmacy licence application. If the direct owner of your pharmacy is a corporation, the "owner's name" on the business licence must be the same as the one named in the *BC Company Summary* (i.e. the corporation name).

2. **Operating Name of the pharmacy**
   - The "**business's name**" on the business licence must be consistent with the **operating name** (__not__ external signage name) used in the pharmacy licence application.

   > The following format should be used if the business licence does not show the "owner's name" and "business's name" separately: "**[Corporation name] DBA [Business name]**" Note: DBA means *"Doing Business As"*

3. **Address of the pharmacy**
4. **Validity period of the business licence**
   - The business licence must be valid (i.e. not expired) at the time of submission.

Allow up to 7 days for processing if this is not submitted at the same time with all the documents in Phase 1 or Phase 2.

Note that any changes to the above information (i.e. direct owner's name, pharmacy name and address) will require the submission of an updated business licence to the College along with the appropriate change application. See the section titled Making Changes to a Licensed Pharmacy for more information.

See Appendix A for a sample of the pharmacy's business licence and some common reasons for rejecting a business licence for a pharmacy licence application.

Proof of Eligibility from Manager

Proof of Eligibility consists of two components: Attestation and Criminal Record History.

Notify the Licensure Department if there are any changes to the original manager named in the application submitted in Phase 1. The "new" manager will have to submit his/her Proof of Eligibility before the pharmacy licence can be issued regardless of whether all other documents are complete.

Attestation

Submit a signed copy of the attestation using *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* from the manager.

Allow up to 7 days for processing if it is not submitted at the same time with all the documents in Phase 1 or Phase 2. *Note that when applying for a new telepharmacy licence or new hospital pharmacy satellite, the manager of the central pharmacy must submit his/her attestation in Phase 1.*

Criminal Record History

Criminal Record History is required if one has not been completed with the College in the previous 5 years.

He/she will then receive instructions via email to complete their Criminal Record History through the approved external vendor. *Please do not complete a Criminal Record History before receiving the email from the College.*

It will take up to 7 days for processing a Criminal Record History result.

If your pharmacy does not open within 1 year from the date you submitted the application, all applicable direct/indirect owners, as well as the manager will have to resubmit their attestation using *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* before the new proposed licensure date.

Phase 2: Pre-Opening Inspection + Initial Licence Fee

The purpose of phase 2 is to confirm that the new pharmacy meets all physical requirements and is ready for licensure.

In addition to paying for the initial licence fee, phase 2 involve:

1. Submitting/completing the Pre-Opening Inspection Report with supporting digital evidence by the manager or the direct/indirect owner; and/or

2. Conducting an on-site pre-opening inspection by a College Inspector.

The table below summarizes the requirements for phase 2 based on licence type. Click on the link in the header row for more information:

Licence Type	Pre-Opening Inspection Report with Supporting Digital Evidence	On-site Pre-Opening Inspection (Scheduled)
Community Pharmacy	**Required**: Submit at least 45 days before the proposed licensure date	If required, will be notified in advance and scheduled within 30 days before the proposed licensure date
Hospital Pharmacy	Use the *Pharmacy Pre-Opening Inspection Report* to prepare for the inspection. Only required to submit if instructed upon completion of phase 1	**Required**: will be scheduled at least 45 days before proposed licensure date
Pharmacy Education Site	Not required	If required, will be notified in advance and scheduled at least 30 days before proposed licensure date
Telepharmacy (Community)	**Required**: Submit at least 45 days before the proposed licensure date	**Required** (at both Telepharmacy and Central Pharmacy): will be scheduled at least 30 days before proposed licensure date

Figure 7. Phase 2 Process

Submit Pre-Opening Inspection Report + Digital Evidence

Conduct On-Site Pre-opening Inspection (If Required)

Pharmacy Licence is Issued

14 days upon receipt of all requirements

1-2 days

Upon meeting all requirements
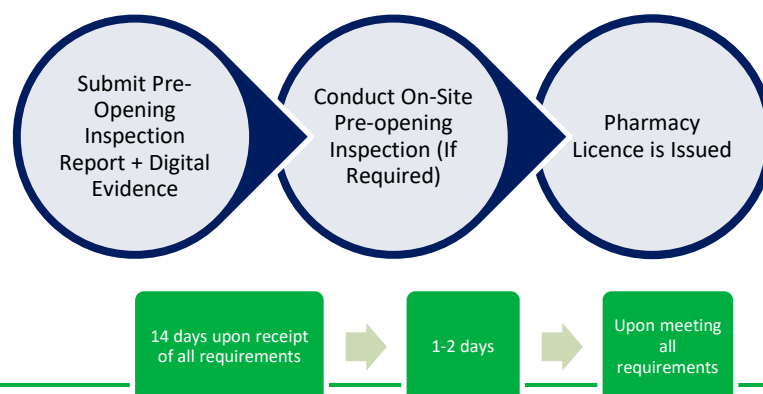
Pre-Opening Inspection Report and Digital Evidence

During this step, you will have to submit the following two items at least 45 days before the proposed licensure date:

1. Pre-Opening Inspect Report for you to confirm that your new pharmacy meets all physical requirements; and

2. Supporting Digital Evidence for the College to confirm that your new pharmacy meets all physical requirements.

Pre-Opening Inspection Report

Submit a completed copy of the *Pre-Opening Inspection Report* for your pharmacy licence type with supporting digital evidence to confirm compliance at least 45 days before the proposed licensure date:

- Pharmacy Pre-Opening Inspection Report – Community Pharmacy
- Pharmacy Pre-Opening Inspection Report – Hospital Pharmacy
- Pharmacy Pre-Opening Inspection Report – Telepharmacy (Community)

> Ensure that you have read and understand the requirement(s) for each item in the *Pharmacy Pre-opening Inspection Report* before producing digital evidence. The digital evidence for each item must demonstrate that the item meets the legislative requirements. See Appendix B for details (Community Pharmacy and Telepharmacy Only).

If you are applying for a **new pharmacy licence** or **Change of Location**, complete the entire report and submit supporting digital evidence for each item in the report. If you are applying for a **Change in Layout**, follow the instructions in your letter from the College for which section(s) to complete.

Supporting Digital Evidence

The digital evidence for each item must demonstrate that the item meets the legislative requirements. The digital evidence must be **recently produced at the new pharmacy** site and **must not** be the same digital evidence that was previously submitted for the same location or any other location. If there are photos that cannot be taken at the site, explain the reasons in the inspection report.
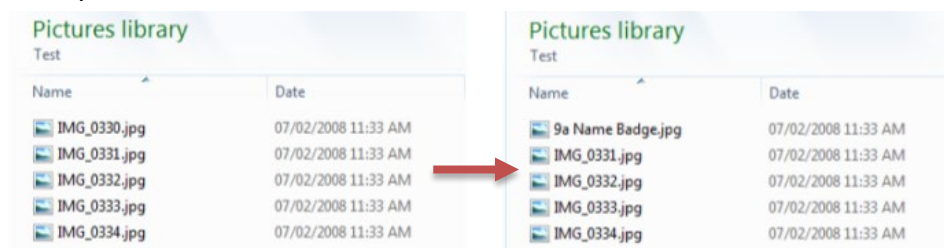
To avoid delays in processing your pharmacy application, your digital evidence must provide sufficient context for the College to determine whether the requirements are met. Review Appendix B Community/Telepharmacy Pharmacy Diagram, Pre-Opening Inspection Report and Digital Evidence before completing these requirements. Appendix B provides a list of recommended digital content and should be used as a reference when taking photos and compiling digital evidence. Also refer to Appendix D if your pharmacy compounds sterile preparations (hazardous and/or non-hazardous).

Use one of the following 3 options below to help the College identify the appropriate digital evidence for each item (**Option #1 is recommended**):

1. Insert photos, videos and/or the URLs in one of the PowerPoint documents below based on your licence type and submit the complete document along with the *Pharmacy Pre-Opening Inspection Report*.

   - Digital Evidence Submission Form – Community Pharmacy
   - Digital Evidence Submission Form – Hospital Pharmacy
   - Digital Evidence Submission Form – Telepharmacy (Community)

2. Enter the original filename and/or the URL in the comment field for each physical requirement on the *Pharmacy Pre-opening Inspection Report*. Submit the photos/videos as separate attachments along with the *Pharmacy Pre-opening Inspection Report*. See example below:

#	Item	Reference and Requirements	Compliant	Comment	CPBC Use
9a	Name badge	*PODSA Bylaws s.3(2)(m)* A manager must ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status.	✓	IMG_0330.jpg	

3. Rename the filename of each photo/video to include the item number and item name as found in the *Pharmacy Pre-opening Inspection Report* before submitting them as separate attachments along with the *Pharmacy Pre-opening Inspection Report* (i.e. you do not need to enter file name in the *Pharmacy Pre-opening Inspection Report*). See example below:

Pictures library Test		Pictures library Test	
Name	Date	Name	Date
IMG_0330.jpg	07/02/2008 11:33 AM	9a Name Badge.jpg	07/02/2008 11:33 AM
IMG_0331.jpg	07/02/2008 11:33 AM	IMG_0331.jpg	07/02/2008 11:33 AM
IMG_0332.jpg	07/02/2008 11:33 AM	IMG_0332.jpg	07/02/2008 11:33 AM
IMG_0333.jpg	07/02/2008 11:33 AM	IMG_0333.jpg	07/02/2008 11:33 AM
IMG_0334.jpg	07/02/2008 11:33 AM	IMG_0334.jpg	07/02/2008 11:33 AM

Pre-Opening Inspection by College Inspector

The authorized representative named in the application will receive an email from the Licensure Department with advance notice that their pharmacy is scheduled for an on-site inspection, if required, upon successful completion of Phase 1 of the new pharmacy licensure process or upon processing the *Pre-opening Inspection Report* in Phase 2.

The on-site inspection will be scheduled based on the availability of the authorized representative(s), the manager and the College Inspector. A confirmation email will be sent to both the authorized representative(s) and the manager at least one week prior to the on-site inspection.

The College Inspector will use the same *Pre-Opening Inspection Report* to confirm compliance for each physical requirement. An on-site inspection generally takes up to 4 hours.

If any non-compliance items are identified during the inspection, the authorized representative(s) and the manager will be required to complete all action items and submit any supporting documents before the deadline date so that the pharmacy licence can be issued on the proposed licensure date.

Initial Licence Fee

The initial licence fee must be paid before a new pharmacy or telepharmacy licence will be issued when all requirements are met.

The payment form for all pharmacy licence types (except Pharmacy Education Site) can be found: Payment Form – New Pharmacy Licence.

Issuance of a Pharmacy Licence

A pharmacy or telepharmacy licence will be issued once the pharmacy has met all the requirements. The authorized representative named in the application will receive a confirmation letter via email when your pharmacy or telepharmacy is licensed.

Your pharmacy or telepharmacy licence will be available in the **Pharmacy Portal** on eServices on the next business day. Print the licence when it is available and then place it within the pharmacy where it is conspicuous to the public as required under *PODSA*.

Note that any changes to the information on the pharmacy licence will require a re-issuance or amendment to the pharmacy licence upon completion of the change application. See the section in this licensure guide that applies to your licence and/or ownership type for more information.

A pharmacy licence (community/hospital/pharmacy education site) is valid for 12 months. The first telepharmacy licence will be valid until the expiry date of its central pharmacy's licence (and pro-rated). The subsequent telepharmacy licence will be valid for 12 months and be renewed at the same time as its central pharmacy's licence.

The pharmacy/telepharmacy licence must be renewed through eServices annually, **no later than 30 days** before the expiry date. An email notification will be sent to all authorized representatives of the pharmacy approximately **75 days** (i.e. 2 ½ months) before the pharmacy licence expires. All authorized representatives of the pharmacy must keep their contact information on eServices up-to-date. They must not unsubscribe from the College's email list as this is the primary communication tool used by the College. Refer to the Pharmacy Licence Renewal section for more information.

Other Considerations (Non-College Related)

Obtaining a pharmacy licence is only one of many critical steps required to open your pharmacy. In order to operate fully in the provision of pharmacy services, you must also contact and coordinate with other parties outside the College who usually have their own requirements, processes and timelines to follow.

Inspection by Municipality

Many municipalities require an on-site inspection before a business licence can be issued to a new business. Some municipalities also require an on-site inspection for a change of ownership before a new business licence can be issued. Contact the municipality where the pharmacy is located for more information.

PharmaNet Connection

PharmaNet is a secure computer network that links all British Columbia community pharmacies and other authorized sites to a central set of databases. PharmaNet maintains various types of information to help pharmacists identify and alert patients about potentially harmful medication interactions, unintended duplications, and risks from the misuse of prescription drugs. It also uses the information to "adjudicate" claims according to current PharmaCare policies. All community pharmacies must connect to PharmaNet even if they are not enrolled as a PharmaCare provider because all prescriptions dispensed must be transmitted to PharmaNet using an approved, compliance-tested software vendor.

Health Insurance BC (HIBC) of the Ministry of Health is responsible for coordinating PharmaNet installation and connection for your pharmacy. All requests for a new pharmacy to have access to PharmaNet must be approved by both the Ministry and the College of Pharmacists of BC.

The College notifies HIBC of your new pharmacy licence application upon completion of Phase 1 of your application when the ownership requirements are met and the pharmacy diagram is approved. HIBC will then contact you and coordinate the installation of telecommunications equipment (lines, modem and router) enabling you to connect to PharmaNet.

The installation and activation of a PharmaNet connection from the Ministry may take up to 50 business days, which may affect your expected opening date even if the pharmacy licence has already been issued.

The College sends the completed pharmacy licence to HIBC upon issuance, and HIBC will then activate PharmaNet when/after the new pharmacy is licensed.

Contact HIBC directly at: informationsupport@hibc.gov.bc.ca if you have any questions pertaining to PharmaNet installation, telecommunications requirements or connection. To learn more about PharmaNet or for specific connection requirements, refer to the PharmaCare Policy Manual.

PharmaCare Provider Enrollment

PharmaCare is the provincial public insurance plan for drugs administered by the Ministry of Health. B.C. residents with Medical Services Plan of B.C. (MSP) coverage are eligible for coverage for drugs and medical supplies under various PharmaCare plans.

To apply for billing privileges with PharmaCare, refer to the PharmaCare Provider Enrollment Guide for more information.

Other Third Party Payers

Many patients may have private drug insurance coverage through their employer. In order to be a pharmacy provider for a particular third party payer, contact them directly.

Renewing a Pharmacy Licence

A pharmacy licence must be renewed on an annual basis. The licence expiry date can be found on the pharmacy licence, which can be downloaded from the Pharmacy Portal on eServices. A pharmacy licence must be renewed before the licence expiry date; otherwise it will be in contravention of the *Pharmacy Operations and Drug Scheduling Act* which will result in immediate closure of the pharmacy.

An email notification will be sent to all of the authorized representatives of the pharmacy approximately 75 days (i.e. 2 ½ months) before the pharmacy licence expires. Individuals who are required to submit their Proof of Eligibility will also receive notice on the same day. All requirements must be completed **no later than 30 days** before the pharmacy licence expiry date. Otherwise, it will be subject to an administrative fee and referral to the Application Committee for review.

All authorized representatives of a pharmacy must always keep their contact information on eServices up-to-date. They must not unsubscribe from the College's email list as it is the College's primary method of communication.

Figure 8 Pharmacy Licence Renewal Process
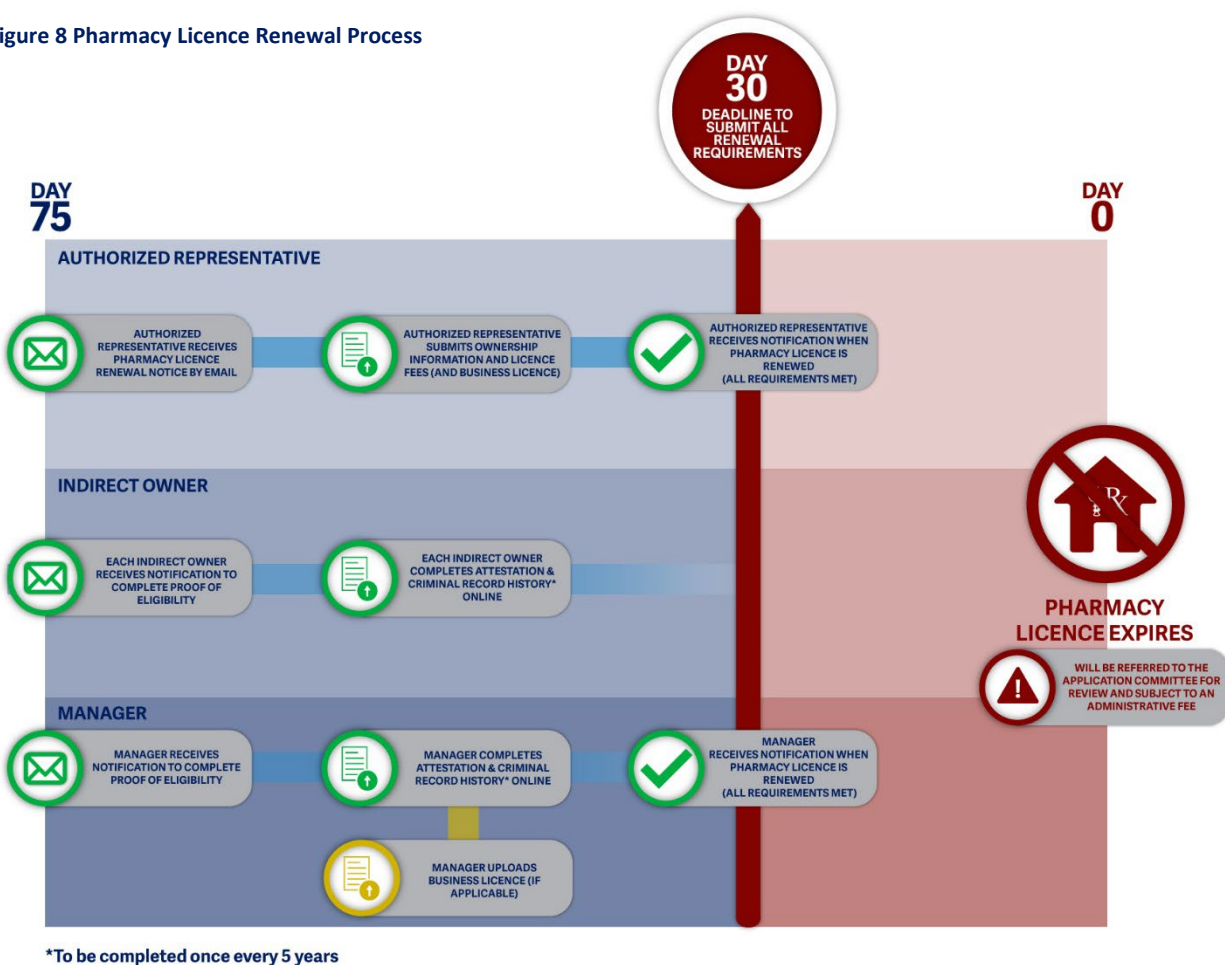
A pharmacy licence renewal is completed online through eServices by following these steps:

1. **Apply for Pharmacy Licence Renewal**

   An authorized representative of the direct owner must submit the following as soon as possible upon receipt of the renewal notice:

   - Application for Pharmacy Licence Renewal and licence fee;
   - One of the following documents from the direct owner and all their parent companies (if any) if they are a B.C. incorporated, non-publicly traded corporation:
     o The most current copy (issued within the last year) of the *BC Company Summary*; OR
     o A copy of the Annual Report filed within the last year.
   - Business licence[4, 5, 6] of each pharmacy due for renewal;

   Use this renewal checklist to help you identify all required documents.

   Click on the link to view a sample of the *BC Company Summary* or *Annual Report*.

   To learn how to submit these requirements on eServices, refer to the eServices Tutorial for Pharmacy Licensure section.

   Allow up to 14 days for processing.

2. **Submit Proof of Eligibility**

   The manager and all direct/indirect owners (individuals) in the College's records will receive instructions via email (at the same time the renewal notice is sent) to submit their Proof of Eligibility through their eServices account under the **My Profile** tab.

   Proof of Eligibility from **all** applicable individuals must be submitted **no later than 30 days** before the licence expiry date. Instructions will be provided if a Criminal Record History is required. *It will take up to 7 days to process a Criminal Record History result.*

All authorized representatives of a pharmacy will receive a confirmation letter via email upon completion of the Pharmacy Licence Renewal application. A new pharmacy licence will be issued to the direct owner upon completion of the Pharmacy Licence Renewal Application. The

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[4] If the authorized representative of the direct owner of an existing pharmacy does not have the business licence of the pharmacy readily available when completing the Pharmacy Licence Renewal application, he/she may delegate the upload of the business licence to the manager. The authorized representative of the direct owner will be responsible for communicating this delegation to the manager and ensuring the business licence of the pharmacy is uploaded by the manager on eServices **no later than 30 days** before the pharmacy licence expires.

[5] If the pharmacy is located in a jurisdiction that does not issue a business licence, upload a letter or correspondence from the jurisdiction which confirms that they do not issue business licences.

[6] A business licence is not required for pharmacies that are owned by a hospital, a health authority or an education site.

new pharmacy licence can be found on the Pharmacy Portal on eServices once all requirements have been met, even if it occurs before the effective date.

Reinstating a Pharmacy Licence

When the direct owner of a pharmacy does not renew the pharmacy licence by the licence expiry date, the pharmacy is no longer licensed and must cease operations and close. If the direct owner wishes to reopen the pharmacy, the direct owner can reinstate the pharmacy licence by submitting a *Pharmacy Licence Reinstatement* application which follows the standard renewal process.

The direct owner must submit and complete all requirements, including Proof of Eligibility from all applicable individuals, within 90 days of the licence expiry date in order to reinstate the pharmacy licence. A *New Pharmacy Licence* application is not required if both the ownership information and pharmacy information is the same as before the pharmacy licence expired. However, if the pharmacy has a new direct owner, reinstatement of the pharmacy licence does not apply. The new owner must apply as a new pharmacy and complete the *New Pharmacy Licence* application before the pharmacy can open.

If the *Pharmacy Licence Reinstatement* application is not completed within the 90 day period, the direct owner will have to submit a *New Pharmacy Licence* application in order to reopen the pharmacy.

Note the full licence fee and a reinstatement fee apply for pharmacy licence reinstatement.

For further information on the reinstatement (renewal) requirements, please refer to the Pharmacy Licence Renewal page on the College website.

Making Changes to a Licensed Pharmacy

Any changes made to the information provided from your initial licensure must be reported to the College. The authorized representatives of the direct owner of a pharmacy will be responsible for submitting licensure applications for any of the following changes to licensure information:

1. **Change of direct owner** (i.e. when you are selling your pharmacy to another party, including amalgamation)
2. **Change of indirect owner** (i.e. when a director, officer, or shareholder, is being appointed or resigns from a BC non-publicly traded corporation that directly or indirectly owns the pharmacy).
3. **Change of manager**
4. **Change of authorized representatives** (for direct owners that are not corporations)
5. **Change of corporation name** (i.e. for pharmacies that are owned by a corporation; it applies to the name of the direct owner as well any indirect owners that are corporations)
6. **Change of operating name** (i.e. change of the business name of the pharmacy)
7. **Change of external signage name** (i.e. the name seen by the public at the store front of the pharmacy location.
8. **Change of location** (i.e. changing the physical address of where your pharmacy is located)
9. **Change of layout** (i.e. renovation resulting in changes to the measurements or the location of a physical requirement(s) in the original pharmacy diagram)

Any changes to the following information first submitted in the pre-opening inspection report in Phase 2 of the new pharmacy licence process can be submitted by the **manager** through the Pharmacy Portal on **eServices**:

1. **Change in pharmacy hours** (or Lock-and-leave hours)
2. **Change in pharmacy staff roster** (i.e. new hires and resignations)
3. **Change in types of pharmacy services provided** (e.g. compounding, OAT and injection services)

If your pharmacy is changing its **phone number** or **fax number**, email the Licensure Department to update the information.

Multiple Changes

Note that each change application is specific to one individual change. If multiple changes occur at the same time, you will have to submit multiple change application forms. For example, if you are changing the pharmacy name and the layout of the pharmacy (but ownership and manager information remains the same), you will have to submit an application for a *Change of Operating Name* and a separate application for a *Change of Layout* along with other requirements for each type of change.

Same Change that Applies to Multiple Pharmacies

If a change applies to multiple pharmacies (e.g. change of direct owner which owns more than one pharmacy), you have two options to complete the change application for all applicable pharmacies:

1. Submit a change application for each pharmacy affected by the same change; OR
2. Submit a change application for one pharmacy and use the form named *Form 9: Pharmacy Licensure – Multiple Pharmacies* to list all other pharmacies impacted by the same change.

Application Process Overview

Below is an overview of the change application process. The process for a specific change mirrors the relevant piece (Phase 1 or Phase 2) in the new pharmacy licence application process.
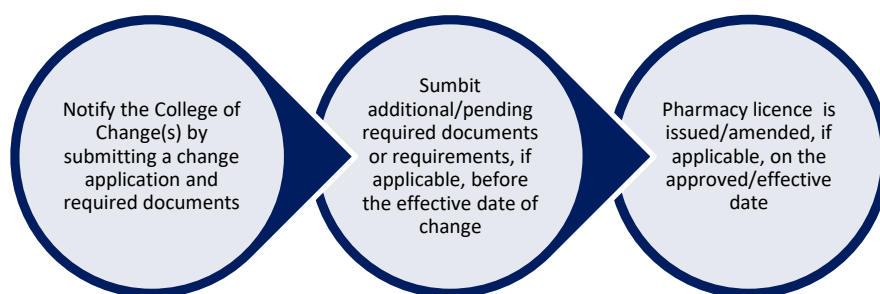
Notify the College of Change(s) by submitting a change application and required documents → Sumbit additional/pending required documents or requirements, if applicable, before the effective date of change → Pharmacy licence is issued/amended, if applicable, on the approved/effective date

Refer to the section in this licensure guide that applies to your application and/or ownership type for their specific requirements and process. Contact the Licensure Department if you have any questions.

Notification Period

You must notify the College as soon as you become aware of upcoming changes to ensure there is sufficient time to complete the change application. Many changes require additional steps to be completed between the time you have submitted the application form and the effective date of change. To notify the College of the change, complete your *change application form* (you may submit the other requirements after if they are not readily available).

It is important that changes to previously submitted licensure information be reported to the College in accordance with the prescribed time periods stipulated in *PODSA*, its Regulation and the *PODSA Bylaws*. Failure to do so may result in your pharmacy licence application being referred to the Application Committee, which may delay the issuance of your pharmacy licence, or result in the referral of the indirect owners and/or the manager to the Inquiry Committee.

Refer to *Figure 9. Summary of Notification Deadlines, Processing Times and Impact on Pharmacy Licence Based on Type of Pharmacy Licensure Changes* for details.

Processing Times

Your change application will **only be** processed upon receipt of **all** required documents. It is important that you understand what documents you must submit, and when you have to submit them according to the type of change.

Figure 9. Summary of Notification Deadlines, Processing Times and Impact on Pharmacy Licence Based on Type of Pharmacy Licensure Changes summarizes the processing time for each type of pharmacy application.

Also refer to the section in this licensure guide that applies to your change application and/or ownership type for the actual processing time and requirements for each type of change. Additional processing time (up to 14 days) may be incurred if a document or requirement is missing, incomplete, non-compliant, or requires a referral to the Application Committee. Application completion time is also dependent on the time it takes for owners/managers to complete certain required actions (e.g. submitting a Criminal Record History), or the time it takes to build (for relocations) or renovate your pharmacy.

Pharmacy Licence

The authorized representative named in the application will receive a confirmation letter via email upon completion of the change application. Certain types of changes may result in the issuance of a new pharmacy licence or an amendment to the current pharmacy licence once all requirements are met. *Figure 9. Summary of Notification Deadlines, Processing Times and Impact on Pharmacy Licence Based on Type of Pharmacy Licensure Changes* summarizes the impact on the pharmacy licence for each type of pharmacy application.

Your new/amended pharmacy or telepharmacy licence will be available in the Pharmacy Portal on eServices **the next business day either after the effective date or when the application has been approved (if requirements are missing by the effective date)**. Print the new/amended pharmacy licence and place it within the pharmacy where it is conspicuous to the public as required under *PODSA*. Refer to the Downloading a Pharmacy Licence section for steps on downloading a pharmacy licence.

Note that any changes to the information on the pharmacy licence will require a re-issuance or amendment to the pharmacy licence upon completion of the change application. See the section in this licensure guide that applies to your change application for more information.

Figure 9. Summary of Notification Deadlines, Processing Times and Impact on Pharmacy Licence Based on Type of Pharmacy Licensure Changes

Type of Change	Notification Deadline	Processing Time	Pharmacy Licence
Direct Owner	No later than 30 days before effective date	Up to 14 days then another 7 days for processing CRH results*	New one issued on the next business day after the effective date
Indirect Owner	No later than 7 days before effective date	Up to 7 days then another 7 days for processing CRH result from the new indirect owner(s)*	No change
Manager	No later than 7 days before effective date	Up to 7 days for processing CRH result from the new manager*	New one issued when approved
Authorized Representatives	As soon as possible	Up to 7 days	No change
Corporation Name	No later than 7 days before effective date	Up to 7 days	Amended one available on the next business day after the effective date**
Operating Name	No later than 7 days before effective date	Up to 7 days	Amended one available on the next business day after the effective date
Location (Relocation)	No later than 30 days before opening date at the new location	7 days for reviewing pharmacy diagram; 14 days for reviewing pre-opening inspection report & digital evidence	New one issued on the next business day after the effective date
Layout (Renovation)	No later than 30 days before renovation occurs	7 days for reviewing pharmacy diagram; 7 days for reviewing pre-opening inspection report & digital evidence	No change

*Subject to when the applicable individual completes their Criminal Record History
**If name change applies to the direct owner

Submission of Application and Required Documents

Other than a *Change of Manager* or *Change of Indirect Owner* application which is to be submitted on eServices, the preferred method of submitting your pharmacy licence application and required documents is via email to the Licensure Department at licensure@bcpharmacists.org, especially when the application package contains any personal or sensitive information.   You may also submit your application and/or required documents by fax or in-person at the College office.

The requirements for each type of change are set out in section 16 or 17 of the *PODSA bylaws*. Refer to the section in this licensure guide that applies to your change application for more information.

Below is a table summarizing the requirements for each type of change:

Type of Change	Application Form	Updated Ownership Information	Proof of Eligibility from New Individuals	Updated Pharmacy Diagram	Pre-Opening Inspection Report	New Business Licence
Direct Owner	Paper	✓	✓ (also the manager)			✓
Indirect Owner	Online	✓	✓			
Manager	Online		✓			
Authorized Representative	Paper					
Corporation Name	Paper	✓				✓ (If name change applies to direct owner)
Operating Name	Paper					✓
External Signage Name	Paper				✓ (2 items)	
Location (Relocation)	Paper			✓	✓	✓
Layout (Renovation)	Paper			✓	✓ (simplified)	

Change of Direct Owner

A change of direct owner usually occurs in anticipation of the sale of a licensed pharmacy from another legal entity. It may also occur during a merger, acquisition, or amalgamation.

The direct owner holds the pharmacy licence and the name of the direct owner is a legislative requirement for a pharmacy licence. Pursuant to section 6(1)(c) of *PODSA*, a pharmacy licence is cancelled when the direct owner of the pharmacy changes. A change of direct owner essentially requires a new pharmacy licence application.

The information of the direct owner of a pharmacy is provided in Phase 1 of the new pharmacy licence application process. If the direct owner is a sole proprietorship or partnership of pharmacists, these direct owners must demonstrate that they meet the ownership requirements in *PODSA* before a pharmacy licence can be issued. The same requirements also apply to the indirect owners when the direct owner is a corporation. As such, any changes to the information of the direct owner must be reported to the College for licensure purposes.

The process and processing time for a Change of Direct Owner application follows the same process as in Phase 1 of the New Pharmacy Licence application (except that a pharmacy diagram is not required). Refer to Figure 6 for the timeline involved. It takes approximately 21 days to complete the process, subject to all applicable direct/indirect owners submitting their Criminal Record History as part of Proof of Eligibility.

1. **Apply for a Change of Direct Owner**

    The authorized representative of the **new direct owner** must submit the following **no later than 30 days** before the effective date of change pursuant to section 4(c) of the *Pharmacy Operations General Regulation*:

    - *PODSA Form 8A: Application for Change of Direct Owner* and applicable fees;
    - A copy of the pharmacy's business licence issued to the **new direct owner***;
    - Ownership information of the **new direct owner***;
    - Signed copy of the attestation using *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* from the **manager** of the pharmacy at the time when the change occurs; and
    - Signed copy of the attestation using *PODSA Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility* from **each** applicable direct/indirect owner of the **new direct owner**.

    If the **new direct owner** is a corporation, use this checklist to help you submit all required documents.

    *if available when the change application is submitted. Otherwise, it must be submitted before the effective date of change. Complete the *"Deferred Submission of a Required Document(s) for Change Application"* declaration form and contact the Licensure

Department if you have issues obtaining your business licence, or ownership information due to an amalgamation of corporations before the effective date.

Allow up to 14 days for processing.

A pharmacy diagram is not required for a change of direct owner; therefore, it is the responsibility of the direct owner to confirm the layout of the pharmacy has not changed since the pharmacy licence was first issued or since a Change of Layout application was made.

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2. **Submit Criminal Record History (CRH) to Complete Proof of Eligibility**

    Upon validation of the ownership information submitted by the new direct owner, each applicable direct/indirect owner and the manager will receive instructions to complete their Criminal Record History if one has not been done with the College in the previous 5 years.

    The CRH must be submitted by all applicable individuals **no later than 7 days** before the effective date of change.

    Please do not complete a Criminal Record History before receiving the email from the College.

    It will take up to 7 days to process a Criminal Record History result.

The authorized representative named in the application will receive a confirmation letter via email upon completion of the change application. The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of this change.

A new pharmacy licence will be issued to the **new direct owner** upon completion of the Change of Direct Owner application. The new pharmacy licence can be found on the Pharmacy Portal on eServices on the next business day after the effective date. Should any requirements be missing on this date, the effective date stated on the pharmacy licence will then reflect the date of the College's approval.

Note that this change process and its requirements are specific to change of direct owner only. Should other changes accompany this change (e.g. change in manager*/operating name/layout), a separate application for that particular change will also be required. See the Multiple Changes section for more information.

*If you are changing the manager with the same effective date as the change of direct owner, please also submit: *PODSA Form 8C: Application for Change of Manager*.

Should this change apply to other pharmacies at the same time, please submit a separate *PODSA Form 8A: Application for Change of Direct Owner* for each pharmacy impacted by the same change, or use *Form 9 - Pharmacy Licensure – Multiple Pharmacies* for the additional

pharmacies. See the "Same Change Applies to Multiple Pharmacies" section for more information.

FAQ FOR CORPORATIONS: WHAT IS THE DIFFERENCE BETWEEN A "CHANGE OF DIRECT OWNER" AND A "CHANGE OF CORPORATION NAME"?

Both types of changes result in a different name. However, it does not mean that the entity changes. A change of direct owner occurs when ownership of the corporation changes hands, whereas a change of corporation name occurs when the corporation changes it name only (i.e. the same entity).

One way to distinguish the difference is that if both corporations have the same BC Incorporation Number, it is a "Change of Corporation Name", whereas if the two corporations have a different BC Incorporation Number, it is a "Change of Direct Owner".

FAQ FOR CORPORATIONS: IS AN AMALGAMATION A "CHANGE OF DIRECT OWNER" AND A "CHANGE OF CORPORATION NAME"?

Amalgamation is the process where two or more corporations, the "amalgamating corporations," merge and carry on as one corporation, the "amalgamated corporation". The "amalgamated corporation" is a new legal entity, whereas the "amalgamating corporations" no longer remain as a legal entity after amalgamation, regardless of whether the "amalgamated corporation" has the same name or people as any of the "amalgamating corporations". An amalgamation is considered a "Change of Direct Owner" because the "amalgamated corporation" is a new legal entity and it has a *different* BC Incorporation Number.

FAQ: A NEW DIRECT OWNER WILL TAKE OVER MY PHARMACY ON THE NEXT DAY AFTER THE CURRENT PHARMACY LICENCE EXPIRES. WHAT SHOULD I OR THE NEW DIRECT OWNER BE AWARE OF?

A Change of Direct Owner application is only eligible for a licensed pharmacy. To maintain a pharmacy licence, either the new direct owner must complete the Change of Direct Owner application and its requirements before the existing pharmacy licence expires, or the current direct owner must renew the pharmacy licence before it expires. If you are *not* confident that the Change of Direct Owner application will be completed before the pharmacy licence expires, the current direct owner should renewal the pharmacy licence first and then the new direct owner can submit the Change of Direct Owner application when the sale is confirmed. If the Change of Direct Owner application is *not* completed before the pharmacy licence expires and the current direct owner did not renewal the pharmacy licence before it expires, the pharmacy must remain closed and the new Direct Owner will have to apply for a New Pharmacy Licence by following the New Pharmacy Licence process outlined in the Opening a Pharmacy section in this guide.

Change of Indirect Owner

Indirect owners for a direct owner that is a non-publicly traded corporation include the directors, officers, and shareholders. If a shareholder is a non-publicly traded corporation incorporated in BC, its directors, officers and shareholders will also be considered indirect owners. See the Corporation as an Owner section for more information.

Indirect owners for a direct owner that is a publicly traded corporation include the directors and officer.

A change of indirect owner may involve the addition of a new indirect owner, or the removal of an existing one. The new indirect owner must demonstrate that he/she meets the eligibility criteria in order for the direct owner to hold the pharmacy licence.

1. **Apply for a Change of Indirect Owner**

   An authorized representative of the direct owner of the pharmacy must submit the change application electronically through the **Ownership Portal** on eServices **no later than 7 days** before the effective date of change pursuant to section 4(d) of the *Pharmacy Operations General Regulation*. Refer to this section for a step-by-step guide on eServices.

   You will also need to provide the following document(s) online based on the type of change:
   - Change of Director: *Notice of Change of Directors* filed with the BC Registry Services*
   - Change of Officer: *Changing Indirect Owner - Declaration Form*
   - Change of Shareholder: *Updated certified true copy of the Central Securities Register**
     - For each new shareholder that is a B.C. incorporated, non-publicly traded corporation (i.e. the "parent company"), you will also have to submit:
       1. The most current copy issued within the last year of the *British Columbia Company Summary*[7];
       2. A certified true copy of the Central Securities Register;
       3. The legal name and email contact for each director, officer and shareholder of this parent company; and
       4. If a shareholder of any parent company is a B.C. incorporated, non-publicly traded corporation, also submit #1, #2 and #3 for that shareholder until there is no more shareholders that are B.C. incorporated, non-publicly traded corporations.

   *Complete the *"Deferred Submission of a Required Document(s) for Change Application" declaration form* if you are not able to provide the document at the time of notification.

   Allow up to 7 days for processing.

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[7] *BC Company Summary*: Note the date beside "Last Annual Report Filed:" and *Annual Report* is not acceptable.

The **new indirect owner(s)** will then receive an email from the College to complete his/her Proof of Eligibility online. For any indirect owners not previously known to the College, they will also receive a separate email with their eServices login information.

2. **Submit Proof of Eligibility (New Indirect Owner(s) Only)**

   The **new indirect owner(s)** will receive an email to complete his/her Proof of Eligibility (POE) through his/her eServices account under the **My Profile** tab. This should be completed as soon as possible.

   Criminal Record History is required if one has not been done with the College in the previous 5 years. *Please do not complete a Criminal Record History before receiving the email from the College to complete your Proof of Eligibility.*

   The Criminal Record History must be submitted by the **new indirect owner(s) no later than 7 days** before the effective date of change.

   It will take up to 7 days for processing a Criminal Record History result.

The authorized representative who submitted the application online will receive a confirmation letter via email upon completion of the change application. The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of this change.

No changes to the pharmacy licence will be made for this type of change.

Change of Manager

Pursuant to section 6(1)(a) of *PODSA*, a pharmacy licence is cancelled when the manager of the pharmacy changes. A pharmacy must have a manager, and the new manager must meet the eligibility criteria for a pharmacy licence set out in *PODSA* before a pharmacy licence is issued.

A pharmacy manager is responsible for the actual management and operation of the pharmacy. They must personally manage and be responsible for the daily operation of the pharmacy, as well as carrying out their responsibilities under section 18(2) of the *PODSA* Bylaws. Therefore, if a manager goes on a leave and is unable to carry out their responsibilities as the manager, the authorized representative must appoint a new manager as soon as possible. Another Change of Manager application will be required when the previous manager returns from their leave.

1. **Apply for a Change of Pharmacy Manager**

    An authorized representative of the direct owner of the pharmacy must submit the change application electronically through the **Pharmacy Portal** on eServices **no later than 7 days** before the effective date of change pursuant to section 4(a) of the *Pharmacy Operations General Regulation*. Refer to the Submitting a Change of Manager Application Online section for a step-by-step guide on eServices.

    Note that the current pharmacy manager will be notified of the change application.

2. **Submit Proof of Eligibility (Proposed Manager)**

    The proposed manager will receive an email to complete his/her Proof of Eligibility (POE) through his/her eServices account under the **My Profile** tab. This should be completed as soon as possible.

    Criminal Record History is required if one has not been done with the College in the previous 5 years. *Please do not complete a Criminal Record History before receiving the email from the College to complete your Proof of Eligibility.*

    It will take up to 7 days for processing a Criminal Record History result.

The authorized representative named in the application, as well as the previous and new managers, will receive a confirmation via email upon completion of the change application. The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of this change.

A new pharmacy licence will be issued with the **new manager's name** upon completion of the Change of Manager application. The new pharmacy licence can be found on the Pharmacy Portal on eServices once all the requirements are met, even if it occurs before the effective date.

Note that for a direct owner that is NOT a sole proprietor, partnership of pharmacists or corporation(s), if the departing manager is also the authorized representative (AR) of the Direct

Owner and is also departing from the AR role, also complete a Change of Authorized Representative (AR) application (see next section for more information).

Change of Authorized Representative

This information is applicable to a direct owner of a pharmacy which is a hospital, an association, a society, a university or the government.

One or more individuals were assigned by the direct owner as their authorized representative (AR) and is responsible for:

- Applying for a new pharmacy licence;
- Renewing or reinstating a pharmacy licence; and/or
- Notifying the College of changes to previously submitted licensure information.

When an individual is departing from his/her role as an authorized representative and/or when an individual will become an authorized representative of the direct owner, notify the College as follows:

1. Apply for a Change of Authorized Representative

The current authorized representative submits *Form 13 – Change of Authorized Representative* application form as soon as possible before the change occurs.

The new authorized representative is **not required** to complete Proof of Eligibility.

Allow for up to 7 days for processing.

The authorized representative who submitted the application will receive an email confirmation upon completion of the change application. No changes to the pharmacy licence will be made for this type of change.

Note: this change process and requirements are specific to the change of an authorized representative only. Should other changes accompany this change (e.g. Change of Manager), a separate application for that particular change is required. See the Multiple Changes section for more information.

For a corporation, sole proprietor (pharmacist) or partnership of pharmacists, refer to the Change of Direct Owner (for sole proprietor or partnership of pharmacists) or Change of Indirect Owner page (for corporation(s)) for steps to notify the College of the change in the authorized representative.

Change of Corporation Name

Whether the corporation is a direct or indirect owner, the College needs to update the corporation record when a name change occurs so that the ownership information of a pharmacy matches with the ownership documents provided at the time of the next pharmacy licence renewal.

1. **Apply for a Change of Corporation Name**

   An authorized representative of the direct owner must submit the following **no later than 7 days** before the effective date of change:

   - *PODSA Form 8D: Application for Change of Corporation Name;*
   - A copy of the Notice of Alteration, or an updated Notice of Articles reflecting the new name of the corporation if the corporation is a BC incorporated, non-publicly traded corporation; and
   - A copy of the pharmacy's business licence issued to the direct owner under the new corporation name (if the name change applies to the direct owner).

   Allow up to 7 days for processing.

The authorized representative named in the application will receive a confirmation letter via email upon completion of the change application. The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of this change (if the name change applies to the direct owner).

If the name change applies to the direct owner, the pharmacy licence will be amended upon completion of the Change of Corporation Name application. The amended pharmacy licence can be found on the Pharmacy Portal on eServices on the next business day after the effective date. Should any requirements be missing on this date, the effective date stated on the pharmacy licence will then reflect the date of the College's approval.

No changes will be made to the pharmacy licence if the name change applies to the "parent company" or a shareholder that is a corporation or other type of legal entity.

Change of Operating Name or External Signage Name

Pursuant to section 4.1(3) of the Act, a direct owner must give the registrar 30 days' written notice of any changes respecting the name of the pharmacy. Refer to the Operating Name and/or the External Signage Name section to learn the differences.

1. **Apply for a Change of Operating Name or External Signage Name**

   An authorized representative of the direct owner of the pharmacy must submit the following **no later than 30 days** before the effective date of change:

   - *PODSA Form 8E: Application for Operating Name or External Signage Name*;
   - For a *Change of Operating Name*, also submit:
     o A copy of the pharmacy's business licence reflecting the new operating name*;
   - For a *Change of External Signage Name*, also submit:
     o A photo or a digital mock-up of the new external signage[8]; and
     o A copy of a prescription label that includes the new external signage name.

   *if available when the change application is submitted. Otherwise, it must be submitted before the effective date of change.

   Allow up to 7 days for processing.

The authorized representative named in the application will receive a confirmation letter via email upon completion of the change application. The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of this change.

A new pharmacy licence with the **new operating name** and/or the **new external signage name** will be issued to the direct owner upon completion of the Change of Operating Name or External Signage Name application. The new pharmacy licence can be found on the Pharmacy Portal on eServices on the next business day after the effective date. Should any requirements be missing on this date, the effective date stated on the pharmacy licence will then reflect the date of the College's approval.

Note that this process and its requirements are specific to change of operating name or external signage name only. Should other changes accompany this change (e.g. change in direct owner/manager/layout/ location), a separate application for that particular change will also be required. See the Multiple Changes section for more information.

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[8] Refer to item 1a and 5a in Appendix B for more information.

Change of Location (a.k.a. Relocation)

Pursuant to section 6(1)(b) of the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, a pharmacy licence is cancelled when the location of the pharmacy changes. Thus, a change of location essentially requires a new pharmacy licence application.

This application is for pharmacies that are moving from one location to another location on the next business day. Should the new location not be open immediately after the previous location has been closed, the new location needs to apply for a new pharmacy licence instead.

Moving a pharmacy to a new location is similar to opening a new pharmacy. The process and processing time for a change of location application follows the same process as in Phase 1 and Phase 2 of the new pharmacy licence application (except ownership information is not required unless it has changed):

1. **Apply for a Change of Location**

    An authorized representative of the direct owner of the pharmacy must submit the following **no later than 30 days** before the proposed opening date of the new location pursuant to section 4(b) of the *Pharmacy Operations General Regulation*:

    - *PODSA Form 8F: Application for Change of Location* and applicable fee(s);
    - Copy of the pharmacy's business licence issued to the **new location***; and
    - Pharmacy diagram of the new location (digital copies only).

    *if available when the change application is submitted. Otherwise, it must be submitted before the effective date of change.

    Allow up to 7 days for processing.

    Upon College approval of Phase 1 of the change of location process, an email notification will be sent to the authorized representative named in the application.

    The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of this change, who will then initiate their processes for PharmaNet installation.

2. **Build the Pharmacy in the New Location**

    Build the new pharmacy as indicated in the diagram approved by the College.

    It is the responsibility of the pharmacy owner to understand what the physical requirements are before building the pharmacy. Refer to Appendix B for further information.

> Notify the Licensure Department of any changes to the original diagram submitted or the proposed opening date in your Change of Location Application to avoid delays in the next phase of the process.

Note that the new location cannot be open to the public until a pharmacy licence has been issued to the new location. Otherwise, the new location will be operating unlawfully without a pharmacy licence.

3. **Pre-Opening Process**

    The authorized representative must email the Licensure Department to confirm the proposed opening date noted in the email notification in Step 2 and advise if there are any changes to the timeline.

    The authorized representative/manager must complete and submit the following documents to the College no later than 14 days prior to the proposed opening date (submissions 30 days prior to the proposed opening date are recommended to allow for sufficient time to review and address any non-compliant items):

    - *Pharmacy Pre-Opening Report (specific to your licence type) with supporting digital evidence. Click on the hyperlink or refer to the section titled "Pre-Opening Inspection Report and Digital Evidence" under "Opening a Pharmacy" for the forms and documents needed for your pharmacy licence type.*

      In order to avoid delays in processing your pre-opening documents, the digital evidence must provide sufficient context for College staff to determine whether the requirements are met. Digital evidence must be recently produced at the new pharmacy site. Digital evidence previously submitted for the same location or any other location is not acceptable. If equipment from the current location cannot be moved to the new pharmacy site until the date of relocation (I.e. safe, computer terminals, etc.), submit photos of the equipment at the current location and photos of where the equipment will be placed in the new location. If there are photos that cannot be taken at the current location or the new location, explain the reasons in the inspection report.

    - A copy of the pharmacy's business licence issued to the **new location** if not submitted in Step 1

    Allow up to 14 days for processing.

    If an on-site pre-opening inspection by a College Inspector is required, you will be notified after the above documents have been processed. The inspection will be scheduled within 30 days before the opening date.

4. Prepare for Pharmacy Closure (Previous Location) and Complete the Change of Location Application

The manager must complete the following prior to the closure of the previous location in accordance with section 18(2)(ee) of the *PODSA Bylaws*:

- Provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances to the new location,

- Advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure (or confirmation⌘ that all drugs, medical devices and prescriptions records have been transferred from the previous location to the new location),

- Provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances at the previous location prior to the move (or confirmation⌘ that narcotic counts and reconciliations and other process in PPP-65 have been completed),

- Arrange for the secure transfer and continuing availability of the prescription records at the new location, or to a storage facility that is monitored and secured from unauthorized access, and

- Remove all signs and advertisements from the previous location when closed⌘.

⌘The manager is responsible for completing Part B of the *PODSA Form 8F: Application for Change of Location* to confirm that all the above duties have been completed at the previous location, and submit the completed form, to the Licensure Department within 2 weeks of closure of the previous location, including digital evidence to confirm compliance that all signs and advertisements from the previous location have been removed.

The authorized representative named in the application will receive a confirmation letter via email upon completion of the change application. HIBC will also be notified.

A new pharmacy licence with the **new address** will be issued to the direct owner upon completion of the Change of Location application. The new pharmacy licence can be found on the Pharmacy Portal on eServices on the next business day after the effective date. Should any requirements be missing on this date, the effective date stated on the pharmacy licence will then reflect the date of the College's approval.

Note that this change process and its requirements are specific to change of location only. Any other changes accompanying this change (e.g. change in manager/operating name), requires a separate application for that particular change. See the Multiple Changes section for more information.

Change of Layout (a.k.a. Renovation)

Pursuant to section 4.1(3) of *PODSA*, a direct owner must provide the registrar with 30 days' written notice of any changes respecting the layout of the pharmacy.

Changes in layout refer to changes in your original pharmacy diagram submitted to the College. These changes may include, but are not limited to:

- Changing the location of a physical requirement (e.g. moving the double stainless steel sink from the left side of the dispensary to the right);
- Changing the measurements/size/area of a physical requirement(s) in the pharmacy diagram (e.g. expanding the size of the dispensary);
- Adding or removing a physical requirement (e.g. adding a physical barrier to prevent access to schedule 3 products (i.e. lock-and-leave), adding a new consultation room, or removing part of the dispensing counter for putting in a new metal safe for narcotics);
- Making changes to the fixtures of the pharmacy (e.g. removing/adding a wall).

Refer to the pharmacy diagram checklist (community/telepharmacy or hospital) for the physical requirements in a pharmacy diagram.

Note that changes that do not impact the pharmacy diagram are *not* considered changes in layout for licensure purposes. Some examples include: changing the colour scheme of the pharmacy (e.g. wall/counter top), changing the "medication information" sign without changing the location, or changing the location of your microwave (not a physical requirement for licensure purposes).

The process and processing time for a Change of Layout application mirrors the same process as in Phase 1 and Phase 2 of the new pharmacy licence application (except ownership information is not required):

1. **Apply for a Change of Layout**

   An authorized representative of the direct owner of the pharmacy must submit the following **no later than 30 days** before the start of the renovation:

   - *PODSA Form 8G: Application for Change of Layout*; and
   - Proposed pharmacy diagram for the renovation (digital copies only).

   Allow up to 7 days for processing.

   Upon College approval of the pharmacy diagram, an email notification will be sent to the authorized representative named in the application.

   The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of the change who will then initiate their processes for PharmaNet installation if the PharmaNet router needs to be moved.

2. Renovate the Pharmacy

Renovate the pharmacy as indicated in the new diagram approved by the College.

It is the responsibility of the pharmacy owner to understand what the physical requirements are before renovating the pharmacy. Refer to Appendix B for further information.

> Notify the Licensure Department if there is a change in the diagram submitted in Step 1 or the expected completion date originally indicated in your Application for Change of Layout to avoid delays in the next phase of the process.

3. Pre-Opening Process

The authorized representative must email the Licensure Department to confirm the expected completion date noted in the email notification in Step 2 and advise if there are any changes to the timeline.

The authorized representative/manager must complete and submit the following documents to the College **no later than 14 days** after the completion date:

- *Change in Layout Inspection Report* with supporting digital evidence:
  - **Community Pharmacy/Telepharmacy: complete up to and including the Security section only**
  - **Hospital Pharmacy/Hospital Satellite:** refer to the email sent after Step 1 regarding which section(s) to complete

    In order to avoid delays in processing your pre-opening documents, the digital evidence must provide sufficient context for College staff to determine whether the requirements are met. Digital evidence must be recently produced at the pharmacy site. Digital evidence previously submitted for the same location or any other location is not acceptable. If there are photos that cannot be taken at the site, explain the reasons in the inspection report.

    Refer to the Pre-Opening Inspection Report and Digital Evidence section for the forms and documents needed.

Allow up to 14 days for processing.

If an on-site pre-opening inspection by a College Inspector is required, you will be notified after the above documents have been processed. The inspection will be scheduled in advance.

The authorized representative named in the application will receive a confirmation letter via email upon successful completion of the *Change of Layout* application.

Note that this change process and its requirements are specific to change of layout only. Should other changes accompany this change (e.g. change in direct owner/manager/operating name), a separate application for that particular change will also be required. See the Multiple Changes section for more information.

Closing a Licensed Pharmacy (Temporary/Permanent)

If a pharmacy closes, the public must be notified of the closure.

If a pharmacy closes unexpectedly on a day that it is normally open, the authorized representative of the direct owner may need to notify the Registrar in writing depending on the length of the closure. The table below summarizes the different types of closure. The responsibilities of authorized representative of the direct owner and the manager for each type of closure can be found in the appropriate subsection as well as in the *PODSA Bylaws*.

Type of Closure	Closure Duration	Examples of Reasons for Closure	Pharmacy Licence
Anticipated Temporary Closure	Up to 14 consecutive days	Unable to employ locum pharmacist staff to enable regular pharmacist staff to take vacation leave or to replace pharmacist staff who are unable to work due to urgent medical problems.	No change
Unanticipated Temporary Closure	Up to 90 consecutive days	Unforeseeable situations where, for instance, a natural disaster such as flooding or fire occurs, and the pharmacy becomes temporarily not operational or inaccessible to the public.	No change (but not listed as "Active" in the register)
Permanent Pharmacy Closure	Indefinite	Unavailable resources (land, labour, capital), financial losses etc.	Cancelled on closure date
Suspended Pharmacy	Varies	Suspended by the College's Inquiry Committee or Discipline Committee	Suspended (i.e. cannot operate)

Anticipated Temporary Pharmacy Closure up to 14 Consecutive Days

If the pharmacy will be closed temporarily for up to 14 consecutive days, the manager is required to complete all of the following pursuant to section 18(2)(cc) of the *PODSA Bylaws*:

1. **Notify the Patients and the Public**

   The manager must notify the patients and the public of the temporary closure at least 30 days prior to the start of the closure. This can be accomplished by following the steps outlined in PPP-46:

   Before closure:
   - Post signage at the store entrance with information on upcoming closure at least 30 days prior to the closure start date;
   - Contact all patients whose prepared prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescription prior to the closure start date; and
   - Make alternate arrangements with local prescribers, as applicable.

At the time of closure:

- Return any prepared prescriptions in the pharmacy to inventory and reverse them in PharmaNet.
- Post signage at the store entrance and provide a telephone answering machine message advising the public about the closure, including information on the duration of closure, the location of the nearest pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period.

2. Document Steps Taken

The manager must document steps taken to comply with the bylaws and applicable policies on anticipated temporary closures.

> **Note that the College does <u>not</u> need to be notified unless the closure exceeds 14 consecutive days.**

Unanticipated Temporary Closure up to 90 Days

This type of closure allows a pharmacy to close temporarily for up to 90 consecutive days due to unforeseen circumstances that make the premises temporarily inaccessible to the public (e.g. fire or flood). Staffing issues do not qualify for this type of closure.

If your pharmacy is completely destroyed by a natural disaster, you are required to complete the permanent pharmacy closure process. You may apply for a new pharmacy licence after the pharmacy has been rebuilt at the same location or a different location.

The manager is required to complete all of the following pursuant to section 18(2)(dd) of the PODSA Bylaws:

1. Submit Part A of the Unanticipated Temporary Closure Application

The manager must notify the registrar of closures between 15 and 90 days as soon as possible by submitting:

- *PODSA Form 4B: Application for Unanticipated Temporary Closure*

Allow up to 7 days for processing.

The pharmacy will be removed from the online register when Part A of the application is complete. Additionally, the status of your PharmaNet connection will be changed so that dispensing prescriptions will not be permitted.

If you are unsure whether your pharmacy will be closed for 15 days or more, you may wait until closer to the 15th day before submitting the application.

2. Notify Patients and the Public

The manager must complete the following:

- As soon as possible, post signage at the store entrance and provide a telephone answering machine message advising the public about the closure including information on duration of closure, the location of the nearest pharmacy, and other information to assist with obtaining necessary pharmacy services during the closure period;
- Where possible, contact all patients whose prescriptions are ready for pick-up to advise of the closure and provide them with the opportunity to obtain their prepared prescriptions;
- Where possible, notify patients, the public, and local prescribers of the closure and alternate means of obtaining essential pharmacy services during the closure; and
- Return any prepared prescriptions in the pharmacy to inventory and reverse the prescriptions in PharmaNet.

3. **Submit Part B of the Unanticipated Temporary Closure Application**

    The manager must notify the registrar of the reopening of the pharmacy by submitting Part B of the application at least 5 days before the anticipated reopening date:

    - *PODSA Form 4B: Application for Unanticipated Temporary Closure*

    Allow up to 5 days for processing.

The pharmacy will be listed as an active pharmacy in the online register when Part B of the application is complete. An email notification will be sent to the authorized representative and manager to confirm the application is complete.

Additional Information
If the layout of the pharmacy has been or will be changed to a different layout as a result of the temporary closure, you must submit a Change of Layout application

If the closure exceeds 90 days, you will have to complete a Permanent Pharmacy Closure Application. In order to reopen your closed pharmacy in the future, you must submit a New Pharmacy Application. Reinstatement does not apply in this situation.

Note: The College does not need to be notified unless the closure exceeds 14 consecutive days.

Permanent Pharmacy Closure
The manager and the direct owner of a closing pharmacy must fulfill their duties and responsibilities prior to closing the pharmacy. These duties and responsibilities can be found in section 17.1 and 18(2)(ee) of the *PODSA Bylaws*.

If your pharmacy is closing permanently or more than 14 days, complete the following:

1. **Apply for a Pharmacy Closure**

An authorized representative of the direct owner and the manager of the pharmacy must submit Part A of *PODSA Form 4A: Application for Pharmacy Closure* **no later than 30 days** before the closing date.

> Note: If drugs, medical devices, patient records, and/or prescription records will be transferred to more than one receiving pharmacy, complete a separate closure application form for each receiving pharmacy and submit all copies to the College.

Allow up to 7 days for processing.

Upon completion of processing Part A of the application form by the College, an email notification will be sent to the authorized representative named in the application.

The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of the closure.

2. **Prepare for Pharmacy Closure**

   All authorized representatives of the direct owner and the manager of the pharmacy are responsible for completing the following tasks:

   - Provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,
   - Advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,
   - Provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances,
   - Arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at a storage facility that is monitored and secured from unauthorized access, and
   - Remove all signs and advertisements from the closed pharmacy premises.

   Provide a copy of the completed **Part A** of *PODSA Form 4A: Application for Pharmacy Closure* to the pharmacy(ies) receiving your drugs, medical devices and/or patient records and prescription records. Inform the manager of the receiving pharmacy that he/she must submit **Part B** of the form **no later than 14 days** from the received date. See Step 3 below.

   Note: The closing pharmacy's manager must conduct a narcotic reconciliation before transferring the controlled drug substances to the receiving pharmacy, including reporting any loss or theft as per PPP-65.

On the date of the closure, post signage at the entrances to the pharmacy advising the public of the permanent closure, as well as the name(s) and location(s) of the pharmacy(ies) to where the patient records have been transferred. Take a photo of the exterior of the pharmacy and send it to the College to confirm that all signs and advertisements have been removed. All drugs must be transferred to the receiving pharmacy(ies) by the end of day.

Notify the Licensure Department if there is a change in the expected closing date originally indicated in your *Application for Pharmacy Closure* to avoid premature eServices access (Pharmacy and/or Ownership Portals) and PharmaNet termination.

3. Complete the Pharmacy Closure Application (Receiving Pharmacy)

The manager of each pharmacy receiving the following from the closing pharmacy must complete **Part B** of the application form **no later than <u>14 days</u>** from the received date:

- Prescription drugs (including controlled drug substances);
- Non-prescription drugs (including exempted codeine products):
- Medical devices; and/or
- Patient medication record and prescription records.

WHAT TO DO IF RETURNING THE CONTROLLED DRUG SUBSTANCES FROM THE CLOSING PHARMACY TO A WHOLESALER INSTEAD OF TRANSFERRING TO ANOTHER PHARMACY?

You have to submit the following to the College:
1. A copy of the narcotic reconciliation completed at the closing pharmacy prior to closure;
2. A copy of the inventory of narcotics, controlled drugs, benzodiazepines and other targeted substances returned for disposal to *each* wholesaler or third party organization;
3. Supporting documents explaining the discrepancy between #1 and #2 above, if any:
   - A copy of the inventory of narcotics and controlled drugs destroyed; AND/OR
   - A copy of the *Loss or Theft Report Form for Controlled Substances and Precursors* submitted to Health Canada.

Upon completion of processing the pharmacy closure application by the College, an email notification will be sent to the authorized representative and manager named in the application from the closing pharmacy, as well as each manager from the receiving pharmacy. The College will also notify Health Insurance BC (HIBC) of the Ministry of Health of the closure.

Access to the pharmacy portal of the closing pharmacy on eServices will be terminated on the closing date. If you want to reopen your closed pharmacy, you will have to apply for a new pharmacy licence. Reinstatement does not apply in this situation.

Closure for Suspended Pharmacy

In the event a pharmacy licence is suspended by the College's Inquiry Committee or Discipline Committee for a period of more than 14 days, the manager is required to complete all of the following pursuant to section 18(3) of the *PODSA Bylaws*:

1. **Complete the Closure for Suspended Pharmacy Form**

   An authorized representative of the direct owner of the pharmacy must submit the following **before the start of the suspension period**:

   - *PODSA Form 4C: Closure for Suspended Pharmacy*

   Allow up to 7 days for processing.

   The pharmacy will not be listed as an active pharmacy in the online register until step 3 is complete.

2. **Notify the Patients and the Public**

   Complete the following tasks as well as any additional tasks instructed by the College's Inquiry Committee or Discipline Committee:

   - Provide for the safe and secure transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,

   - Provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances; and/or

   - Arrange for the secure transfer and continuing availability of the prescription records at another pharmacy, or at a storage facility that is monitored and secured from unauthorized access.

3. **Notify the Registrar of Reopening**

   The manager must complete Part B of the *PODSA Form 4C: Closure for Suspended Pharmacy* at least 5 days before the pharmacy reopens.

   Allow up to 7 days for processing.

Once the Closure for Suspended Pharmacy Application has been processed by the College, the pharmacy will be listed as an active pharmacy in the online register again. An email notification will also be sent to the authorized representative and manager named in the application.

eServices Tutorial for Pharmacy Licensure

eServices is the secure online site for the College of Pharmacists of BC.

As an authorized representative of the direct owner of a pharmacy, eServices allows you to submit your Pharmacy Licence Renewal Application, Change of Manager Application, and Change of Indirect Owner Application (if applicable). It also allows you to update your pharmacy information when necessary.

As a pharmacy manager, eServices allows you to update your pharmacy information, such as hours of operation, pharmacy staff roster and types of pharmacy services provided by your pharmacy.

Depending on your role in a pharmacy/organization (direct owner), you may have access to different sections of eServices:

Access to	Authorized Representative (AR)	Pharmacy Manager	Indirect Owners Who are Not an AR
My Profile	✓	✓	✓
Ownership Portal	✓		
Pharmacy Portal	✓	✓	

This table shows the actions that can be taken in each section of eServices:

Access to	Tasks
My Profile	**General:** • Update personal contact information • Update password • Update employment information (registrants only) **Fulfilling Requirements for Pharmacy Applications:** • Complete Proof of Eligibility
Ownership Portal (Accessible by Authorized Representatives Only)	**Pharmacy Licence Renewal Application:** • Submit Pharmacy Licence Renewal Application (PODSA Form 2/2A/2C/2F), including licence fee • Submit/confirm ownership information, and if applicable: o Upload required ownership documents • Be redirected to the Pharmacy Portal for uploading the business licence (optional) • Monitor the status of your Pharmacy Licence Renewal application, including the submission status of each indirect owner and manager's Proof of Eligibility **Change of Indirect Owner:** • Submit Change of Indirect Owner application (*PODSA Form 8B)*

Access to	Tasks
Pharmacy Portal	**General:** • Download a pharmacy licence • Download a pharmacy licence receipt **Pharmacy Licence Renewal Application:** • Submit the business licence for the pharmacy • Monitor the status of your Pharmacy Licence Renewal application **Pharmacy Information:** • Update pharmacy email address or website • View the names of the direct owner and authorized representatives of your pharmacy • Update staff roster • Update hours of operation • Update type of pharmacy services provided **Change of Manager (AR only):** • Submit Change of Manager application (*PODSA Form 8C)*

Logging into eServices

Registrants (i.e. pharmacists and pharmacy technicians) receive their log-in credentials during the College's registration process. Indirect owners who are non-registrants and who are new to the College will receive their log-in credentials via email once the College has validated the ownership information submitted by an authorized representative of the direct owner. The email also includes a temporary password and instructions to access eServices.

If you have not received your log-in credentials via email within 14 days from the date that the authorized representative submitted your contact information:

1) Check spam filters (Junk Mail);
2) Confirm with the authorized representative that the correct email address was submitted;
3) Contact the College at eServices@bcpharmacists.org.

Note: Your eServices ID is a unique 5-digit identifier that is different than your username. The 5-digit eServices ID is required when completing your Criminal Record History through the external approved vendor.

To log in to eServices:

1) Go to the College's website at www.bcpharmacists.org;
2) Click on eServices at the top of the page;
3) Enter **username** and **password.**

Click here to access eServices

enter your username and password

if this is your first time logging in, follow the instructions in the email sent

Accessing and Navigating the Ownership Portal

Through the Ownership Portal, an authorized representative of the direct owner can:

- Submit the Pharmacy Licence Renewal application, including ownership information, required ownership documents (if applicable), and fees;
- Monitor the status of your application for Pharmacy Licence Renewal;
- Review ownership information; *and*
- Submit a Change of Indirect Owner application (to add a new indirect owner, add a new role to an existing indirect owner, remove an existing indirect owner or remove a role of an existing indirect owner).

To access the Ownership Portal:

1. Log in to eServices;
2. Click "**My Pharmacies**" in the top menu and you will land on the **Pharmacy Summary Page;**
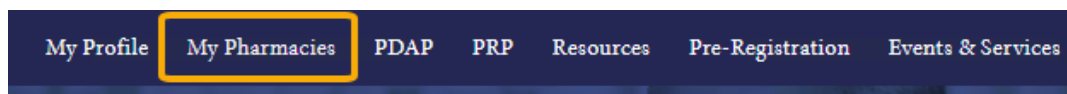
3. Click the name of the direct owner under the **My Organizations** tab on the **Pharmacy Summary Page** to access the Ownership Portal.

Submitting Your Pharmacy Licence Renewal Online

An authorized representative may complete the renewal by following the steps listed below, the instructions displayed on eServices, or watch this video online at https://youtu.be/LGCPIwtXHCY.

Below are the steps for renewing your pharmacy licence. Click on the hyperlinks for screenshots and detailed steps:

1) Log in to eServices;
2) Access the Ownership Portal through the **Pharmacy Summary Page**. Click on the name of the direct owner that has a pharmacy licence due for renewal (flagged with ***"Action Required"***).

3) Confirm ownership information. For direct owners that are corporations, you must upload all required ownership document(s). Note that if the ownership information is not correct, you will have to submit a Change of Indirect Owner application at the same time.
4) Upload the pharmacy business licence, through the Pharmacy Portal.
5) Submit payment information.

Confirming/Updating Ownership Information

To review/update ownership information, access the Ownership Portal. by clicking the name of the direct owner on the **Pharmacy Summary Page** after logging into eServices.

On this page, you will see a list of the current direct/indirect owners that have been confirmed by the College.

If you are a direct owner that is a **sole proprietorship**, you will see the name of the sole proprietor.

If you are a direct owner that is a **partnership of pharmacists**, you will see the names of all partners.

If your direct owner is a **publicly traded corporation**, you will see the names of <u>all the directors and officers of your corporation</u>.

If your direct owner is a **non-publicly traded corporation**, you will see the names of <u>all the directors, officers and shareholders under your corporation</u>.

For all **other types of direct owners**, you will see only the names of **all authorized representatives.** You will see a checkbox to confirm the ownership information is correct. You will not see the "**Edit**" button as this is only available to direct owners that are corporations only (*see below*).

Corporations only: to upload the required document, click the "**Edit**" button and follow the instructions in the Uploading an Ownership Document section.

Submitting Payment Information for Pharmacy Licence Renewal

After reviewing/updating your ownership information on the Ownership Portal, you will land on the **Payment Page** where you will see a list of pharmacies due for renewal in the selected period.

The pharmacies displayed are listed by month of renewal date. Select the applicable month using the drop down menu.

Please ensure that you have selected the correct month from the dropdown menu before you click "Pay". Selecting the wrong month may result in your current renewal application being rendered incomplete.

Note that you will be paying a single lump-sum payment.

Pharmacy Invoice

TUTORIAL ORGANIZATION (99999)

Select a month in the dropdown menu to view the list of pharmacies that are owned by your organization and are due for pharmacy licence renewal fees by the end of the selected month. You will be making a single lump-sum payment on the next screen.

You may choose to pay by credit card or corporate cheque. If you choose to pay by corporate cheque, make your cheque payable to the College of Pharmacists of B.C and submit it as soon as possible (no later than 30 days before the pharmacy licence expires). Payment is one of the requirements for completing your pharmacy licence application(s).

Select Renewal Period: Feb 2019 ▼   use the drop down to select the month due for renewal

Pharmacy Name	Pharmacy Licence #	Pharmacy Licence Expiry Date	Pharmacy Licence Fee	Late Fee	Total GST	Balance
TUTORIAL PHARMACY	99999	Feb 2019	$2,299.00	$125.00	$121.20	$2,545.20
Grand Total	$2,545.20					

Pay

Click here to access the *Pharmacy Portal* and upload the business licence if available

Pay by Cheque

To submit payment by **corporate cheque**, click "**Print Invoice"** to print the invoice. Then submit your cheque, payable to the College of Pharmacists of B.C., along with the invoice as soon as possible (i.e. **no later than 30 days** before the pharmacy licence expires).

*Note that your Pharmacy Licence Renewal application(s) will be considered incomplete until the College receives and processes your cheque. The payment status on the **Pharmacy Summary Page** will remain "**Pending"** until the cheque is processed by the College.*

Pay by Credit Card

To submit payment by credit card, click "**Pay**." You will then be directed to the **Shopping Cart Page** where you can submit your credit card information.

Enter the credit card and billing information then click the "**Submit Order"** button. The authorized representative who submitted credit card information will receive an automatic email receipt with the details of the transaction.

Invoices

Invoice Number	Description	Balance	
N/A	Renewal Fees - TUTORIAL PHARMACY	2,545.20	Pay Later

All fees are non-refundable.

Shipping Policy: Please allow 5-10 business days for your order to be processed. Fees include shipping & handling within Canada only (via Canada Post regular parcel mail). Please check the Canada Post website for estimated shipping times.

For USA and international orders, please contact the College office for a quote. **For Letters of Standing, please enter the name and shipping address of the regulatory authority it needs to be sent to in the "Order Instructions" field below.**

Order Instructions (Optional):

Cart Charges

Invoice Total	2,545.20
TRANSACTION GRAND TOTAL	2,545.20

All fees are in Canadian dollars (CAD)

Pay By Credit Card

Payment method	MasterCard ▼
*Card number	
*Name on card	
*Expiration date	▼ ▼
*CSC	
Card address	Choose another address

Enter your credit card information and click on 'submit order'

Submit Order

Submitting a Change of Indirect Owner Application Online (Corporations only)

An authorized representative of a direct owner (who is a corporation) can submit an *Application for Change of Indirect Owner* (*PODSA Form 8B*) through the Ownership Portal. by clicking on the name of the direct owner after logging in to eServices.

There are up to two steps for submitting a Change of Indirect owner application:

1. Add/remove the person or organization; and
2. Upload the required document (except to change an officer).

> *Watch this video at https://youtu.be/imZi3DzONDw for steps involved.*

This screen provides a list of the current direct/indirect owners that have been confirmed by the College. This list *must* include all the directors and officers documented in the BC Company Summary, and all the shareholders documented in the Central Securities Register (a.k.a. shareholder register) if the corporation is a non-publicly traded company incorporated in BC.

eServices » My Pharmacies

Ownership Portal

Pharmacy Licence Renewal

The first step of the pharmacy licence renewal application process is to confirm ownership information and submit the most current copy (issued within the last year) of the *BC Company Summary* of all corporations, if applicable. To upload the required document(s), click the "Edit" button. (If your pharmacy licence expires on **May 31, 2019**, you will have to submit the Central Securities Register(s) as well as the contact information of each indirect owner).

Once all of the required ownership information is submitted, click "**Pay**". The pharmacy licence renewal application submitted is **not** complete until payment is made. Payment, like all other requirements, must be submitted **30 days before the pharmacy licence expiry date.**

Change of Indirect Owner (Corporations Only)

The direct owner must notify the registrar in writing **no later than 7 days** before an indirect owner (director, officer and/or shareholder) changes, which includes adding a new indirect owner or removing an existing indirect owner. Click the "**Edit**" button and submit the change request. If the change involves adding a new indirect owner, he/she will receive an email notification to complete their Proof of Eligibility before the effective date of change.

Need help? Refer to the eServices tutorial section in the *Pharmacy Licensure Guide* for instructions, or contact the licensure department at licensure@bcpharmacists.org for assistance.

TUTORIAL ORGANIZATION (Non-publicly Traded Corporation)

	Corp Name	Member	Category	Relationship
⊟	TUTORIAL PARENT ORG		Non-publicly Traded Corporation	Owner - Shareholder
		DEMO, JOHN	Non Registrant	Owner - Director
		DEMO, JOHN	Non Registrant	Owner - Shareholder
		DEMO, JANE	Full	Owner - Director
		DEMO, JOHN	Non Registrant	Owner - Officer

Edit

Pay

Note that a shareholder can be an individual or a corporation (the latter is referred to as a "parent company" or "holding company"). Should the parent company be a non-publicly traded corporation incorporated in BC, additional ownership information will be displayed.

Using the "**Edit**" button on this page, you can update ownership information by:

- Adding a new indirect owner (person or organization);
  - E.g. Jack Demo is now joining the corporation as a new Director;
  - E.g. Tutorial Parent Org 2 will be buying some shares from the direct owner (Tutorial Parent Org 2 will become a new shareholder).
- Adding a new relationship/role to an existing indirect owner who has previously been confirmed by the College;
  - E.g. Jane Demo is listed as a Director with the College but will soon become an Shareholder as well;
- Removing an existing indirect owner who has previously been confirmed by the College;
  - E.g. John Demo is listed as an Officer with the College but has resigned and will no longer be listed as a Officer soon; or
- Removing a relationship/role from an existing indirect owner who has previously been confirmed by the College.
  - E.g. John Demo is a Director and Officer but will become a Director only soon

You will see this screen after you click "**Edit**":

Adding a New Indirect Owner

Refer to the previous section on how to get to the following screen.

Before adding a new indirect owner, double check which line is highlighted in the ownership tree on the left hand side. A building icon ⊞ indicates that the indirect owner is an organization/entity, whereas a person icon 👤 indicates that it is an individual. The first line in the ownership tree next to the building icon under the ownership tree is the name of direct owner ("TUTORIAL ORGANIZATION" in the example below).
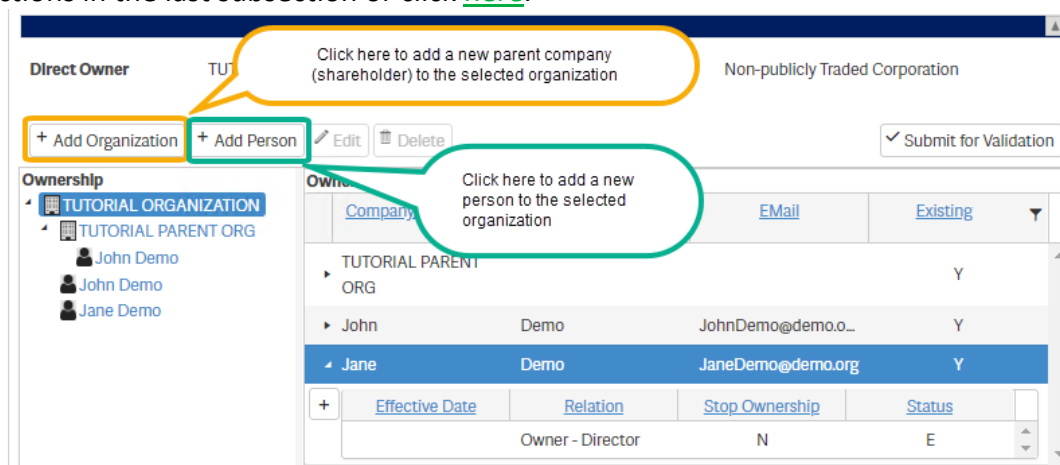
To add an individual, click "**Add Person**" and follow the instructions in the next subsection or click here.

To add a shareholder that is an organization (i.e. "parent company"), click "**Add Organization**" and follow the instructions in the subsection after the next subsection or click here.

If you need to add a new or another relationship/role to an indirect owner, follow the instructions in the last subsection or click here.

It is IMPORTANT that you only press the "Submit for Validation" button <u>once you have added</u> <u>all the indirect owners AND</u> <u>uploaded all required documents</u>. Once the button is pressed, you will not be able to add any more individuals/parent companies until the College has completed reviewing the information you provided.

Adding a New Indirect Owner (a "Person")

To add a new indirect owner to the direct owner, ensure that the name of the direct owner (i.e. the first line in the organization tree ("Tutorial Parent Org." in the example below) is highlighted. Refer to the previous section for details.

To add a new indirect owner to a parent company/shareholder, ensure that the <u>name of the</u> <u>correct parent company/shareholder</u> is highlighted. You must also ensure that the parent company in question has been added to the ownership tree before you attempt to add its indirect owners (see the next section for instructions).

Watch this video at https://youtu.be/imZi3DzONDw for steps involved.

Follow these steps to add a new indirect owner who is an individual:

1. Click the "**Add Person**" button.

2. Enter the new indirect owner's information in the prompt.

- You must enter at a minimum the first and last name of the person, their email address, and their relationship type (i.e. director, officer or shareholder).
  - Ensure the legal name of the person is entered;
  - Ensure the email address is entered correctly as this will be used to send them instructions for completing their Proof of Eligibility;
  - Provide a registration number and eServices ID if available. For non-registrants, leave these fields blank.
- An effective date is required for a Change of Indirect Owner Application.

3. After filling out the information, click "**Save & Close**". The updated information will then be displayed, and can be edited if required. Only information that is newly added to this page (i.e. **Existing** = N) may be edited or deleted.

4. Repeat Steps 1 to 4 in this section to enter another indirect owner who is an individual (i.e. "a person"). If you need to enter another indirect owner that is an organization (i.e. a "parent company"), follow the instructions in the next section.

If an added individual has more than one relationship/role in the organization (e.g. director and officer, or director and shareholder), refer to the Adding Multiple Relationships/Roles to an Indirect Owner section for steps.

NOTE 1: If a shareholder is a sole proprietor, partnership of individuals or trustee, enter each person as a shareholder.

*NOTE 2: If the direct/indirect owner is a non-publicly traded BC corporation, you will have to upload the required documents for the direct owner before clicking "**Submit for Validation**". See the Uploading an Ownership Document section for instructions on uploading the required ownership documents on this page.*

> If you do not have any more indirect owners to add and all required documents have been uploaded, click "**Submit for Validation**". Once the College has completed reviewing the information, the new indirect owners will receive instructions to log into eServices and complete their Proof of Eligibility online.

It is IMPORTANT that you only press the "Submit for Validation" button <u>once you have added all the indirect owners and uploaded all required ownership documents.</u> *Once the button is pressed, you will not be able to add any more individuals/parent companies until the College has completed reviewing the information you provided when you pressed the button. The processing time for reviewing this information may take up to 14 days.*

Adding a New Indirect Owner (an "Organization" or "Parent Company")

Refer to the beginning of this section for instructions on how to get to the following screen.

Watch this video at https://youtu.be/imZi3DzONDw for steps involved.

To add a new parent company (i.e. shareholder) to the direct owner, ensure that the name of the direct owner (i.e. the first line in the organization tree ("RX ABC Enterprises Ltd" in the example below) is highlighted in the ownership tree. Refer to the beginning of this section for details.

To add a parent company (i.e. shareholder) to the parent company of the direct owner, ensure that the name of the parent company (i.e. "12345 Company" in the example below) is highlighted.

To add a parent company (i.e. a shareholder):

1. Click the "**Add Organization**" button.

2. The **Add Owner** screen will then be displayed, double check that you are adding the parent company to the correct organization by reviewing the name of the organization in the title.

3. If the organization name is correct, fill out the information of the parent company on the screen.

   a. You must enter at a minimum the first and last name of the person, their email address, and their relationship type (i.e. director, officer or shareholder).

      i. Leave eServices ID blank;

      ii. Ensure the company name is entered exactly as it appears in the corporate document;

      iii. Company number refers to the identifier (e.g. incorporation number, registration number) issued by the governing body for incorporation;

      iv. Email address for the corporation is optional;

      v. An effective date is required for a Change of Indirect Owner Application, but not for a pharmacy renewal (i.e. leave it blank).

4. After filling out the information, click "**Save & Close**". The updated information will then be displayed, and can be edited if required. Only information that is newly added to this page may be edited or deleted.

5. Repeat Steps 1 to 4 in this section to add another parent company under the same direct owner.

6. *If applicable:* to add indirect owners to a parent company that is a non-publicly traded BC corporation, you must first highlight the name of that parent company in the ownership tree. Failing to do this may result in the indirect owner being added to the wrong organization.

7. To add a new indirect owner who is an individual to a parent company, refer to the previous section or click here. If an added individual has more than one relationship/role in the organization (e.g. director and officer, or director and shareholder), refer to the Adding Multiple Relationships/Roles to an Indirect Owner section for steps.

NOTE 1: If a shareholder is a sole proprietor, partnership of individuals or trustee, enter each individual owner of the company as an individual shareholder.

*NOTE 2: If the direct owner is a non-publicly traded BC corporation, you will have to upload the required documents for the direct owner before clicking "**Submit for Validation**". See the Uploading an Ownership Document section for instructions on uploading the required ownership documents on this page.*

> If you do not have any more indirect owners to add and all required documents have been uploaded, click "**Submit for Validation**". Once the College has completed reviewing the information, the new indirect owners will receive instructions to log into eServices and complete their Proof of Eligibility online.

It is IMPORTANT that you only press the "Submit for Validation" button <u>once you have added all the indirect owners and uploaded all required ownership documents</u>. *Once the button is pressed, you will not be able to add any more individuals/parent companies until the College has completed reviewing the information you provided when you pressed the button. The processing time for reviewing this information may take up to 14 days.*

Adding Multiple Relationships/Roles to an Indirect Owner

> *Watch this video at https://youtu.be/imZi3DzONDw for steps involved.*

Sometimes an indirect owner may have more than one role. For example, a director can also be a shareholder of a corporation. Multiple relationships/roles must be reported by following the steps below so that they match the information provided in the required ownership documents submitted (refer to the Uploading an Ownership Document section for instructions on uploading the required ownership documents on this page).

To add an additional relationship to an indirect owner:

1. Select the individual in the list and then click the "arrow" to view the relationship of this individual and the organization highlighted in the ownership tree. If the individual is not listed, you will have to add the individual with one relation/role first by following the steps outlined in the Adding a New Indirect Owner (a "Person") section.

2. Click the **"+"** sign.

3. Add the relationship information. Leave the effective date blank if you are submitting this information for pharmacy licence renewal.

4. Click "**Save & Close**" when finished. And you will see the information displayed like this:

If you notice that you did not enter the <u>effective date</u> or <u>relationship</u> correctly, highlight the entry and click the **pencil icon** to edit.

If you do not have any more indirect owners to add/modify and all required documents have been uploaded, click "**Submit for Validation**". Once the College has completed reviewing the information, the new indirect owners will receive instructions to log into eServices and complete their Proof of Eligibility online.

It is IMPORTANT that you only press the "Submit for Validation" button <u>once you have added all the indirect owners and uploaded all required ownership documents.</u> *Once the button is pressed, you will not be able to add any more individuals/parent companies until the College has completed reviewing the information you provided when you pressed the button. The processing time for reviewing this information may take up to 14 days.*

If you have not pressed the "**Submit for Validation**" button (i.e. **Existing** = "N") and want to remove an indirect owner, you may do so simply by clicking the **"Delete"** button.

Watch this video at https://youtu.be/imZi3DzONDw for steps involved.

To remove an indirect owner or one of his/her relationships/roles after he/she has already been confirmed by the College (i.e. Existing = "Y"):

1. Select the individual in the list and click the "arrow" to view the relationship of this individual and the organization highlighted in the ownership tree.

2. Select the relationship that you want to remove and click the **pencil icon**.

3. Confirm that this is the relationship you want to remove. Enter the <u>effective date</u> of change and select the "**Stop Ownership**" checkbox.

4. Click "**Save & Close**" when finished. The request to remove the indirect owner will then be displayed:

5. *To remove an indirect owner with more than one relationship/role within the organization, repeat Steps 2 to 4 for each relationship/role that this person has.*

Uploading an Ownership Document

> *Watch this video at https://youtu.be/imZi3DzONDw for steps involved.*

Pharmacy Licence Renewal: For a direct owner that is a corporation, and any shareholder) that is incorporated in BC and non-publicly traded (i.e. the "parent company"), you will have to upload the most current *British Columbia Company Summary* when you submit your Pharmacy Licence Renewal Application.

For a **change of indirect owner**, you will have to upload the following documents based on the subtype of change:

- Change of Director: *Notice of Change of Directors* filed with the BC Registry Services
- Change of Shareholder: Updated certified true copy of the *Central Securities Register*
    - For each **new** shareholder that is a B.C. incorporated, non-publicly traded corporation (i.e. the "parent company"), you will also have to submit:
        - The most current copy issued within the last year of the *British Columbia Company Summary*[9];
        - A certified true copy of the Central Securities Register;
        - If a shareholder of any parent company is a B.C. incorporated, non-publicly traded corporation, also submit all the above documents for that shareholder until there is no more shareholders that are B.C. incorporated, non-publicly traded corporations.

*Upload a copy of the completed *"Deferred Submission of a Required Document(s) for Change Application" declaration form* if you are not able to provide the document at the time of notification.

> **NOTE:** Only one file can be uploaded for each document type, therefore, multiple files must be pre-merged before uploading.

The required ownership documents can be uploaded under the **Documents** section at the bottom of the same page used to add/remove an indirect owner (click "**Edit**" after landing on the first page of the Ownership Portal by clicking on the name of the direct owner on the **Pharmacy Summary Page**).

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[9] *BC Company Summary*: Note the date beside "Last Annual Report Filed:" and *Annual Report* is not acceptable.

To upload a document:

1. Ensure the correct organization is highlighted in the ownership tree. If you are uploading the required documents for the direct owner, ensure the name of the direct owner (i.e. the first line in the ownership tree) is highlighted.

2. If you are uploading the required ownership documents for an indirect owner that is a non-publicly traded BC corporation ("parent company"), ensure the name of the parent company is selected in the ownership tree.

3. Click the hyperlinked **Document Type** to be uploaded;

4. Click "**Select File**" to locate the file in your computer. Select your file by either double clicking the file name OR click the file name once, then click "**Open**". You will then see the file name listed on the page.
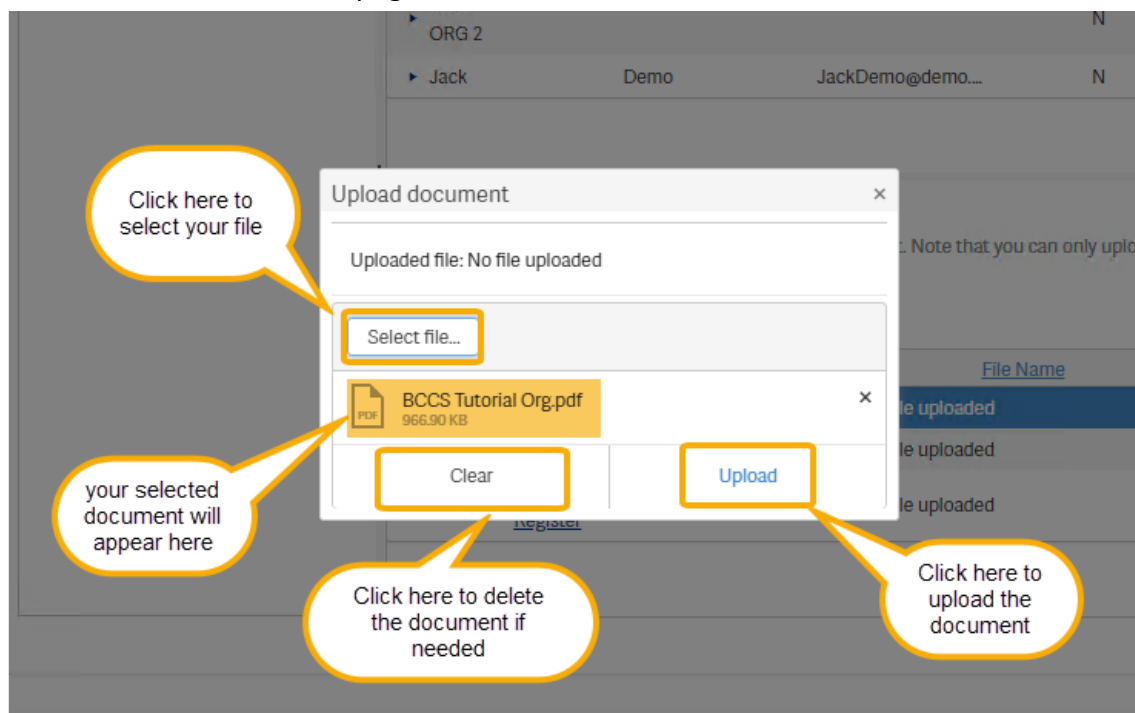
5. If the file listed is correct, click "**Upload**". If not, click "**Clear**" and repeat Step 2.

6. Once the file is uploaded, you will see the file name displayed in the document table.

If you do not have any more indirect owners to add and all required documents have been uploaded, click "**Submit for Validation**". Once the College has completed reviewing the information, the new indirect owners will receive instructions to log into eServices and complete their Proof of Eligibility online.

It is IMPORTANT that you only press the "Submit for Validation" button <u>once you have added all the indirect owners and uploaded all required ownership documents.</u> *Once the button is pressed, you will not be able to add any more individuals/parent companies until the College has completed reviewing the information you provided when you pressed the button. The processing time for reviewing this information may take up to 14 days.*

If you have not uploaded all the required documentation (see example below), you will not be able to click **"Submit for Validation"** and the following error message will appear:
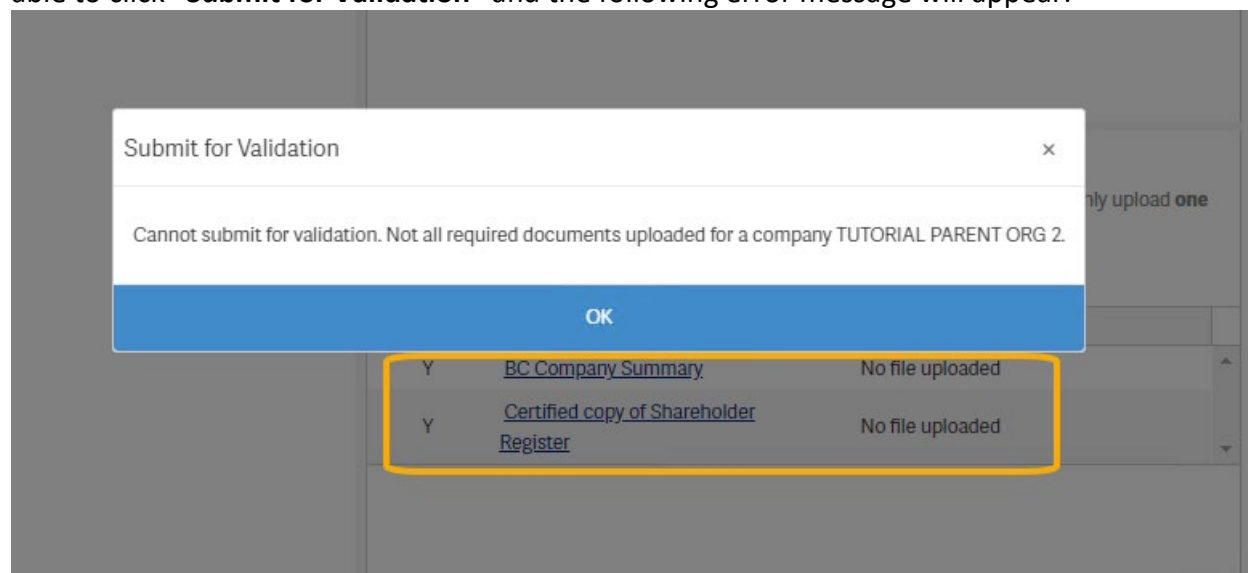
Monitoring Your Pharmacy Licence Renewal Status – Pharmacy Summary Page

All authorized representatives can monitor the status of their pharmacy licence renewal on the **Pharmacy Summary Page** under the **My Pharmacies** tab in the top menu after logging into eServices.

The following table shows the possible status types for each pharmacy renewal requirement and an explanation.

Requirement	Status	Explanation
Ownership Information	Pending	The College has not received complete ownership information.
	Submitted	Ownership information has been submitted but not reviewed or not accepted by the College. In the latter case, the AR will be notified by email.
	Complete	Ownership information has been verified by the College. No further action required.
Payment	Pending	The College has not received payment (if you have already submitted payment information, the actual transaction has not occurred yet) or the administrative fee has not been paid yet.
	Complete	Payment has been received by the College. No further action required.
Business Licence	Pending	The business licence has not been submitted/uploaded.
	Submitted	The business licence has been submitted but not reviewed by the College.
	Complete	The business licence has been verified by the College. No further action required.
Attestation Summary	Pending	One or more individuals (indirect owner and/or manager) have not submitted their attestation through their personal eServices account.
	Submitted	All applicable individuals have submitted their attestations.
CRH (Criminal Record History) Summary	Pending	The College has not received the Criminal Record History result from one or more individuals (indirect owner and/or manager) in the previous 5 years.
	Submitted	The College has received the Criminal Record History results from all applicable individuals in the previous 5 years.
Renewal Complete	Pending	There is one or more renewal requirements outstanding.
	Complete	All renewal requirements have been submitted and approved. Pharmacy licence has been renewed and issued.

The status view is very similar for an authorized representative and a pharmacy manager, however, only an authorized representative can monitor whether each applicable individual has or has not submitted their attestation and/or Criminal Record History.

MANAGER'S VIEW

The pharmacy manager can monitor their Pharmacy Licence Renewal application (when due) on the **Pharmacy Summary Page** under the **My Pharmacy** tab:

Direct Owner	Pharmacy	Licence Expiry	Ownership Information	Payment	Business License	Attestation Summary	CRH Summary	Renewal Complete
TUTORIAL ORGANIZATION	TUTORIAL PHARMACY	2/28/2019	Pending	Pending	Pending	Submitted	Submitted	Pending

While pharmacy managers do not have permission to submit ownership information or payments, they are encouraged to notify the authorized representative(s) of the direct owner in the event that either of these requirements is outstanding. The names of the authorized representatives of your pharmacy can be found on the pharmacy's **Profile** page in the Pharmacy Portal.

AUTHORIZED REPRESENTATIVE'S VIEW

All authorized representatives can monitor the status of their Pharmacy Licence Renewal application(s) (when due) using the expanded view (for expanded view, click on the **"+"** sign next to the name of the direct owner) on the **Pharmacy Summary Page** under the **My Organization** tab.

Direct Owner	Ownership Information	ID	Due For Renewal
⊟ TUTORIAL ORGANIZATION	Pending	99999	Action Required

Pharmacy	Licence Expiry	Payment	Business License	Attestation Summary	CRH Summary	Renewal Complete
TUTORIAL PHARMACY	2/28/2019	Pending	Pending	Submitted	Submitted	Pending

Click here to see the list of indirect owners and pharmacy manager and their POE status

To view who has or has not submitted their attestation and/or Criminal Record History, click on their status under the "**Renewal Complete**" column and you will see a screen that looks similar to this:

Proof of Eligibility Status for Direct/Indirect Owner(s) and Manager

Below is the Proof of Eligibility (POE) submission status (i.e. submitted or not submitted) for the manager and each direct/indirect owner whose ownership has been confirmed by the College. If you recently added an indirect owner in Form 7 as part of the pharmacy licence renewal application, they will not be listed until the College validates the ownership information and documents. Please allow up to 14 days for processing.

When everyone in the list below has submitted their POE, the Pharmacy Summary page will generate the **Submitted** status.

Name	Member Type	Relationship	Attestation	Criminal Record History
DEMO, JOHN	Non-Registrant	Shareholder	Submitted	Submitted
DEMO, JOHN	Non-Registrant	Officer	Submitted	Submitted
DEMO, JANE	Pharmacist	Director	Submitted	Submitted
DEMO, JOHN	Non-Registrant	Director	Submitted	Submitted
DEMO, TIM	Pharmacist	Manager	-	-

Note that the authorized representatives will **<u>not</u>** see the result of each indirect owner and manager's attestation (i.e. "eligible" or "ineligible") or Criminal Record History (i.e. "clear" or "not clear"). The only status that shows on this screen are "Submitted" or null (i.e. not submitted).

This view is currently not available for pharmacies that are owned by a partnership of corporations. If you are an authorized representative of a partnership of corporations, please contact the Licensure Department for assistance.

Accessing and Navigating the Pharmacy Portal

This section of the licensure guide focuses on the features of the Pharmacy Portal. Through the Pharmacy Portal, the manager or an authorized representative of the direct owner can:

- Submit the pharmacy's business licence for the Pharmacy Licence Renewal application;
- Monitor the status of your Pharmacy Licence Renewal application;
- Update pharmacy information: basic information (pharmacy email contact and website), staff roster, hours of operations, and types of pharmacy services provided at your pharmacy;
- View the names of the direct owner and authorized representatives;
- Download a pharmacy licence; and
- Download a pharmacy licence receipt.

An authorized representative can also submit a Change of Manager (*PODSA Form 8C*) in the Pharmacy Portal.

Watch this video at https://youtu.be/pNXGy-jRPao for an overview of the Pharmacy Portal.

To access the Pharmacy Portal:

1. Log into eServices;

2. Click "**My Pharmacies**" in the top menu and you will land on the **Pharmacy Summary Page;**

3. Click the **NAME of the PHARMACY** under the **My Pharmacy** tab (for managers) or the **My Organization** tab (for authorized representatives) on the **Pharmacy Summary Page** to access the Pharmacy Portal.

Downloading a Pharmacy Licence

You can download the pharmacy licence for the current cycle, as well as the next cycle (when renewal application is complete before the pharmacy licence expires), as soon as you enter the Pharmacy Portal.

To download a pharmacy licence:

1.   Click the "**Download Pharmacy Licence"** button.

2.   Click on the hyperlink to view the pharmacy licence and download a copy.

The licence will be downloaded to your computer as a PDF file and should be located in your "downloaded" file folder.

Downloading a Pharmacy Licence Receipt

You can download a pharmacy licence receipt as soon as you enter the Pharmacy Portal.

To download a pharmacy licence receipt:

1. Click the "**Receipts**" button.
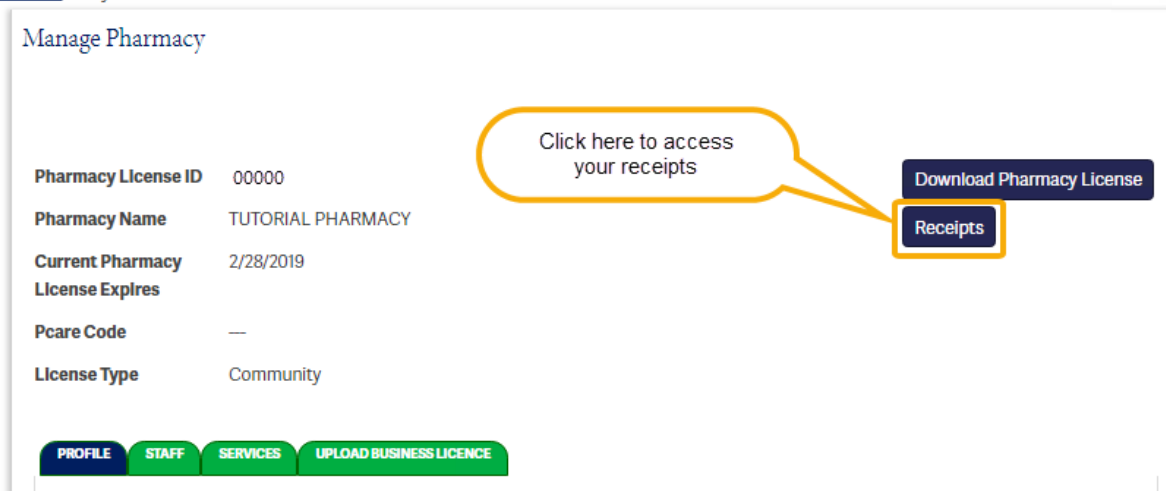
2. A list of payments made to the College for the pharmacy is displayed.

3. Click on the date to open or download the receipt. Your browser may either open the receipt as a PDF file in a new tab, or automatically save a copy to your computer in the "downloaded" file folder.

Updating Pharmacy Information – Profile

The pharmacy's **Profile** page is located on the landing page of their Pharmacy Portal. To access the Pharmacy Portal, clicking on the **NAME of the PHARMACY** on the **Pharmacy Summary Page** after logging into eServices.

On the pharmacy's **Profile** page, you will find the following information:

- Basic pharmacy information including contact information;
- Manager information;
- Basic ownership information (name of direct owner and names of authorized representatives).

On this page, you can *only* update the following information:

- Email address of the pharmacy; and
- Website of the pharmacy.

If you need to update the pharmacy's phone number or fax number, email the Licensure Department at: licensure@bcpharmacists.org.

If you need to change the pharmacy name, refer to the Change of Operating Name section for more information.

If you need to change the pharmacy address, refer to the Change of Location section for more information.

To update the pharmacy's email address and website at the pharmacy:
1. Click on the appropriate text box
2. Enter the new information
3. Press "**Next**" to save.

Pharmacy License ID   00000

Pharmacy Name   TUTORIAL PHARMACY

Current Pharmacy License Expires   2/28/2019

Pcare Code   —

License Type   Community

Download Pharmacy License

Receipts

PROFILE STAFF SERVICES UPLOAD BUSINESS LICENCE

Contact

Company

TUTORIAL PHARMACY

Full Address

200 - 1768 West 8th Avenue
Vancouver, BC V6J 5C6
CANADA

Work Phone

(604) 733-2440

Fax

(604) 733-2493

Email

info@bcpharmacists.org

Website

www.bcpharmacists.com

Click on the text box to update the email or website information for the

The manager and basic ownership information is also displayed on the **Profile** page as follows:

Manager Information

Manager	Registration #	First Name	Last Name	Effective Date
	——	Tim	Demo	Jan 7, 2019

Ownership Information

Direct Owner   TUTORIAL ORGANIZATION

Authorized Representative(s)   DEMO, JANE   Pharmacist

Next

Only the authorized representatives can make changes to the manager and ownership information. To request a change of manager on eServices (from this screen), refer to the Submitting a Change of Manager Application Online section for instructions, and the Change of Manager section for an overview of the entire application process.

To request a change of indirect owner on eServices, refer to the Submitting a Change of Indirect Owner Application Online section for instructions and the Change of Indirect Owner section for and overview of the entire application process. If the direct owner of your pharmacy is not a sole-proprietorship, partnership of pharmacists, corporation or partnership of corporations, follow the Change of Authorized Representative process to submit a request to change any authorized representatives.

Updating Pharmacy Information – Pharmacy Staff Roster

The pharmacy staff roster can be found on the **Staff** page in the Pharmacy Portal. To access the Pharmacy Portal, clicking on the name of the pharmacy on the **Pharmacy Summary Page** after logging into eServices.

Once you are in the Pharmacy Portal, you must click "**Next**" at the bottom of the profile page in order to access the **Pharmacy Staff Roster**. Clicking on the tab will **not** automatically take you to the **Staff** page from the **Profile** page.

On the pharmacy staff roster, a list of registrants who have been reported – either by the current/previous manager, a current/previous authorized representative or the registrant themselves – to be currently working at your pharmacy. It will also list the registration expiry date of each of your registrant staff.

Reporting employment information is a dual responsibility between a registrant and his/her pharmacy manager. Pursuant to section 54(2) of the *Health Professions Act Bylaws*, a registrant must notify the Registrar immediately, if their place of pharmacy practice changes, by updating the employment information in his/her eServices account. Pursuant to section 18(2)(c) of the *Pharmacy Operations and Drug Scheduling Act Bylaws*, a manager must notify the Registrar in writing of the appointments and resignations of registrants as they occur by updating the pharmacy staff roster in the Pharmacy Portal on eServices. The employment information of each registrant is now synchronized with the staff roster of the pharmacy where he/she practices.

Registrants will receive notification via email when you have either added them to, or removed them from your pharmacy roster. The change will also be updated in their personal employment information under their personal eServices account.

If a registrant reports his/her employment at your pharmacy before you have added them to your pharmacy roster or when a registrant reports that they have ceased their employment at your pharmacy, you will receive an automated email notification.

You may add, edit (or view details) or delete staff members using the corresponding button above the table:

EDITING/VIEWING EMPLOYEE DETAILS

To view employee details:

1. ***Double click*** on the individual staff entry.

To edit an employee's information:
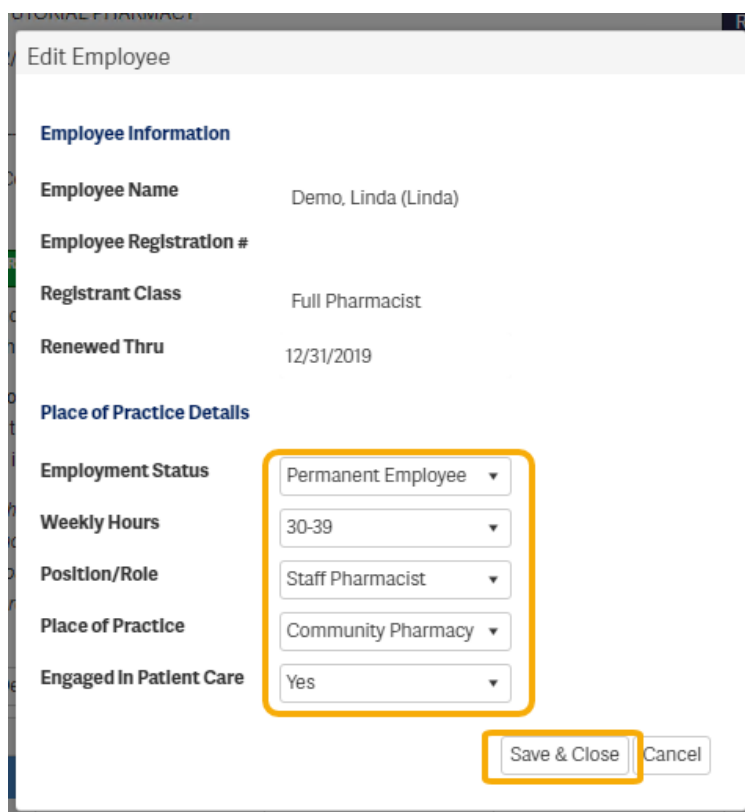
1. Click on the individual staff entry ***once*** and then click the "**Edit**" button.

2. The **Edit Employee** screen will then be displayed. Update any information if needed.
3. Click "**Save & Close**" when finished.

To add an employee:

1. Click the "**Add**" button.

2. The **Add Employee** screen will then be displayed. Click "**Add employee**".

3. Enter the employee's registration number and last name and click "**Search**". *Note that both fields are required.* The employee listing should then appear in the search results. If it does not, check the spelling of the last name and/or the registration number entered.

4. Once you have found the correct employee listing, click "**Accept**" and they will be added to the bottom of your pharmacy staff roster. The registrant will also be notified of the change and asked to update their employment information in their personal profile.

REMOVING AN EMPLOYEE

To remove an employee:

1. Click on an individual employee listing *once*, then click the "**Delete**" button.

2. A prompt will appear asking if you are sure you want to delete this person from the pharmacy roster. If you are sure, click "**Yes**". The employee will then be removed from the pharmacy staff roster. They will also be notified of the change and asked to update their employment information in their personal profile.

Updating Pharmacy Information – Hours of Operation and Lock-and-Leave Hours

A pharmacy's hours of operation and lock-and-leave hours can be found on the **Services** page in the Pharmacy Portal. To access the Pharmacy Portal, click on the name of the pharmacy on the **Pharmacy Summary Page** after logging into eServices.

Once you are in the Pharmacy Portal, you must click "**Next**" at the bottom of **both** the **Profile** page and **Staff** page in order to access the **Services** page. Clicking on the tabs will **not** allow you to jump between pages.

On the top section of the services page, you will find your pharmacy's hours of operation and lock-and-leave hours as they have been reported to the College. Pursuant to section 27 of *Pharmacy Operations and Drug Scheduling Act Bylaws*, the hours when a full pharmacist is either on-duty or not present while the premises is open for business must be reported to the College.

You may edit the start or end time by selecting the correct time in the dropdown menu on the corresponding day of the week. To save changes, click the "**Next**" button once all hours have been updated.

| PROFILE | STAFF | SERVICES | UPLOAD BUSINESS LICENCE |

Hours of Operation

"Pharmacy hours" means the hours when a full pharmacist is on duty at the pharmacy. For telepharmacy, a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy.

"Lock and leave hours" means the hours when a full pharmacist is not present at the pharmacy but the premises is open for business.

Pharmacy Hours		Lock & Leave Hours	
Mon Start 09:00 AM	**Mon End** 05:00 PM	**LL Mon Start**	**LL Mon End**
Tues Start 09:00 AM	**Tues End** 05:00 PM	**LL Tues Start**	**LL Tues End**
Wed Start 09:00 AM	**Wed End** 05:00 PM	**LL Wed Start**	**LL Wed End**
Thur Start 09:00 AM	**Thur End** 05:00 PM	**LL Thur Start**	**LL Thur End**
Fri Start 09:00 AM	**Fri End** 05:00 PM	**LL Fri Start**	**LL Fri End**
Sat Start 09:00 AM	**Sat End** 05:00 PM	**LL Sat Start**	**LL Sat End**
Sun Start 09:00 AM	**Sun End** 05:00 PM	**LL Sun Start**	**LL Sun End**
Holidays Start	**Holidays End**	**LL Hol Start**	**LL Hol End**

Updating Pharmacy Information – Pharmacy Services

The list of pharmacy services that your pharmacy provides can be found on the **Services** page in the Pharmacy Portal. To access the Pharmacy Portal, click on the name of the pharmacy on the **Pharmacy Summary Page** after logging into eServices.

Once you are in the Pharmacy Portal, you must click "**Next**" at the bottom of **both** the **Profile** page and **Staff** page in order to access the **Services** page. Clicking on the tabs will **not** allow you to jump between pages.

On the top section of the services page, you will find your pharmacy's hours of operation and lock-and-leave hours as they have been reported to the College. Scroll down until see you the section titled **Pharmacy Services**.

The types of pharmacy services your pharmacy offers that have been reported to the College will be displayed with a checkbox. Note that there are new types of pharmacy services listed in the new pharmacy portal. Review the list and check any applicable boxes when you renew your pharmacy licence.

This page also lists the names of facilities that your pharmacy provides residential care services to; the names of pharmacies that your pharmacy provides centralized prescription processing services to; and the names of pharmacies that your pharmacy receives outsourced prescription processing services from.

The authorized representative/manager may edit the services of the pharmacy as required by selecting or de-selecting the checkboxes.

Pharmacy Services

Below is a list of pharmacy services that your pharmacy provides. Please review the list and update if changes are needed.

Opioid Agonist Treatment

Methadone	☑
Slow Release Oral Morphine	☑
Buprenorphine/Naloxone	☑
Injectable Opioid Agonist	☐

Compounding

Non-sterile Preparations	☑
Non-Hazardous Sterile Preparations	☐
Hazardous Sterile Preparations	☐

Other - Community

Injection and Intranasal Drug Administration	☑
No Public Access	☐
Schedule 1A drugs on-site	☑
Internet Pharmacy	☐

Other - Hospital

Outpatient	☐
Servicing Satellite(s)	☐

RESIDENTIAL CARE SERVICES

The facilities that your pharmacy currently provides residential care services to and have reported to the College will be listed on this page.

To add a residential care facility:

1. Click the **"+"** sign on the top right corner of the table.

2. The **Add** screen will then appear. Add the facility name, the number of beds, and the effective date of your pharmacy began providing residential care service to this facility.

3. Click "**Save & Close**" when finished.

To edit the information displayed for a facility:

1. Click the "**Edit**" button on the right of the appropriate facility listing.

To <u>delete</u> a facility:

1. Click the "**Delete**" button on the right of the appropriate facility listing

CENTRALIZED/OUTSOURCED PRESCRIPTION PROCESSING SERVICES

The pharmacies that your pharmacy currently provides centralized prescription processing services to, as well as those that your pharmacy currently receives outsourced prescription processing services from (and have been reported to the College), will be listed on this page.

To <u>add</u> a pharmacy:

1. Click the appropriate "**Add Pharmacy**" button.

2. The **Add Pharmacy** screen will then appear. Enter the <u>PharmaCare code</u> of the pharmacy (mandatory field) and click search. The pharmacy should appear in the list of search results. If it does not, check that the <u>PharmaCare code</u> entered is correct.

3. If the pharmacy displayed is correct, click the checkbox next to the listing, followed by the "**Accept**" button at the bottom of the page. The pharmacy will then be added to the list.

To <u>remove</u> a pharmacy from the list:

1. Click the **"Delete"** button on the right of the appropriate listing.

2. A prompt will ask if you are sure you want to delete this pharmacy. If you are sure, click "**Yes**". The pharmacy will then be removed from the list.

Submitting the Pharmacy's Business Licence for Pharmacy Licence Renewal

If you are an authorized representative of the direct owner, you can be redirected to the Pharmacy Portal by clicking on the pharmacy name on the **Payment Page** during the pharmacy licence renewal application process. Refer to the Submitting Payment Information for Pharmacy Renewal section for details.

Alternatively, an authorized representative or the manager can access the Pharmacy Portal by clicking on the name of the pharmacy on the **Pharmacy Summary Page** after logging into eServices.

Note that the **Business Licence** tab is usually hidden; it is only available when your pharmacy licence is due for renewal.

You can upload **one file only**. Merge files before uploading if there are multiple pages in multiple files.

> *Watch this video at* https://youtu.be/pNXGy-jRPao *for steps involved.*

To upload a business licence:

1. Navigate to the **Business Licence** tab by clicking "**Next**" on the **Profile**, **Staff** and **Services** pages. Before navigating to the last tab, ensure the information under the previous 3 tabs is current and accurate. Update any information as necessary.

2. Once you are on the **Business Licence** page, click "**Browse**" to locate the file in your computer. Select your file by either double clicking the file name OR click the file name once then press "**Open**".

3. Click "**Upload**". You will then see the file name listed on the page.

4. If the file uploaded is correct, click "**Finish**". If it is not correct, click "**Remove**" and repeat Step 2 again.

Submitting a Change of Manager Application Online

An authorized representative can submit an Application for Change of Manager (*PODSA Form 8C*) through the **Profile** page in the Pharmacy Portal by clicking on the name of the pharmacy on the **Pharmacy Summary Page** after logging into eServices.

On the pharmacy's **Profile** page, scroll down to the **Manager Information** section. An authorized representative will see the "**Request Change of Manager**" button in the section.

Note that this button will not be available to the manager if he/she is not an authorized representative of the direct owner. Only an authorized representative can submit this change request.

To submit the change application:

1. Click on the "**Request Change of Manager**" button;
2. Enter the last name and registration number of the proposed manager. Note that both fields are required;
3. Click "**Search**".

4. The proposed manager should appear in the list of search results. If not, check the spelling of the last name and/or the registration number entered for errors and repeat Steps 2 and 3 again.

5. If the correct proposed manager appears in the list, enter the <u>effective date</u> of change and click "**Submit**".

6. Once submitted, the Change of Manager Application Request will be displayed under the **Manager Information** section on the pharmacy's **Profile** page.

Note that you will not be able to submit another change request until the submitted one has been approved/declined.

The proposed manager will receive an email notification with instructions on completing his/her Proof of Eligibility. The current manager will also be notified of the change.

The authorized representative, the new manager and the current manager will receive an email notification when the change of manager application is approved and complete. You will then be able to download and print the new pharmacy licence in the Pharmacy Portal.

On the effective date of change, the new pharmacy manager will have access to the Pharmacy Portal for your pharmacy. The previous pharmacy manager will then lose access.

Accessing and Navigating "My Profile"

Depending on whether you are a registrant with the College or not, you may have limited access to the **My Profile** tab. At a minimum, you will have access to the following functions:

- Update email address;
- Change password; and
- Submit your Proof of Eligibility when required.

Registrants have additional access to update/view information related to their registration as a pharmacist or pharmacy technician.

To access **My Profile**:

1. Log into eServices;
2. Click "**My Profile**" in the top menu.
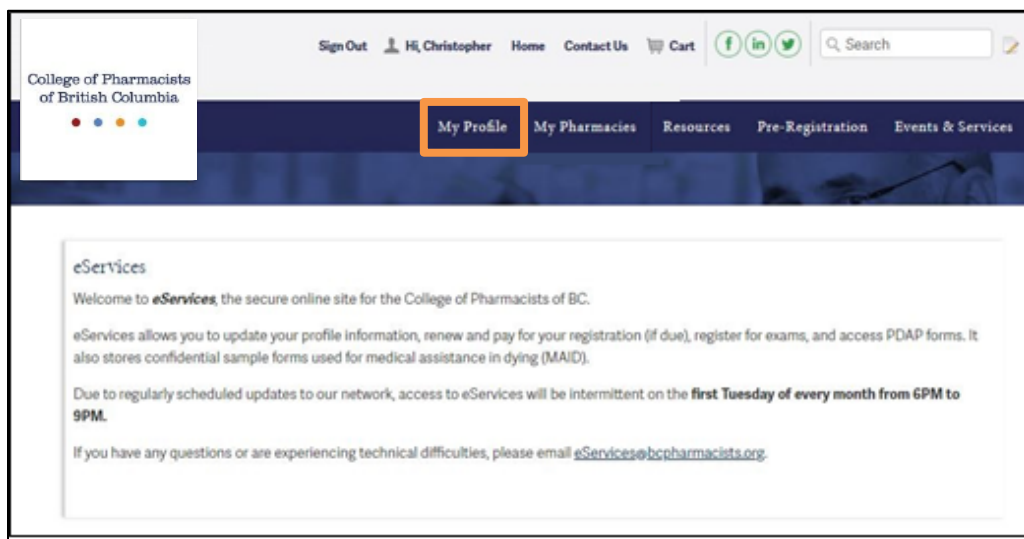
Updating Your Email Address
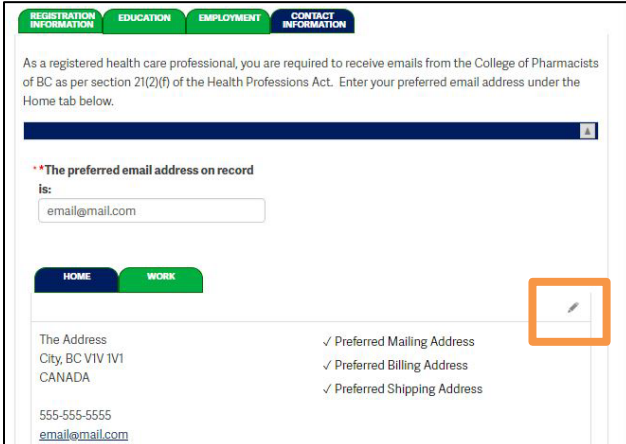
The College communicates important information through emails. Ensure your email address is up-to-date in your eServices account and do not unsubscribe from the College's email system.

Your email address is listed under the **Contact Information** tab on the landing page under **My Profile**. You may also click "**Update Profile**" in the side menu under **My Profile**.

To update your email address:

1. Click on the **pencil icon**;

<div align="center">Registrant View   Non-Registrant View</div>

2. The **Edit Address** screen is displayed. Update any information as appropriate;
3. Click "**Save & Close**" when finished.

Changing Your Password

After logging into eServices, go to the **My Profile** tab and click "**Update Password**". Then click "**Change Password**" then follow the prompts to update your password.

Completing Your Proof of Eligibility

After logging into eServices, go to the **My Profile** tab and click "**Proof of Eligibility**". Enter any missing information and follow the instructions on each page to complete your Proof of Eligibility.

You must click "**Next**" on the page in order to access the next page. Clicking on the tab will **not** allow you to jump from one tab to another.

NOTE 1: You will not see the Form-6 tab after completing the attestation if you have attested to every statement in the attestation. Otherwise, complete Form 6 to provide more information as to why you could not attest to any of the statements in the attestation.

*NOTE 2: You will not see the **Criminal Record History** tab if you have submitted one to the College within the previous 5 years.*

Appendix A: Pharmacy's Business Licence

Business licence example

Common errors in business licence for pharmacy licensure purposes

Pharmacy Licence Application	Incorporation Document	Business Licence (BL)	Reason for Rejection
Operating Name: • ABC Pharmacy **Prescription label:** • ABC Pharmacy **External Signage:** • ABC Pharmacy	**Direct Owner's name (Corporation):** • 999 Pharmacy LTD	**Owner's name** • 999 Pharmacy LTD **Business name:** • 999 Pharmacy LTD	**Reason:** Inconsistent operating name **Suggested correction on BL:** 1) 999 Pharmacy LTD DBA ABC Pharmacy; **OR** 2) **Owner's name** = 999 Pharmacy LTD; **Business name** = ABC Pharmacy
Operating Name: • 123 Pharmacy **Prescription label:** • 123 Pharmacy **External Signage:** • 123 Pharmacy	**Direct Owner's name (Corporation):** • XYZ Health Inc	**Owner's name** • 123 Pharmacy **Business name:** • 123 Pharmacy	**Reason:** Inconsistent owner's name **Suggested correction on BL:** 1) XYZ Health Inc DBA 123 Pharmacy; **OR** 2) **Owner's name** = XYZ Health Inc; **Business name** = 123 Pharmacy
Operating Name: • Chain Rx #1 **Prescription label:** • Chain Pharmacy #1 - Location **External Signage:** • Chain	**Direct Owner's name (Corporation):** • 123456 Corp.	**Owner's name** • 123456 Corp. **Business name:** • Chain	**Reason:** Inconsistent operating name (external signage name used instead) **Suggested correction on BL:** 1) 123456 Corp. DBA 123 Pharmacy; **OR** 2) **Owner's name** = 123456 Corp.; **Business name** = Chain Rx #1

Appendix B: Community/Telepharmacy Pharmacy Diagram, Pre-Opening Inspection Report and Digital Evidence (DE)

EXTERNAL TO DISPENSARY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
1a	**External view of the pharmacy (street view including the external signage)**	**Community Pharmacy:** *PODSA Bylaws s.18(2)(q)* A manager must ensure that at a minimum, the name on the external signage of a community pharmacy must be correctly and consistently used on labels and directory listings. **TELEPHARMACY:** *PODSA Bylaws s.18(2)(r)* A manager must, if the pharmacy is a central pharmacy, ensure that at a minimum, the name on the external signage of a telepharmacy must be correctly and consistently used on labels and directory listings. **TELEPHARMACY:** *PODSA Bylaws s.12.1(1)(c)* The registrar must not issue a telepharmacy licence to a central pharmacy unless the proposed name on the external signage of the telepharmacy described in section 18(2)(r) includes the word "telepharmacy".	✓ (Show all entry points to the pharmacy)	Show *what* the pharmacy looks like from outside before entering into the pharmacy. Submit at least two photos: 1. External view of the pharmacy - including the entrance to the pharmacy and the external signage (Best to take one photo from across the street. Otherwise, take one about 10-20 feet from the entrance.) 2. Close-up of the external signage (Note: a proof is acceptable if the actual external signage is not ready yet)
1b	**Hours of operation sign**	*PODSA Bylaws s.27(2)(c)* The hours when a full pharmacist is on duty are posted.		Show *where* the sign(s) is posted and *what information* is included on the hours sign(s). Submit at least two photos: 1. Location of the pharmacy hours sign(s) (e.g. step 5-10 feet away from the hours sign) 2. Close up of the pharmacy hours sign(s) NOTE: If your pharmacy has lock-and-leave hours, take one additional picture of the business hours sign for the store (or include in the same picture as the pharmacy hours sign if possible)
1c	**Professional products area for Schedule 3 drugs**	*PODSA Drug Schedule Regulations s.2(3)* Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. *PODSA Bylaws s.25(1)(a)* In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the	✓ (show area)	Show *where (and how)* Schedule 3 drugs are stored. Take at least two pictures from different angles to show the Schedule 3 area.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary.		
1d	**Lock-and-Leave barriers (if the premise is open for business while the pharmacy is closed)** OR N/A	***PODSA Drug Schedule Regulations s.2(3)*** Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy. ***PODSA Bylaws s.26(2)(b)(iii)*** When no full pharmacist is present and the premises in which the pharmacy is located are accessible to non-registrants, the pharmacy must be secured as follows if the pharmacy is closed but other areas of the premises in which the pharmacy is located are open: Schedule III drugs are inaccessible to anyone other than full pharmacists, temporary pharmacists and pharmacy technicians.		If your pharmacy has-lock-and leave hours, take at least one photo to show how Schedule 3 drugs are kept when the pharmacy is closed (e.g. a photo of the lock-and-leave panels covering the Schedule 3 drugs)
1e	**Signage at 25 feet from dispensary** OR N/A	***PODSA Bylaws s.25(1)(a)*** In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, must ensure that the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage.		If your pharmacy is not a "100% pharmacy", show us _where_ the signage is located. This signage is usually placed from the ceiling or above the OTC products at the 25 feet mark from the perimeter of the dispensary. Submit at least two photos: 1. Take one from the dispensary, facing towards the store (ensure the back-facing of the signage can be seen in the photo) 2. Take one facing the dispensary from 5-10 feet away (ensure the front-facing of the signage can be seen in the photo and part of the dispensary is included in the background)
1f	**"Medication Information" Sign** OR N/A	***PODSA Bylaws s.25(1)(b)*** In locations where a community pharmacy or telepharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy manager or the central pharmacy manager in the case of a telepharmacy, must ensure that a sign reading "Medication Information" is clearly	✓ (show location)	If your pharmacy is not a "100% pharmacy", show where the sign is displayed. (e.g. step 5-10 feet away from the sign)

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist's advice.		
1g	**Separate Injection Room for iOAT** 1. **Stainless steel table** 2. **Chair** 3. **Secure container for sharps** 4. **Sink** 5. **Soap** 6. **Hand sanitizer** 7. **Antiseptic cleaning wipes** 8. **Paper towel in a dispenser** 9. **Security Camera**	***PPP-67 Policy Guide* Principle 1.3.1** The pharmacy must have a separate injection room within which the drug is to be self-administered by the patient that is clean, safe, comfortable and appropriately private and furnished for the patient. This room must be equipped with the following at a minimum: stainless steel table, chair, secure container for sharps that is not easily removable, sink, soap, hand sanitizer, antiseptic cleaning wipes and paper-towel in a dispenser. ***PPP-67 Policy Guide* Principle 5.1.3** The pharmacy must have a security camera in the injection room.	✓ (show location and area of the room)	If your pharmacy will provide injection opioid agonist treatment on-site, show _where_ the separate injection room is located. Ensure the photos include all the required equipment for this room inside the room.

DISPENSARY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
2a	**Dispensary area**	***PODSA Bylaws* s.25(2)(a)** The dispensary area of a community pharmacy or a telepharmacy must be at least 160 square feet.	✓ (show area)	Show _what_ the dispensary looks like from inside via a 360 degree view. • **Option 1 (for bigger dispensaries)** - 4 photos: stand in the middle of the dispensary and take one photo for each side of the dispensary • **Option 2 (for smaller dispensaries)** - 2 photos: stand in the corner of the dispensary and take a photo that covers the most part of the opposite 3 sides of the dispensary. Then stand in the other corner, diagonally across from where photo #1

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
				was taken, and take a photo that covers the most part of the opposite 3 sides of the dispensary. • **Option 3** - 2 photos of 180 degree panorama pictures For very large spaces a video walkthrough of the pharmacy will provide more context.
2b	**Gate(s)/door(s) at the entrance into the dispensary**	*PODSA Bylaws* **s.25(2)(b)** The dispensary area of a community pharmacy or a telepharmacy must be inaccessible to the public by means of gates or doors across all entrances.	✓ (show location)	Show *where* ALL the doors/gates to the dispensary area are located. Submit at least 2 photos of each door/gate to the dispensary: 1. Take one about 5-10 feet from the outside of the dispensary (as if you were entering the dispensary). 2. Take one about 3-5 feet from the inside of the dispensary (as if you were leaving the dispensary).
2c	**Placeholder for College licence**	*PODSA* **s.4.1(2)** A direct owner and a manager must display a pharmacy licence in the pharmacy in a place conspicuous to the public.		Show *where* the College licence will be placed. Take one about 5-10 feet from the proposed location. You may place an empty frame or tape a blank piece of paper in the spot when taking the photo/video. Otherwise, explain where the exact location will be.
2d	**Professional service area for Schedule 2 drugs**	*PODSA Drug Schedule Regulations* **s.2(3)** Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.	✓ (show area)	Show *where* Schedule 2 drugs are stored, including exempted codeine products.
2e	**Patient consultation area**	*PODSA Bylaws* **s.25(4)** In all new and renovated community pharmacies or telepharmacies, an appropriate area must be provided for patient consultation that (a) ensures privacy and is conducive to confidential communication, and (b) includes, but is not limited to, one of the following: (i) a private consultation room, or (ii) a semiprivate area with suitable barriers.	✓ (show area)	If the patient consultation area is a semi-private area with suitable barriers, show *where* this area is located and *how privacy is ensured*. Submit at least 2 photos: 1. Take one about 5-10 feet from the outside of the dispensary (as if you were a patient approaching the consultation counter). 2. Take one about 3-5 feet from the inside of the dispensary (as if you were a pharmacy staff approaching the consultation counter).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
				If the patient consultation area is a private consultation room, show *where* this room is located and *what the inside looks like*. Submit at least 2 photos: 1. Take one about 5-10 feet from the door/entrance to the consultation room to show in context with respect to the location of the dispensary. 2. Take one at the door/entrance to the consultation room to show what the room looks like from inside.
2f	**Dispensing counter(s) and service counter(s)**	**Community Pharmacy:** *PODSA Bylaws* **s.25(2)(c)** The dispensary area of a community pharmacy must include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters. **TELEPHARMACY:** *PODSA Bylaws* **s.25(3)** A telepharmacy that was authorized by the registrar to provide pharmacy services as a telepharmacy remote site as of January 1, 2017 is exempt from the requirements in subsections (2)(a) and (c) until such time as it commences a renovation of all or part of the premises.	✓ (show area)	Take multiple photos to show all dispensing counter space within the dispensary, preferably from each end of the counter at a 45 degree angle.
2g	**Computer terminals for prescription processing**	*PODSA Bylaws* **s.34** A pharmacy must connect to PharmaNet. *HPA Bylaws* **s.72** A registrant must maintain confidentiality of personal information about a patient.	✓ (show location)	Show *where* each computer terminal for prescription processing is located. One photo may include more than one computer terminal. You may reuse some of the photos in 2(a) and 2(f).
2h	**Shelving**	*PODSA Bylaws* **s.25(2)(d)** The dispensary area of a community pharmacy or a telepharmacy must contain adequate shelf and storage space that is clean and organized.	✓ (show location)	Show *where* Schedule 1 drugs (i.e. regular prescriptions drugs) are stored.
2i	**Double stainless steel sink**	*PODSA Bylaws* **s.25(2)(e)** The dispensary area of a community pharmacy or a telepharmacy must contain a double stainless steel sink with hot and cold running water.	✓ (show location)	Show *where* the sink is located. Take a photo 5-10 feet from the sink.

SECURITY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
3a	Locked metal safe OR Safe declaration	***PODSA Bylaws s.26(1)(a)*** A community pharmacy or telepharmacy must keep Schedule IA drugs in a locked metal safe inside the dispensary that is secured in place and equipped with a time delay lock set at a minimum of five minutes. ***PPP-74 Policy Statement #4*** The safe must be an actual metal safe, a "narcotics cabinet" is not sufficient. The safe must be securely anchored in place, preferably to the floor. ***PODSA Bylaws s.26(4)*** The manager, direct owner or indirect owner(s) of a community pharmacy or telepharmacy that does not stock IA drugs must complete a declaration attesting that Schedule IA drugs are never stocked on the premises.	✓ (show location)	If your pharmacy will store Schedule 1A drugs, show *where* the time-delayed metal safe is located. Take a photo about 3-5 feet from the metal safe. If your pharmacy will **NOT** store Schedule 1A drugs, submit a signed copy of the safe declaration.
3b	Security camera system AND Surveillance signage	***PODSA Bylaws s.26(1)(b)*** A community pharmacy or telepharmacy must install and maintain a security camera system that: (i) has date/time stamp images that are archived and available for no less than 30 days, and (ii) is checked daily for proper operation. ***PPP-74 Policy Statement #4*** Under the Personal Information Protection Act (PIPA) pharmacies are required to post visible and clear signage informing customers that the premise is monitored by cameras.		Security camera system – submit at least 2 photos: • Take multiple photos to show *where* all security cameras are located. One photo may include more than one security camera. • Take a photo of the monitor that displays the footage of all the cameras connected to the security system and *what* other information can be seen on the monitor. Surveillance signage – Show *where* the signage(s) is posted and *what information* is included on the signage(s). Submit at least two photos: 1. Location of the signage (e.g. step 5-10 feet away from the sign). 2. Close up of the signage.
3c	Motion sensors	***PODSA Bylaws s.26(1)(c)*** A community pharmacy or telepharmacy must install and maintain motion sensors in the dispensary.		Show *where* each motion sensor is located. One photo may include more than one motion sensor. You may reuse some of the photos in 3(b) if they are located in the same areas.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
3d	**Monitored alarm** **OR N/A**	*PODSA Bylaws s.26(2)(a)(i) and s.26(2)(b)(i)* When no full pharmacist is present and the premises in which the pharmacy is located are accessible to non-registrants, the dispensary area of a community pharmacy must be secured by a monitored alarm. *PPP-74 Policy Statement #4* Independent alarms for the dispensary are optional, when a full pharmacist is present at all times and the premise is accessible by non-registrants. **TELEPHARMACY (in addition to the above):** *PODSA Bylaws s.26(2.2)* For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. **TELEPHARMACY (in addition to the above):** *PODSA Bylaws s.31(3)* A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.		Show *where* the alarm panel is located. Take a photo 5-10 feet from the alarm panel.
3e	**Physical barriers** **OR N/A**	*PODSA Bylaws s.26(2)(a)(ii) and s.26(2)(b)(ii)* When no full pharmacist is present and the premises in which the pharmacy is located are accessible to non-registrants, schedule I and II drugs, controlled drug substances and personal health information, are secured by physical barriers. *PPP-74 Policy Statement #4* Physical barriers provide an additional layer of security and deter: 1. Unauthorized access to drugs, including but not limited to: • All Schedule I, and II and, controlled drug substances and personal health information. 2. Unauthorized access to personal health information, including but not limited to: • Hard copies of prescriptions,	✓ (show location)	If your pharmacy is accessible to non-registrants when no full pharmacist is present, show *how drugs and personal health information are secured* by physical barriers (i.e. if your pharmacy uses a gate, take at least a photo with the gate closed and the side of the gate that will be locked).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		• Filled prescriptions waiting to be picked up, and/or • Labels, patient profiles, and any other personal health information documents waiting for disposal. Physical barriers can be tailored to the needs and structure of the particular community pharmacy. Examples of physical barriers include: locked gates, grillwork, locked cabinets, locked doors, and locked shelving units. When a full pharmacist is present at all times, physical barriers are optional. **TELEPHARMACY (in addition to the above):** *PODSA Bylaws* **s.26(2.2)** For the purposes of subsection (2), a full pharmacist is deemed to be present at a telepharmacy when he or she is engaged in direct supervision of the telepharmacy. **TELEPHARMACY (in addition to the above):** *PODSA Bylaws* **s.31(3)** A telepharmacy must have a security system that prevents the public and non-pharmacy staff from accessing the professional services area and the dispensary area, including any area where personal health information is stored.		
3f	**Locked area for sharps containers (for iOAT)** **OR N/A**	*PPP-67 Policy Guide* Principle 5.1.1 At the end of each day the secure container(s) for sharps must be kept in a locked area, such as a locked cage or cabinet that only registrants have access to.		If your pharmacy will provide injection opioid agonist treatment on-site, show where your locked area of sharps containers is (e.g. inside or outside the dispensary; and where exactly it is). Take a photo 5-10 feet from the area.

EQUIPMENT AND REFERENCES

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
4a	**Equipment (General):** 1. **Telephone** 2. **Fax machine** 3. **Rx balance & calibration tools** 4. **Glass graduate(s)** 5. **Mortar** 6. **Pestle**	*PODSA Bylaws* s.18(2)(v) A manager must ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board. *PPP-59* Policy Statement #1		• For telephone and fax machine, show *where* this equipment is located (i.e. take a photo 5-10 feet away). You may reuse some of the previous photos. • For others, show that your pharmacy has the equipment. You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	7. Spatula 8. Funnel 9. Stirring rod 10. Ointment slab/ parchment paper 11. Counting tray 12. Soap in a dispenser 13. Paper towels in a dispenser 14. Plastic/metal garbage containers 15. Plastic lining	The dispensary of all community pharmacies or telepharmacies at a minimum must have the following equipment: (a) telephone; (b) fax machine; *HPA Schedule F Part 1 s. 7(1)(b)* The facsimile equipment is located within a secure area to protect the confidentiality of the prescription information. (c) digital prescription balance with a readability of 0.01g or smaller and associated calibration tools; (d) at least one 10mL graduated cylinder; (e) mortar and pestle; (f) spatula; (g) funnel; (h) stirring rod; (i) ointment slab or parchment paper; (j) counting tray; (k) soap in a dispenser; (l) paper towels in a dispenser; (m) plastic or metal garbage containers to be used with plastic liners; *PPP-59* Policy Statement #3 Pharmacy equipment must be clean and sanitary, well-maintained, and properly functioning.		
4b	**Equipment (Electronic Recordkeeping)** 1. **Device for inputting/ creating coloured electronic records (e.g. scanner)**	*PODSA Bylaws s.23.1(5)* Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription. *PODSA Bylaws s.23.3(3)* A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored:		If your pharmacy will be storing electronic records for prescriptions, show a photo of the device that you will be using to create electronic copies of prescriptions. Also take a picture of your computer screen to show that you can see colour markings in a "scanned" prescription.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	2. **Backed up records storage area** **OR N/A = Not storing prescriptions electronically**	(a) in a location resistant to environment perils including but not limited to fires and floods; (b) so that they are secure from unauthorized access, use, modification, destruction and disclosure; and, (c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) requirements.		If you are using a server room in the pharmacy to store backed up records, take a couple of photos to show where it is located, and show/explain _how the area is "resistant to environment perils" and "secure"_. If your backed up storage area is _not_ in the pharmacy, state in the comment section where this area is located and explain _how the area is "resistant to environment perils" and "secure"_
4c	**Prescription filing supplies (e.g. folders/binders)**	_PODSA Bylaws s.23.1(4)_ With respect to prescriptions for drugs included in the controlled prescription program, the original prescription form must be retained, regardless of whether or not such prescription form has also been stored electronically. _PODSA Bylaws s.23.1(1)_ All records required to be kept under bylaws of the College or other legislation that regulates the practice of pharmacy shall be readable, complete, filed systematically and maintained in a manner that is secure, auditable and allows for easy retrieval.		Note this item is prescription _filing_ supplies (e.g. folders/binders), not _filling_ supplies (e.g. vials and bottles)

4d	**Equipment (Cold Chain)**
	 1. **Refrigerator**
	 2. **Digital Thermometer/ temperature monitoring system**
	 3. **Temperature log/record**
		PODSA Bylaws s.25(2)(g)
		 The dispensary area of a community pharmacy or a telepharmacy must contain a refrigerator.
		 PPP-68 Policy Section #2:
		 The pharmacy is equipped with cold storage equipment that:
		   a. must be purposed for drugs only,
		   b. must maintain only one temperature range enclosed by a door with an air-tight seal (a standard "bar" fridge (combination fridge/freezer with one exterior door) is not acceptable as it does not maintain even temperatures), and
		   c. is equipped with a digital thermometer or temperature monitoring system;
		 PPP-68 Policy Section #3:
			✓
			
			 (show fridge location only)
				For the refrigerator, show _where_ this equipment is located (i.e. take a photo 5-10 feet away). Take at least one photo with the fridge door open so that the College staff can confirm whether it is a "bar" fridge. You may reuse some of the previous photos.
				
				 Digital thermometer/temperature monitoring system – show _what information_ is included on the display of the digital thermometer/temperature monitoring system when it is turned on and _where_ the equipment is kept. You may use the same photo as the refrigerator if the photo clearly shows the display screen of the digital thermometer/temperature monitoring system.
				
				 Temperature log – show the template (file document instead of photos/videos is acceptable).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		Temperatures of the cold storage equipment are monitored and recorded: a. manually at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, or b. automatically with a temperature monitoring system that: i. records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and ii. monitors and notifies pharmacy staff when a temperature excursion occurs; *PPP-68* Policy Section #6a: The following documentation must be retained and easily retrievable for at least three years: the temperature records of the cold storage equipment required by section 3.		Temperature record – show a sample of the temperature record retrieved from the temperature monitoring system.
4e	**Equipment (Methadone)** **OR N/A** 1. **Calibrated device** 2. **Auxiliary labels** 3. **Containers for daily dose** 4. **Patient/Rx Log**	*PPP-66 Policy Guide MMT (2013)* **Principle 3.1.1** Methadone doses must be accurately measured in a calibrated device that minimizes the error rate to no greater than 0.1 ml. *PPP-66 Policy Guide MMT (2013)* **Principle 3.3.1 Guidelines** All devices used to measure the methadone 10 mg/ml solutions should be distinctive and recognizable and must be used only to measure methadone solutions. Devices must be labeled with a "methadone only" label and a "poison" auxiliary label with the international symbol of the skull and cross bones. *PPP-66 Policy Guide MMT (2013)* **Principle 4.1.6** With respect to take-home doses the first dose (whether it is stated on the prescription or not) must be a witnessed ingestion with all subsequent take-home doses dispensed in child-resistant containers with an explicit warning label indicating that the amount of drug in the container could		Show that your pharmacy has the equipment. You may submit one photo per piece of equipment or multiple photos of multiple pieces of equipment in one photo. NOTE: Patient-Prescription Log – show the template (file document instead of photos/videos is acceptable).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		cause serious harm or toxicity if taken by someone other than the patient.		
		PPP-66 Policy Guide MMT (2013) **Principle 4.1.6 Guidelines** Each dose must be dispensed in an individual, appropriately sized, child-resistant container. *PPP-66 Policy Guide MMT (2013)* **Principle 4.1.3** Prior to releasing a methadone prescription, the patient and pharmacist must acknowledge receipt by signing a patient/ prescription-specific log.		
4f	**Equipment and Supplies (iOAT)** 1. **Needles for patient self-injection** 2. **Tourniquets** 3. **Alcohol swabs** 4. **Bandages** 5. **Cotton swabs** 6. **Naloxone and related supplies** 7. **Breathalyzer** 8. **Pulse oximeter** 9. **Blood pressure monitor** 10. **Oxygen** 11. **Bag valve mask** 12. **Disinfectant** 13. **Injectable Hydromorphone Part-Fill Accountability Log**	*PPP-67 Policy Guide* **Principle 1.3.2** The injection room must have the following clean and sterile injection supplies for patient use, including but not limited to: needles for patient self-injection (intravenous, intramuscular and subcutaneous), tourniquets, alcohol swabs, bandages and cotton swabs. *PPP-67 Policy Guide* **Principle 1.3.3** The injection room must have the following equipment for assessment and overdose management: adequate naloxone and related supplies (e.g., needles, etc.), breathalyzer, pulse oximeter, blood pressure monitor, oxygen, and bag valve mask**.** *PPP-67 Policy Guide* **Principle 1.3.4** The injection room surfaces and equipment must be cleaned with appropriate disinfectant at the beginning and end of each day, and between each patient use to prevent the spread of infection. *PPP-67 Policy Guide* **Principle 4.4.2** The patient and iOAT trained pharmacist must acknowledge receipt by signing a patient/prescription specific log. Every part-fill dispensed must be accounted for. The patient/prescription specific log must be included with the original Controlled Prescription Program form. Once complete, it must be filed sequentially by the first		If your pharmacy will provide injection opioid agonist treatment on-site, show that your pharmacy has the equipment. You may submit one photo per piece of equipment or multiple photos of multiple pieces of equipment in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	OR N/A	prescription or transaction number assigned to the prescription. Every part-fill dispensed must be reviewable as a complete history on one document.		

4g	**References (CPBC)**
	 1. **Pharmacy Legislation;**
	 2. **CPBC Professional Practice Policies and Guides; and**
	 3. **ReadLinks**
		***PODSA Bylaws* s.18(2)(v)**
		 A manager must ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board.
		 ***PPP-3* Policy Statement – Community Pharmacy and Telepharmacy; Bullet #1, 1st Paragraph**
		 All community pharmacies and telepharmacies are required to have access to current versions of the following:
		    (a) All legislation relevant to pharmacy practice and management;
		    (b) College of Pharmacists of British Columbia (CPBC) Professional Practice Policies and Guides; and
		    (c) CPBC ReadLinks published within the last three years.
		 ***PPP-3* Policy Statement – Community Pharmacy and Telepharmacy; Bullet #1, 2nd Paragraph**
		 Electronic formatted files and electronic database* references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as well as readily accessible within the dispensary.
		 *Subscription may be required
				Show that your pharmacy has either a hard copy of or electronic access to the required references. You may submit one photo per reference or multiple photos of multiple references in one photo.
				 If you have a printed version of a required reference, ensure it is an acceptable/up-to-date version.
				 If you have the electronic version, show photos that you have access to the references.
				 Ensure you review the table of Pharmacy References in PPP-3 for the acceptable reference and version for each category.

4h	**References (General)** 1. **Compendium** 2. **Complementary/ Alternative** 3. **Dispensatory** 4. **Drug Interactions** 5. **Non-Rx Medication** 6. **Medical Dictionary**	***PODSA Bylaws* s.18(2)(v)** A manager must ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board. ***PPP-3* Policy Statement – Community Pharmacy and Telepharmacy; Bullet #1, 2nd Paragraph** Electronic formatted files and electronic database* references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as		See above

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	7. Pregnancy & Lactation 8. Pediatrics 9. Therapeutics	well as readily accessible within the dispensary. *Subscription may be required **PPP-3 Policy Statement – Community Pharmacy and Telepharmacy; Bullet #2, 1st Paragraph** All community pharmacies and telepharmacies at a minimum must have one of the following authorized library references in each of the categories listed in the table (unless otherwise noted). 1. Compendium (current year); 2. Complementary/Alternative (within the last 4 years); 3. Dispensatory (within last 9 years); 4. Drug Interactions (in its entirety every 2 years, or continual updates); 5. Medical Dictionary (within the last 15 years); 6. Non-prescription Medication (most current issue of BOTH references required); 7. Pregnancy and Lactation (within the last 3 years); 8. Pediatrics (within the last 4 years); 9. Therapeutics (within last 4 years)]		
4i	**References (if applicable) OR N/A** ☐ **Opioid Agonist Treatment** ○ **PPP-66** ○ **BCCSU** ○ **CAMH** ○ **Drug Monograph** ☐ **Veterinary** ☐ **Psychiatric** ☐ **Geriatric** ☐ **Compounding**	**PODSA Bylaws s.18(2)(v)** A manager must ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board. **PPP-3 Policy Statement – Community Pharmacy and Telepharmacy; Bullet #1, 2nd Paragraph** Electronic formatted files and electronic database* references are acceptable for any of the authorized choices within any of the required categories, provided that they are as comprehensive and current as the printed version, as well as readily accessible within the dispensary. *Subscription may be required **PPP-3 Policy Statement – Community Pharmacy and Telepharmacy; Bullet #2, 2nd Paragraph**		See above

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		Pharmacies must be equipped with current references relevant to the services provided (examples including but not limited to: Opioid Agonist Treatment, Veterinary, Psychiatric, Geriatric and Compounding) ***PPP-66* Required References** In addition to the currently required pharmacy reference materials (PPP-3), pharmacies providing methadone maintenance treatment services must also maintain as required references the following: (1) *CPBC Methadone Maintenance Treatment Policy Guide (2013)* and subsequent revisions, (2) The most recent version of the BCCSU's *A Guideline for the Clinical Management of Opioid Use Disorder* (3) The most current version of the Centre for Addiction and Mental Health *Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorders (2015)*. (4) product monographs for the commercially available 10mg/ml methadone oral preparations.		

PRESCRIPTION

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
5a	**Prescription hardcopy (i.e. the label/paper attached to the original prescription, which contains prescription information generated after transmitting to PharmaNet)**	*HPA Bylaws Schedule F Part 1 s.6(4)(a) to (f)* At the time of dispensing, a prescription must include the following additional information: (a) the address of the patient; (b) the identification number from the practitioner's regulatory College; (c) the prescription number; (d) the date on which the prescription was dispensed; (e) the manufacturer's drug identification number or the brand name of the product dispensed; (f) the quantity dispensed. **TELEPHARMACY (in addition to the above): PODSA Bylaws s.31(4)**		Show _what information_ is included on the label/paper that you will be attaching to each prescription after transmitting to PharmaNet. You may run an offline dummy prescription or submit a proof from your software vendor. If you are storing records electronically, provide a screenshot or photo of the electronic hardcopy produced by your pharmacy system.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. **TELEPHARMACY (in addition to the above):** *PODSA Bylaws s.31(4.1)* Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.		
5b	**Marked prescription (sample) – TELEPHARMACY ONLY**	*TELEPHARMACY: HPA Bylaws Schedule F Part 6 s.5(1)* *A prescription that is provided to a central pharmacy whether electronically, verbally or in physical form, may be designed for pick-up at a telepharmacy whose licence that central pharmacy holds.* *TELEPHARMACY: HPA Bylaws Schedule F Part 6 s.5(2)* *An original physical prescription may be submitted to a telepharmacy and, upon receipt must be marked with the date of receipt and the name of the telepharmacy.*		Show what information is included on the physical prescription received at the telepharmacy. You may create a mock example of a prescription showing how it is marked upon receipt.

CONFIDENTIALITY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
6a	**Shredder** OR **Contract with a document destruction company**	*HPA Bylaws s.75* A registrant must ensure that records are disposed of or destroyed only by (a) transferring the record to another registrant, or (b) destroying the records in a manner that ensures that they cannot be reconstructed. *HPA Bylaws s.78* A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.		If your pharmacy will be: • shredding personal health information on-site, show that your pharmacy has the equipment and where this equipment is located. Take a photo 5-10 feet from the equipment. • storing personal health information somewhere temporarily before it is destroyed, take a photo of where this information will be kept (e.g. a "PHI" bin) • using a document destruction company for destroying patient confidential information, show the contract with the company (file document instead of photos/videos is

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
				acceptable). Only the first page of the contract is required to show the relationship between the company and the pharmacy. Alternatively, you may submit a photo of the shredding bin and proof of an active contract (i.e. invoice/letter, etc.)
6b	Offsite storage contract **OR N/A**	*HPA Bylaws s.74(b)* A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.		If your pharmacy will be storing patient personal health information off-site, submit a copy of the contract with the storage company (file document instead of photos/videos is acceptable).

INVENTORY MANAGEMENT

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
7a	Drug receiving area	*PODSA Bylaws s.20(4)* All drug shipments must be delivered unopened to (a) the pharmacy, or (b) an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe and secure.	✓ (Show area)	Show *where* the delivery driver of your wholesaler will be dropping off delivery orders.
7b	Storage area for non-usable and expired drugs	*PODSA Bylaws s.20(5)* Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal.		Show *where* non-usable and expired drugs will be stored. Take a photo 5-10 feet from this storage area.

DISPENSED PRODUCTS

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
8a	Prescription product label 1. **Single-entity product** 2. **Multiple-entity product**	**Community Pharmacy: *PODSA Bylaws s.18(2)(q)*** A manager must ensure that at a minimum, the name on the external signage of a community pharmacy must be correctly and consistently used on labels and directory listings. **TELEPHARMACY: *PODSA Bylaws s.18(2)(r)*** A manager must, if the pharmacy is a central pharmacy, ensure that at a minimum, the name on the external		Show *what information* is included on the prescription product label. You may run an offline dummy prescription or submit a proof from your software vendor. Submit at least 2 photos: 1. A single entity BRAND NAME product (i.e. one active ingredient. E.g. amoxicillin) 2. A multiple-entity BRAND NAME product (i.e. > one active ingredient. E.g. amoxicillin with clavulanic acid)

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		signage of a telepharmacy must be correctly and consistently used on labels and directory listings. ***HPA Bylaws Schedule F Part 1 s.9(2)*** The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice. ***HPA Bylaws Schedule F Part 1 s.9(3)*** For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). ***HPA Bylaws Schedule F Part 1 s.9(4)*** For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN). **<u>TELEPHARMACY (in addition to the above):</u>** *PODSA Bylaws s.31(4)* Prescriptions and labels relating to prescriptions dispensed at a telepharmacy must identify the prescription as having been dispensed at that telepharmacy. **<u>TELEPHARMACY (in addition to the above), if applicable:</u>** *PODSA Bylaws s.31(4.1)*		

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		Prescriptions and labels relating to prescriptions dispensed at a pharmacy listed in Schedule "F" must distinguish between those dispensed when it is operating as a telepharmacy from when it is operating as a community pharmacy.		
8b	Filling supplies (e.g. vials and bottles including caps)	*HPA Bylaws Schedule F Part 1 s.10(4)* All drugs must be dispensed in a container that is certified as child-resistant unless….		Show us your pharmacy has filling supplies.

PHARMACY MANAGER'S RESPONSIBILITIES

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
9a	Staff identification (e.g. name tag/badge)	*PODSA Bylaws s.18(2)(n)* A manager must ensure that each individual working in the pharmacy presents themselves to the public in a manner that clearly identifies their registration class. *PODSA Bylaws s.18(2)(o)* A manager must ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not registrants.		If a name tag/badge is used, show *what information* is included for each type of staff (if applicable): 1. Pharmacist 2. Pharmacy Technician 3. Pharmacy Assistant You may submit one photo per name tag, one photo of name badges/tags by each type of staff, or all name badges/tags in one single photo.
9b	Policy & procedure manual	*PODSA Bylaws s.18(2)(c)* A manager must establish policies and procedures: (i) to specify the duties to be performed by registrants and support persons, (ii) for inventory management, product selection, and proper destruction of non-usable drugs and devices, (iii) for pharmacy security, (iv) for emergency preparedness, and (v) for drug recall of pharmacy inventory; *PODSA Bylaws s.18(2)(d)* A manager must ensure all policies and procedures are in writing and regularly maintained. *PPP-74 Policy Statement #1*		Show what written policies and procedures are in place for specific topics. You may submit document files or at least one photo for each topic (i.e. photo of the "cover page" of the policy and procedure manual is not acceptable).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		Pharmacy security policies and procedures should be included in the pharmacy's policy and procedure document. The policies and procedures should contain information on the following: • Training, • Pharmacy security equipment, • Emergency responses, • Incident review, and • Pharmacy security evaluation ***PPP-74* Policy Statement #5** An emergency response kit should include a step-by-step guide on what to do in the event of a robbery or break and enter and be available to all pharmacy staff. ***PPP-68* Policy Statement #4** For a drug that requires cold chain management, the pharmacy manager must establish written policies and procedures that include processes a. to ensure proper cold chain management, b. to record temperatures of the cold storage equipment in accordance with section 3, c. to determine and document actions taken when a temperature excursion occurs, and d. for regular maintenance that ensures functionality of cold chain equipment and documenting those processes ***PODSA Bylaws* s.23.2(1)** A pharmacy manager must ensure that a policy is in place that: (a) describes the pharmacy's records filing system, the records format and the method and system for storing records, (b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and		

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		(c) is readily accessible to and understood by pharmacy staff.		
		PODSA Bylaws s.23.2(2)		
		With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.		
		PODSA Bylaws s.24(1)		
		A community pharmacy's manager must establish and maintain written quality management policies and procedures that		
		(a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a community pharmacy,		
		(b) include a process to monitor compliance with the quality management policies and procedures, and		
		(c) include a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.		
		HPA Bylaws s.79		
		A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.		
		TELEPHARMACY (in addition to the above): *PODSA Bylaws s.24(2)*		
		If a community pharmacy is a central pharmacy, the quality management policies and procedures in subsection (1) must include all telepharmacies associated with the central pharmacy and must comply with the Telepharmacy Standards of Practice.		
		TELEPHARMACY (in addition to the above): *PODSA Bylaws s.31(8)*		
		A telepharmacy must have a policies and procedures on site that that outline the methods for ensuring the safe and		

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		effective distribution of pharmacy products and delivery of pharmaceutical care by the telepharmacy.		

CENTRAL PHARMACY (TELEPHARMACY LICENCE ONLY)

#	Item	Reference and Requirements	Recommended Content
10a	Tool/technology enabling direct supervision on dispensary activities	*PODSA Bylaws s.31(1)(a)* A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present on duty at a telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the *Telepharmacy Standards of Practice*. *PODSA Bylaws Definitions* "direct supervision" means real time audio and visual observation by a full pharmacist of pharmacy services performed at a telepharmacy consistent with a pharmacy manager's responsibilities as set out in subsection 18(2). *HPA Bylaws Schedule F Part 6 s.3* "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. *HPA Bylaws Schedule F Part 6 s.4(3)* A supervising pharmacist must be able to engage in direct supervision of the provision of pharmacy services at a telepharmacy independent of any action of or request by persons performing those services.	Show a photo(s) and explain how the supervising pharmacist at the central pharmacy can supervise activities at the telepharmacy real-time (i.e. can see and hear all the time when the telepharmacy is operating).
10b	Tool/technology used for transmitting prescription and personal health information between sites	*HPA Bylaws Schedule F Part 6 s.6(2)* Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.	Show photo(s) and explain how personal health information received at the telepharmacy is transferred to the central pharmacy for processing/administering activities related to it. E.g. a patient presented a long list of allergies to the staff at the telepharmacy.

#	Item	Reference and Requirements	Recommended Content
10c	Tool/technology used for processing prescriptions at the central pharmacy for prescriptions received at the telepharmacy	*HPA Bylaws Schedule F Part 6 s.6(1)* All prescription processing must occur at the central pharmacy unless a full pharmacist is physically present on duty at the telepharmacy. *HPA Bylaws Schedule F Part 6 s.6(2)* Each telepharmacy and central pharmacy must maintain a secure connection to the central pharmacy for transmission of prescription and personal health information.	Show photo(s) and explain how a prescription received at the telepharmacy is transferred to the central pharmacy for processing. Also, show photo(s) and explain how prescriptions from the telepharmacy are processed at the central pharmacy so that the prescription labels are printed at the telepharmacy for production preparation and final check.
10d	Tool/technology enabling direct supervision on product final check	*PODSA Bylaws s.31(1)(a)* A telepharmacy must not remain open and prescriptions must not be dispensed without a full pharmacist physically present on duty at the telepharmacy, unless a full pharmacist at the central pharmacy is engaged in direct supervision of the telepharmacy in accordance with the *Telepharmacy Standards of Practice*. *HPA Bylaws Schedule F Part 6 s.3* "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. *HPA Bylaws Schedule F Part 6 s.4(2)(a)* A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide direction and support to persons performing pharmacy services at the telepharmacy. *HPA Bylaws Schedule F Part 6 s.4(4)* Subject to subsection (5), telepharmacy staff may only perform the activities described in s. 4(1) of the Pharmacists Regulation while under direct, continuous real-time audio and visual observation and direction of a supervising pharmacist. *HPA Bylaws Schedule F Part 6 s.4(5)* Direct supervision does not require the supervising pharmacist to conduct real-time observation of a pharmacy technician performing work within his or her scope of practice.	Show photo(s) and explain how a prescription product can be checked by a registrant at the central pharmacy if the pharmacy technician at the telepharmacy cannot perform a final check on a product for whatever reason (e.g. refuse to perform the final check on a product due to his/her conscientious or religious belief).

#	Item	Reference and Requirements	Recommended Content
10e	**Tool/technology enabling direct pharmacist-patient consultation**	*HPA Bylaws Schedule F Part 6 s.3* "supervising pharmacist" means (a) the manager of a central pharmacy, (b) a full pharmacist employed at the central pharmacy responsible for providing direct supervision of pharmacy services in a telepharmacy, or (c) a full pharmacist who is physically present on duty at the telepharmacy. *HPA Bylaws Schedule F Part 6 s.4(2)(b)* A supervising pharmacist must be readily available at all times when a telepharmacy is open to provide pharmacist/patient consultation. *HPA Bylaws Schedule F Part 6 s.7* Unless a full pharmacist is physically present on duty at the telepharmacy, the supervising pharmacist must provide full pharmacist/patient consultation by real-time audio and visual link and otherwise in accordance with the requirements of Part 1 of Schedule F of the *Health Professions Act Bylaws*.	Show photo(s) and explain how counseling is performed by the pharmacist at the central pharmacy: 1) when a patient at the telepharmacy has questions about selecting a non-prescription product, and 2) when a patient comes to pick up his/her prescription (new AND refill) at the telepharmacy.

Appendix C: Hospital/Satellite Pharmacy Diagram, Pre-Opening Inspection Report and Digital Evidence (DE)

EXTERNAL TO DISPENSARY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
1a	**Separate Injection Room for iOAT** 1. **Stainless steel table** 2. **Chair** 3. **Secure container for sharps** 4. **Sink** 5. **Soap** 6. **Hand sanitizer** 7. **Antiseptic cleaning wipes** 8. **Paper towel in a dispenser** 9. **Security Camera**	***PPP-67 Policy Guide* Principle 1.3.1** The pharmacy must have a separate injection room within which the drug is to be self-administered by the patient that is clean, safe, comfortable and appropriately private and furnished for the patient. This room must be equipped with the following at a minimum: stainless steel table, chair, secure container for sharps that is not easily removable, sink, soap, hand sanitizer, antiseptic cleaning wipes and paper-towel in a dispenser. ***PPP-67 Policy Guide* Principle 5.1.3** The pharmacy must have a security camera in the injection room.	✓ (show location and area of the room)	If your pharmacy will provide injection opioid agonist treatment on-site, show _where_ the separate injection room is located. Ensure the photos include all the required equipment for this room inside the room.

DISPENSARY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
2a	**Placeholder for pharmacy licence**	***PODSA* s.4.1(2)** A direct owner and a manager must display a pharmacy licence in the pharmacy in a place conspicuous to the public.		Show _where_ the College pharmacy licence will be placed. Take one photo about 5-10 feet from the proposed location. You may place an empty frame or tape a blank piece of paper in the spot when taking the photo/video. Otherwise, explain where the exact location will be.
2b	**Dispensary area**	***PPP-59 Policy Statement #3*** All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of	✓ (show area)	Show _what_ the dispensary looks like from inside via a 360 degree view. • **Option 1 (for bigger dispensaries)** - 4 photos: stand in the middle of the

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		medication orders, and for the provision of patient-oriented and administrative pharmacy services.		dispensary and take one photo for each side of the dispensary • **Option 2 (for smaller dispensaries)** - 2 photos: stand in the corner of the dispensary and take a photo that covers the most part of the opposite 3 sides of the dispensary. Then stand in the other corner, diagonally across from where photo #1 was taken, and take a photo that covers the most part of the opposite 3 sides of the dispensary. • **Option 3** - 2 photos of 180 degree panorama pictures For very large spaces a video walkthrough of the pharmacy will provide more context.
2c	Bulk or batch packaging area	*PPP-59 Policy Statement #3* All hospital pharmacies and hospital pharmacy satellites must be adequately equipped to provide safe and proper medication compounding, dispensing and/or preparation of medication orders, and for the provision of patient-oriented and administrative pharmacy services.	✓ (show area)	Show *where* the bulk or batch packaging occurs in the pharmacy.
2d	Computer terminals for prescription processing	*PODSA Bylaws s.34* A pharmacy must connect to PharmaNet *HPA Bylaws s.72* A registrant must maintain confidentiality of personal information about a patient.	✓ (show location)	Show *where* each computer terminal for prescription processing is located. One photo may include more than one computer terminal. You may reuse some of the photos in 1(b).

SECURITY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
3a	Narcotic storage equipment	*Narcotic Control Regulations s.43* A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.	✓ (show location)	Show *where* narcotic drugs are stored. Show what equipment is used to secure these drugs and what measures are in place to prevent loss or theft.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
3b	**Security system**	*PODSA Bylaws s.30(2)* When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry. *HPA Bylaws s.77(1)* A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.		Describe what security system is used and provide the appropriate evidence as outlined below: Security camera system – submit at least 2 photos: 1. Take multiple photos to show _where_ all security cameras are located. One photo may include more than one security camera. 2. Take a photo of the monitor that displays the footage of all the cameras connected to the security system and _what_ other information can be seen on the monitor. Show _where_ each motion sensor is located. One photo may include more than one motion sensor. You may reuse some of the photos in 3(c) if they are located in the same area. Show _where_ the alarm panel is located. Take a photo 5-10 feet from the alarm panel. This photo should be in context of its surroundings. A video walkthrough of the pharmacy would provide more context.
3c	**After hours services:** ☐ **Locked cabinet OR** ☐ **Other secure enclosure (describe)**	*PODSA Bylaws s.30(1)* If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and patient-oriented pharmacy services are available at all times by a) providing a cabinet which must (i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may obtain access,		Show *where* the locked cabinet or other secure enclosure is located outside of the hospital pharmacy. Describe who has access and how they gain access to the stocked drugs. Show the log in which drug withdrawals are documented.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		(ii) be stocked with a minimum supply of drugs most commonly required for urgent use,		
		(iii) not contain controlled drug substances unless they are provided by an automated dispensing system,		
		(iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date and lot number, and		
		(v) include a log in which drug withdrawals are documented, and		
		b) arranging for a full pharmacist to be available for consultation on an on-call basis.		

EQUIPMENT AND REFERENCES

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence

4a	**Equipment (Cold Chain)**
	1. **Refrigerator**
	2. **Digital thermometer**
	3. **Temperature log**
		PPP-68 Policy Section #2:
		The pharmacy is equipped with cold storage equipment that:
		  a. must be purposed for drugs only,
		  b. must maintain only one temperature range enclosed by a door with an air-tight seal (a standard "bar" fridge (combination fridge/freezer with one exterior door) is not acceptable as it does not maintain even temperatures), and
		  c. is equipped with a digital thermometer or temperature monitoring system;
		PPP-68 Policy Section #3:
		Temperatures of the cold storage equipment are monitored and recorded:
		  a. manually at least twice each working day, preferably at opening and closing of the pharmacy, documenting the current temperature, and the minimum and maximum temperatures reached since the last temperature recording, or
			✓
			
			(show fridge location only)
				Refrigerator - show _where_ this equipment is located (i.e. take a photo 5-10 feet away). Take at least one photo with the fridge door open so that College staff can confirm whether it is a "bar" fridge. You may reuse some of the previous photos.
				
				Digital thermometer/temperature monitoring system – show _what information_ is included on the display of the digital thermometer/temperature monitoring system when it is turned on and _where_ the equipment is kept. You may use the same photo as the refrigerator if the photo clearly shows the display screen of the digital thermometer/temperature monitoring system.
				
				Temperature log – show the template (file document instead of photos/videos is acceptable).
				
				Temperature record – show a sample of the temperature record retrieved from the temperature monitoring system.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		b. automatically with a temperature monitoring system that: i. records temperatures at a frequency that can determine current temperatures, and minimum and maximum temperatures reached at least twice a day, and ii. monitors and notifies pharmacy staff when a temperature excursion occurs; ***PPP-68* Policy Section #6a:** The following documentation must be retained and easily retrievable for at least three years: the temperature records of the cold storage equipment required by section 3		
4b	**Equipment (Electronic Recordkeeping)** 1. **Device for inputting/creating coloured electronic records (e.g. scanner)** 2. **Backed up records storage area** **OR N/A = Not storing prescriptions electronically**	***PODSA Bylaws s.23.1(5)*** Prescriptions stored electronically must accurately reflect the original prescription, including the original colour composition of that prescription. ***PODSA Bylaws s.23.3(3)*** A pharmacy manager must ensure that electronic records are preserved and backed up at least once daily and that such electronically preserved and backed up records are stored: (a) in a location resistant to environment perils including but not limited to fires and floods; (b) so that they are secure from unauthorized access, use, modification, destruction and disclosure; and, (c) in a manner that would enable the backed up records, once restored, to be compliant with section 23.1(1) requirements.		If storing electronic records for prescriptions, show a photo of the device that will be used to create electronic copies of prescriptions. Also take a picture of the computer screen to show that colour markings are seen in the "scanned" prescription. If using a server room in the pharmacy to store backed up records, take a couple of photos to show where it is located, and show/explain _how the area is "resistant to environment perils" and "secure"_. If backed up storage area is _not_ in the pharmacy, state in the comment section where this area is located and explain _how the area is "resistant to environment perils" and "secure"_
4c	**Equipment and Supplies (iOAT)**	***PPP-67 Policy Guide* Principle 1.3.2** The injection room must have the following clean and sterile injection supplies for patient use, including but not limited to: needles for patient self-injection (intravenous,		If providing injection opioid agonist treatment on-site, show that your pharmacy has the equipment. You may submit one photo per piece of equipment

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	14. Needles for patient self-injection 15. Tourniquets 16. Alcohol swabs 17. Bandages 18. Cotton swabs 19. Naloxone and related supplies 20. Breathalyzer 21. Pulse oximeter 22. Blood pressure monitor 23. Oxygen 24. Bag valve mask 25. Disinfectant 26. Injectable Hydromorphone Part-Fill Accountability Log **OR N/A**	intramuscular and subcutaneous), tourniquets, alcohol swabs, bandages and cotton swabs. *PPP-67 Policy Guide* **Principle 1.3.3** The injection room must have the following equipment for assessment and overdose management: adequate naloxone and related supplies (e.g., needles, etc.), breathalyzer, pulse oximeter, blood pressure monitor, oxygen, and bag valve mask**.** *PPP-67 Policy Guide* **Principle 1.3.4** The injection room surfaces and equipment must be cleaned with appropriate disinfectant at the beginning and end of each day, and between each patient use to prevent the spread of infection. *PPP-67 Policy Guide* **Principle 4.4.2** The patient and iOAT trained pharmacist must acknowledge receipt by signing a patient/prescription specific log. Every part-fill dispensed must be accounted for. The patient/prescription specific log must be included with the original Controlled Prescription Program form. Once complete, it must be filed sequentially by the first prescription or transaction number assigned to the prescription. Every part-fill dispensed must be reviewable as a complete history on one document.		or multiple photos of multiple pieces of equipment in one photo.
4d	References	*PODSA Bylaws* **s.18(2)(v)** The manager must ensure the pharmacy contains the reference material and equipment in accordance with the policies approved by the board; *PPP-3 Policy Statement* All hospital pharmacies and hospital pharmacy satellites must be equipped with, current references relevant to the service provided (examples including but not limited to: Pediatrics, Psychiatric, Geriatric, Oncology and Compounding)		Show either a hard copy of the references or electronic access to references. You may submit one photo per reference or multiple photos of multiple references in one photo. For the electronic version, show photos that you have access to the references.

MEDICATION ADMINISTRATION RECORD

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
5a	**Medication administration record (MAR)**	***HPA bylaws Schedule F Part 2 s.14(2)*** A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy maintained patient record. ***HPA Bylaws Schedule F Part 2 s.14(3)*** The medication administration record must include a) the patient's full name and identification number, b) the patient's location in the hospital, c) the presence or absence of known allergies, adverse drug reactions, and intolerances, d) the date or period for which the drug administration record is to be used, e) the name, dosage and form of all drugs currently ordered, f) complete directions for use for all drugs, g) stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means) h) predetermined, standard medication administration times for regularly scheduled drugs and, i) changes to drug orders		Show *what information* is included on the MAR that is produced from the pharmacy maintained patient record. You may use a test patient record or submit a proof from your software vendor.

CONFIDENTIALITY

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
6a	☐ **Shredder** **OR** ☐ **Contract with a document destruction company**	***HPA Bylaws s.75*** A registrant must ensure that records referred to in section 74 are disposed of only by (a) transferring the record to another registrant, or (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or by (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.		If your pharmacy will be: • shredding personal health information on-site, show that it has the equipment and where the equipment is located. Take a photo 5-10 feet from the equipment. • storing personal health information somewhere temporarily before it is

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		HPA Bylaws s.78 A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.		destroyed, take a photo of where this information will be kept (e.g. a "PHI" bin) • using a document destruction company for destroying confidential patient information, show the contract with the company (file document instead of photos/videos is acceptable).
6b	**Offsite storage contract** **OR N/A**	**HPA Bylaws s.74(b)** A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are safely and securely stored off site.		If storing patient personal health information off-site, submit a copy of the contract with the storage company (file document instead of photos/videos is acceptable).

INVENTORY MANAGEMENT

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
7a	**Drug receiving area**	**PODSA Bylaws s.20(4)** All drug shipments must be delivered unopened to (a) the pharmacy, or (b) an area of the premises other than the pharmacy if the storage of the drug shipment is temporary, safe and secure		Show _where_ the delivery driver of your wholesaler will be dropping off delivery orders.
7b	**Storage area for non-usable and expired drugs**	**PODSA Bylaws s.20(5)** Non-usable and expired drugs must be stored in the pharmacy in an area separate from other pharmacy stock or drug products until final disposal.		Show _where_ non-usable and expired drugs will be stored. Take a photo 5-10 feet from this storage area.
7c	**Hazardous drugs storage area** **OR N/A**	**NAPRA Model Guidelines for Pharmacy Compounding Hazardous Sterile preparations (2016) s.5.3.2.5 Area for storing hazardous products** Hazardous products must be grouped and stored in a properly ventilated room with all air exhausted to the exterior. The storage area must have negative pressure relative to the adjacent rooms and must have		Show _where_ hazardous drugs will be stored. Take a photo 5-10 feet from this storage area.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		at least 12 ACPH. It must be identified with the proper signage to indicate the presence of hazardous products		
7d	**Storage area for sample drugs OR N/A**	*PODSA Bylaws s.29(2)* If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage, and distribution of all sample drugs.		Show _where_ sample drugs will be stored. Take a photo 5-10 feet from this storage area.

DISPENSED PRODUCTS

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
8a	**Drug packaging**	*HPA Bylaws Schedule F Part 2 s.3(2)* A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.		Describe what drug distribution system is used for dispensing drugs.
8b	**Drug container label**	*HPA Bylaws Schedule F Part 2 s.4(1)* Drug container labels must include (a) the generic name of the drug, strength and dosage form, and (b) Hospital approved abbreviations and symbols.		Show _what information_ is included on the drug container label.
8c	**Inpatient prescription labels**	*HPA Bylaws Schedule F Part 2 s.4(3)* Inpatient prescription labels must include: a) a unique patient name and identifier, b) the generic name of the drug, strength and dosage form, c) parenteral vehicle if applicable, and d) Hospital approved abbreviations and symbols. *HPA Bylaws Schedule F Part 2 s.4(4)* The following information must be included on the inpatient prescription label if not available on the medication administration record:		Show _what information_ is included on the inpatient prescription labels. You may run an offline "dummy" prescription or submit a proof from your software vendor. Submit at least 2 photos: 1. A single entity BRAND NAME product (i.e. one active ingredient. E.g. amoxicillin) 2. A multiple-entity BRAND NAME product (i.e. > one active ingredient. E.g. amoxicillin with clavulanic acid)

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		a) the frequency of administration; b) the route of administration or dosage form; c) auxiliary or cautionary statements if applicable; d) The date dispensed.		
8d	**Outpatient prescription labels** **1. Single-entity product** **2. Multiple-entity product** OR N/A	*HPA Bylaws Schedule F Part 2 s.4(5)* All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the Community Pharmacy Standards of Practice. *HPA Bylaws Schedule F Part 1 s.9(2)* The label for all prescription drugs must include (a) the name, address and telephone number of the pharmacy, (b) the prescription number and dispensing date, (c) the full name of the patient, (d) the name of the practitioner, (e) the quantity and strength of the drug, (f) the practitioner's directions for use, and (g) any other information required by good pharmacy practice. *HPA Bylaws Schedule F Part 1 s.9(3)* For a single-entity product, the label must include (a) the generic name, and (b) at least one of (i) the brand name, (ii) the manufacturer's name, or (iii) the drug identification number (DIN). **HPA Bylaws Schedule F Part 1 s.9(4)** For a multiple-entity product, the label must include (a) the brand name, or (b) all active ingredients and at least one of (i) the manufacturer's name or (ii) the drug identification number (DIN).		Show _what information_ is included on the prescription product label. You may run an offline "dummy" prescription or submit a proof from your software vendor. Submit at least 2 photos: 1. A single entity BRAND NAME product (i.e. one active ingredient. E.g. amoxicillin) 2. A multiple-entity BRAND NAME product (i.e. > one active ingredient. E.g. amoxicillin with clavulanic acid)

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
8e	**Inpatient pass and emergency department take-home drug labels**	*HPA Bylaws Schedule F Part 2 s.7(4)* Labels for inpatient pass and emergency department take-home drugs must include a) the hospital's name, b) the patient's name, c) the practitioner's name, d) the drug name, strength and directions for use, e) identification of the person preparing the drug, and f) The date the drug is issued.		Show *what information* is included on the prescription product label. You may run an offline "dummy" prescription or submit a proof from your software vendor.
8f	**Filling supplies (e.g. vials and bottles including caps)**	*HPA Bylaws Schedule F Part 2 s.7(5)* Drugs must be dispensed in a container that is certified as child resistant		Show that your pharmacy has filling supplies.

PHARMACY MANAGER'S RESPONSIBILITIES

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
9a	**Staff Identification (e.g. name tag/badge)**	*PODSA Bylaws* **s.18(2)(n)** A manager must ensure that each individual working in the pharmacy presents themselves to the public in a manner that clearly identifies their registration class; *PODSA Bylaws* **s.18(2)(o)** A manager must ensure that registrants identify themselves in a manner that clearly differentiates them from other individuals working in the pharmacy who are not registrants.		If a name tag/badge is used, show *what information* is included for each type of staff (if applicable): 1. Pharmacist 2. Pharmacy Technician 3. Pharmacy Assistant You may submit one photo per name tag, one photo of name badges/tags by each type of staff, or all name badges/tags in one single photo.
9b	**Policy & procedure manual**	*PODSA Bylaws* **s.18(2)(c)** A manager must establish policies and procedures (i) to specify the duties to be performed by registrants and support persons. (ii) for inventory management, product selection, and proper destruction of non-usable drugs and devices. (iii) for pharmacy security. (iv) For emergency preparedness, and		Show what written policies and procedures are in place for specific topics. You may submit document files or at least one photo for each topic (i.e. photo of the "cover page" of the policy and procedure manual is not acceptable).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		(v) For drug recall of pharmacy inventory;		
		***PODSA Bylaws* s.18(2)(d)**		
		A manager must ensure all policies and procedures are in writing and regularly maintained.		
		***PODSA Bylaws* s.29(1)**		
		A hospital pharmacy's manager must establish and maintain written quality management policies and procedures that		
		a) ensure pharmacy staff, equipment, and facilities comply with all legislation, bylaws and policies applicable to the operation of a hospital pharmacy,		
		b) include a process to monitor compliance with the quality management policies and procedures,		
		c) include a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies,		
		d) document periodic audits of the drug distribution process,		
		e) include a process to review patient-oriented recommendations,		
		f) include a process that reviews a full pharmacist's documentation notes in the hospital's medical records,		
		g) include a process to evaluate drug use, and		
		h) regularly update policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.		
		***PPP-68* Policy Statement #4**		
		For a drug that requires cold chain management, the pharmacy manager must establish written policies and procedures that include processes		
		a. to ensure proper cold chain management,		

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		b. to record temperatures of the cold storage equipment in accordance with section 3,		
		c. to determine and document actions taken when a temperature excursion occurs, and		
		d. for regular maintenance that ensures functionality of cold chain equipment and documenting those processes		
		PODSA Bylaws s.23.2(1) A pharmacy manager must ensure that a policy is in place that:		
		(a) describes the pharmacy's records filing system, the records format and the method and system for storing records,		
		(b) is compliant with the sections 23.1, 23.2 and 23.3 requirements; and		
		(c) is readily accessible to and understood by pharmacy staff.		
		PODSA Bylaws s.23.2(2) With respect to electronic records, the policy must include a description of the process for the preservation, storage and backing up of records that is compliant with section 23.3 requirements.		
		HPA Bylaws s.79		
		A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered.		

Appendix D: Sterile Compounding (All Licence Types) Pharmacy Diagram, Pre-Opening Inspection Report and Digital Evidence (DE)

Pursuant to section 18(9) of the *PODSA Bylaws*, a direct owner, manager, directors and officers must ensure compliance with the National Association of Pharmacy Regulatory Authorities Standards as approved by the board from time to time, applicable to the operation of a pharmacy. In the following tables:

- *"NAPRA Non-Hazardous"* refers to *NAPRA's Model Standards for Pharmacy Compounding Non-Hazardous Sterile preparations (2016)*

- *"NAPRA Hazardous"* refers to *NAPRA's Model Standards for Pharmacy Compounding Hazardous Sterile preparations (2016)*

ANTEROOM

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C1a	**Functional Parameters** 1. ☐ **Non-Hazardous only (# rooms):** _____ 2. ☐ **Hazardous only (# rooms):** _____ 3. ☐ **Shared Anteroom (# rooms):** _____	*NAPRA Non-Hazardous – Section 5.3 Table 3* *NAPRA Hazardous – Section 5.3 Table 2 and Table 4* The anteroom must be kept under **positive pressure** relative to the non-controlled area adjacent to the anteroom. The **pressure differential must be at least 5.0 Pa** (ideally between 5.0 Pa and 12.5 Pa, equivalent to 0.02 to 0.05 inch water column) relative to the non-controlled area adjacent to the anteroom. A **notification system** must be installed in each pressure monitor to alert pharmacy personnel when pressure differentials deviate from specifications. There must be **at least 20 air changes per hour** (ACPH) *for non-hazardous sterile compounding* or **at least 30 air changes** *for hazardous sterile compounding*. Depending on the size of the room and the number of people working in it, a greater number of ACPH may be required. Air Quality: - **Non-Hazardous: ISO Class 8 air quality** must be maintained in the anteroom under dynamic operating conditions… - **Hazardous/Shared**: **ISO Class 7** air quality must be maintained in the anteroom under dynamic operating conditions.	✓ (Ante-room)	**Anteroom** - Show the entire area of **each** anteroom via a 360-degree view. - Option 1 (for bigger compounding area) – 4 photos: stand in the middle of the area and take one photo for each side of the area. - Option 2 (for smaller compounding area) – 2 photos: stand in the corner of the area and take a photo that covers the most part of the opposite 3 sides of the area. Then stand in the other corner, diagonally across from where photo #1 was taken, and take a photo that covers the most part of the opposite 3 sides of the dispensary. - Option 3 - 2 photos of 180 degree panorama Pictures Submitting a video walkthrough of this area would provide more context. **Functional Parameters** – Submit a copy of the testing and certification reports

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C1b	Room Temperature Control/Monitoring Device	*NAPRA Non-Hazardous – Section 5.3 Table 3* *NAPRA Hazardous – Section 5.3 Table 2 and Table 4* The temperature of the anteroom must be less than or equal to 20°C, taking into account employees' comfort once all clean room garb (included PPE) has been donned.		Show the equipment and where it is located within the anteroom.
C1c	Demarcation Line	*NAPRA Non-Hazardous – Section 5.3.2.5* *NAPRA Hazardous – Section 5.3.2.6* The anteroom is separated into two spaces by a visible demarcation line: • a space or area referred to as "dirty," located at the entrance to the anteroom, in the section adjacent to the non-controlled area; • a space or area referred to as "clean," adjacent to the dirty area on one side and the clean room on the other	✓	Show where each demarcation line is located.

ANTEROOM – EQUIPMENT AND SUPPLIES

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence

C2a	<u>For Gowning and Garbing</u>
	1. **Personal Protective Equipment (PPE)**
	  a) **shoe covers**
	  b) **hair cover**
	  c) **beard cover (if applicable)**
	  d) **surgical mask**
	  e) **non-shedding protective gown**
	  f) **non-powdered sterile gloves**
	  g) **Dedicated apparel (e.g. Uniform/clean room scrubs)**
		NAPRA Non-Hazardous – Section 5.3.2.5
		NAPRA Hazardous – Section 5.3.2.5
		The anteroom must contain the following items:
		• PPE, placed in the correct order to allow users to follow the correct garbing sequence;
		• mirror or other means to verify garbing;
		
		NAPRA Non-Hazardous – Section 5.3.3 Table 5
		PPE to be worn for the compounding of non-hazardous sterile preparations and when accessing facilities for the compounding of non-hazardous sterile preparations includes the following:
		• pair of shoe covers or dedicated shoes
		• hair cover
		• beard cover (if applicable)
		• surgical mask
				Show the equipment and supplies, as well as *where* it is located within the anteroom. You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	2. Mirror, or other means to verify garbing	• non-shedding protective gown (enclosed at the neck and with sleeves that fit snugly around the wrists) • pair of non-powdered sterile gloves, which must cover the cuffs of the non-shedding gown ***NAPRA Non-Hazardous – Section 6.5.2*** Before entering the anteroom, personnel must change into dedicated, low-shedding apparel suitable for the controlled area (e.g., scrubs). ***NAPRA Hazardous – Section 5.3.3.3*** Uniform: Compounding personnel shall wear clean room scrubs, not street clothes. Use of clean room scrubs reduces the risk of contaminating the environment through clothing.		

C2b	**For Hand Hygiene/Cleansing**
	1. **Hands-free sink**
	2. **Soap dispenser**
	3. **Nail picks**
	4. **Alcohol-based hand rub (ABHR)**
	5. **Hand-drying system:**
	☐ **Lint free towels in a dispenser or** ☐ **air hand dryer designed for use in controlled areas**
	6. **Clock**
	7. **Eyewash station (in/nearby anteroom)**
		NAPRA Non-Hazardous – Section 5.3.2.5
		NAPRA Hazardous – Section 5.3.2.5
		The anteroom must contain the following items:
		• hands-free sink, ideally made of stainless steel or other material not harmed by cleaning products and large enough to allow users to wash their hands and forearms without touching the sides of the sink, with minimal splashing;
		• soap dispenser (cartridge or disposable, non-refillable unit);
		• nail picks;
		• alcohol-based hand rub (ABHR) with persistent activity and its dispenser;
		• hand-drying system:
		    o lint-free towels (preferred) with a dispenser
		    o air hand dryer designed specifically for use in a controlled area (i.e., the anteroom)
		• clock;
			✓
			(Hands-free sink, and Eyewash station)
				Show the equipment and supplies.
				
				Also show the location of the hands-free sink and eyewash station.
				
				You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		• eyewash station, if available (if not located in the anteroom, the eyewash station must be installed nearby)		
C2c	**For Cleaning** 1. **Cleaning equipment and supplies** 2. **Disinfectant** a) **Germicidal detergent** b) **Sterile disinfectant (70% isopropyl alcohol), AND** c) **Sporicidal agent** 3. **Waste container and plastic bags** 4. **Material Safety Data Sheets**	*NAPRA Non-Hazardous – Section 5.3.4.3* *NAPRA Hazardous – Section 5.3.4.4* To avoid cross-contamination and to protect cleaning and disinfecting personnel, equipment must be specifically designated for cleaning areas used for the compounding of hazardous sterile preparations. Non-shedding equipment must be used for cleaning controlled areas. This equipment (mop, towels, etc.) should be disposable. *NAPRA Non-Hazardous – Section 5.3.3.2* *NAPRA Hazardous – Section 5.3.3.2* Equipment used to compound (hazardous) sterile preparations must be clean and disinfected with germicidal detergent, followed by a sterile disinfectant such as 70% isopropyl alcohol. Equipment must be made of materials resistant to damage from cleaning and disinfecting products. *NAPRA Non-Hazardous – Section 5.3.4.2* *NAPRA Hazardous – Section 5.3.4.3* Use of a germicidal disinfectant detergent is required to disinfect all surfaces in a clean room and anteroom. Many types of germicidal disinfectant detergents are acceptable. Use of an alternative disinfectant in the rotation is unnecessary. However, the daily use of a germicidal disinfectant should be augmented with weekly (or monthly) use of a sporicidal agent *NAPRA Non-Hazardous – Section 5.3.2.5* The anteroom must contain the following items: • waste container *NAPRA Non-Hazardous – Section 5.3.3.2*		Show the equipment and supplies. You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		A sufficient number of easy-to-clean waste containers of suitable size and made of materials resistant to damage from cleaning and disinfecting products must be available. The waste shall be collected in plastic bags and removed with minimal agitation. ***NAPRA Non-Hazardous Section 5.3.4.2*** ***NAPRA Hazardous Section 5.3.4.3*** The material safety data sheets for disinfectants used in the facility must be available on site and easily accessible.		
C2d	**Cold-chain equipment** 1. **Refrigerator** 2. **Freezer** OR ☐ N/A 3. ☐**Digital thermometer and Temperature log, or ☐ continuous temperature recorder** OR ☐ N/A	***NAPRA Non-Hazardous – Section 5.3.3.2*** ***NAPRA Hazardous – Section 5.3.3.2*** Refrigerators and freezers used to store medications must be commercial, biomedical-grade units. Domestic refrigerators and freezers must not be used. Refrigerators with doors on two sides (pass-through refrigerators) may be used to store sterile products, provided they are designed for clean rooms and the refrigeration system is not located on the clean room side. Refrigerators and freezers used for storing medications must not be used to store food. (Hazardous only) Refrigerators and freezers designated for hazardous drugs must be used only for this purpose. They must not be used to store food or other medications/solutions, etc. (Hazardous only) Hazardous sterile preparations and hazardous sterile drugs and the refrigerator and freezer in which they are stored may be placed in the clean room for compounding hazardous sterile preparations. An air exhaust must be placed behind the refrigerator or freezer to remove any particles generated by the unit. There must be sufficient ACPH in the clean room to maintain the ISO Class 7 air quality classification. Accurate temperature probes (gauges or sensors) must be installed to indicate the actual temperature. A continuous	✓ (Fridge & Freezer)	**Refrigerator** - show <u>where</u> this equipment is located (i.e. take a photo 5-10 feet away). Take at least one photo with the fridge door open so that College staff can confirm whether it is a "bar" fridge. You may reuse some of the previous photos. **Digital thermometer/continuous temperature recorder** – show <u>what information</u> is included on the display of the digital thermometer/continuous temperature recorder when it is turned on and where the equipment is kept. You may use the same photo as the refrigerator if the photo clearly shows the display screen of the digital thermometer/continuous temperature recorder. **Temperature log** – show the template (file document instead of photos/videos is acceptable).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		temperature recorder built into each unit is the preferred option. A notification system must be installed in each refrigerator and freezer to alert pharmacy personnel when temperatures deviate from specifications. Refrigerator and freezer temperature readings must be recorded on a form stored in the general maintenance log, unless the units are equipped with a continuous temperature recorder. In the latter situation, the data recorded by this device must also be verified and stored. *NAPRA Hazardous – Section 6.8.2.2* Information on monitoring of temperature in the storage area for hazardous products and the refrigerator or freezer must be recorded in the general maintenance log		
C2e	**For transferring products** 1. **Pass-through OR ☐ N/A** 2. **Cart OR ☐ N/A** 3. **Bin or tray**	*NAPRA Non-Hazardous – Section 5.3.2.5* The anteroom must contain the following items: • pass-through for transferring products into the clean room and/or a cart reserved for use in the "clean" area of the anteroom and the clean room *NAPRA Non-Hazardous – Section 5.3.2.10* *NAPRA Hazardous – Section 5.3.2.10* A pass-through should be installed for transferring products into and out of the clean room. The passthrough should be sealed and made of stainless steel or a smooth, non-porous, antistatic material resistant to damage from cleaning and disinfecting products. If there is no pass-through, the clean room cart may be used to transport materials from the "clean" area of the anteroom into the clean room. *NAPRA Non-Hazardous – Section 5.3.2.5* The supplies, drugs, labels and other items required for each preparation or batch are gathered and assembled in the anteroom and placed in a bin or tray for entry into the clean room at the time of compounding. *NAPRA Non-Hazardous – Section 5.3.2.10*	✓ (Pass-Thru)	Show the equipment and supplies. Also show the location of the Pass-through. You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		NAPRA Hazardous – Section 5.3.2.10 For introduction of compounding equipment and products into the clean room, the items must be placed in a plastic or stainless steel bin to help prevent errors (such as mixing up preparations for different patients or mixing two different batches).		

CLEAN ROOM

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C3a	**Functional Parameters: Non-Hazardous Only (# rooms):** _____, **OR ☐ N/A**	**NAPRA Non-Hazardous – Section 5.3 Table 2** The clean room must be kept under **positive pressure** relative to the anteroom and adjacent areas. The **pressure differential** must be **at least 5.0 Pa** (ideally between 5.0 Pa and 12.5 Pa, equivalent to 0.02 to 0.05 inch water column) relative to the anteroom. Smaller pressure differentials may be more difficult to measure and maintain. **ISO Class 7 air quality** must be maintained in the clean room under dynamic operating conditions. There must be **at least 30 or more air changes per hour** (ACPH). Depending on the size of the room and the number of people working in it, a greater number of ACPH may be required.	✓ (Clean room)	**Clean room** - Show the entire area of each clean room for non-hazardous sterile compounding via a 360-degree, including a close-up of the following: 1. Digital display indicating the air pressure 2. Location of the vents in context of its surroundings • Option 1 (for bigger clean rooms) – 4 photos: stand in the middle of the area and take one photo for each side of the area. • Option 2 (for smaller clean rooms) – 2 photos: stand in the corner of the area and take a photo that covers the most part of the opposite 3 sides of the area. Then stand in the other corner, diagonally across from where photo #1 was taken, and take a photo that covers the most part of the opposite 3 sides of the dispensary. • Option 3 - 2 photos of 180 degree panorama Pictures Submitting a video walkthrough of this area would provide more context. **Functional Parameters** – Submit a copy of the testing and certification reports

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C3b	**Functional Parameters: Hazardous Only (# rooms): _____, OR ☐ N/A**	*NAPRA Hazardous Section 5.3 Table 2* The clean room must be kept under **negative pressure** relative to the anteroom. The **pressure must be –2.5 Pa (equivalent to 0.01 inch water column) relative** to surrounding areas (pharmacy or other). The **pressure differential** between the anteroom and the clean room **must be at least 2.5 Pa** to maintain unidirectional airflow from the anteroom to the clean room. **ISO Class 7 air quality** must be maintained in the clean room and the anteroom under dynamic operating conditions. There must be **at least 30 air changes per hour** (ACPH) in the clean room and the anteroom. Depending on the size of the rooms and the number of people working in them, a greater number of ACPH may be required. The return air from the clean room must be externally vented.	✓ (Clean room)	**Clean room** - Show the entire area of each clean room for hazardous sterile compounding via a 360-degree, including a close-up of the following: 1. Digital display indicating the air pressure 2. Location of the vents in context of its surroundings • Option 1 (for bigger clean rooms) – 4 photos: stand in the middle of the area and take one photo for each side of the area. • Option 2 (for smaller clean rooms) – 2 photos: stand in the corner of the area and take a photo that covers the most part of the opposite 3 sides of the area. Then stand in the other corner, diagonally across from where photo #1 was taken, and take a photo that covers the most part of the opposite 3 sides of the dispensary. • Option 3 - 2 photos of 180 degree panorama Pictures Submitting a video walkthrough of this area would provide more context. **Functional Parameters** – Submit a copy of the testing and certification reports
C3c	**Primary Engineering Control (PEC): Non-Hazardous** 1. ☐ LAFW, and/or 2. ☐ CAI **OR ☐ N/A**	*NAPRA Non-Hazardous – Section 5.3.3.1* PEC ensures an ISO Class 5 air quality environment for the exposure of critical sites when sterile preparations are being compounded. The PEC is positioned in the clean room. PEC options for non-hazardous sterile preparations include LAFWs and CAIs:	✓	Show *where* it is located within each clean room. Also submit a copy of the testing and certification reports

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		LAFW: • must be positioned in an ISO Class 7 clean room that is adjacent to an ISO Class 8 anteroom and must not be placed near doors or other sources of drafts that might adversely affect unidirectional airflow. • If multiple LAFWs are used, they must be positioned to prevent interference with one another. CAI: • must be positioned in an ISO Class 7 clean room adjacent to an ISO Class 8 anteroom. However, the CAI may be positioned in an environment where the air particles exceed ISO Class 7 if all of the following conditions are met: 　○ CAI maintains an ISO Class 5 environment (see Table 1) at all times during compounding, including when ingredients, equipment and devices are being transferred into and out of the CAI. 　○ Particulate sampling from 15 to 30 cm upstream of the critical exposure site within the CAI shows ISO Class 5 air quality during compounding.		
C3d	**Primary Engineering Control (PEC): Hazardous** 　1. ☐ **Class II or Class III BSC, and/or** 　2. ☐ **CACI** **OR ☐ N/A**	*NAPRA Hazardous – Section 5.3.3.1* The C-PEC is located in the clean room. The device's ventilation system and its HEPA filter serve to filter the air in the compounding environment. The **C-PEC air quality** must comply with **ISO Class 5** specifications. The C-PEC must be externally ventilated. BSC:	✓	Show where it is located within the clean room. Also submit a copy of the testing and certification reports.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		• must be positioned in an ISO Class 7 clean room or better, under negative pressure and adjoining an ISO Class 7 anteroom. • must not be placed near doors or other sources of drafts that might adversely affect unidirectional airflow. • If multiple BSCs are used, they must be positioned to prevent interference with one another. CACI: • must be positioned in an ISO Class 7 clean room or better, under negative pressure and adjoining an ISO Class 7 anteroom		
C3e	**Cold-chain equipment** 1. **Refrigerator** 2. **Freezer OR ☐ N/A** 3. ☐ **Digital thermometer and Temperature log, or** ☐ **continuous temperature recorder** **OR ☐ N/A**	*See Item C2d*	✓ (Fridge & Freezer)	*See Item C2d* Hazardous clean room only: also show the location of the air exhaust

OTHER AREAS

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C4a	**Segregated area(s): Non-Hazardous** 1. ☐ **LAFW, and/or** 2. ☐ **CAI** **OR ☐ N/A**	*NAPRA Non-Hazardous – Section 5.3.3.1* CAI may be positioned in an environment where the air particles exceed ISO Class 7 if all of the following conditions are met: • CAI maintains an ISO Class 5 environment (see Table 1) at all times during compounding, including when ingredients,	✓ (If applicable)	**Segregated area** - Show the entire area for non-hazardous sterile compounding via a 360-degree. Also submit a copy of the testing and certification reports.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		equipment and devices are being transferred into and out of the CAI.		
		• Particulate sampling from 15 to 30 cm upstream of the critical exposure site within the CAI shows ISO Class 5 air quality during compounding.		
		NAPRA Non-Hazardous – Section 6.1.5		
		For compounded sterile preparations made in an LAFW that is not placed in an environment meeting the standards for ISO Class 7 air quality, or in a CAI that does not meet the requirements described in section 5.3.3.1, the following conditions must be met:		
		• The PEC is certified every 6 months and maintains ISO Class 5 air quality or better.		
		• The sink is not directly adjacent to the PEC and is separated from the immediate area of the PEC.		
		• The preparation area has no unsealed windows or doors leading to the exterior of the building. Furthermore, the preparation area is not in a high-traffic area or adjacent to construction sites, warehouses or food preparation sites.		
C4a	**Segregated area(s): Hazardous** 1. ☐ **Class II or Class III BSC, and/or** 2. ☐ **CACI** **OR ☐ N/A**	*NAPRA Non-Hazardous – Section 5.3.3.1* The CACI may be positioned in an environment where the air particles exceed ISO Class 7 if all of the following conditions are met: • The room has negative pressure (at least 2.5 Pa negative pressure relative to adjacent spaces). • The room has at least 12 ACPH. • CACI maintains an ISO Class 5 environment at all times during compounding, including	✓ (If applicable)	**Segregated area** - Show the entire area for hazardous sterile compounding via a 360-degree. Also submit a copy of the testing and certification reports.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		when ingredients, equipment and devices are being transferred into and out of the CACI. • Particulate sampling from 15 to 30 cm upstream of the critical exposure site within the CACI used for hazardous sterile preparations shows ISO Class 5 air quality during compounding. Particulate sampling conducted as close as possible to the doors when materials are being transferred, without obstructing the passageway, shows no more than 3520 particles (0.5 µm diameter or larger) per cubic metre of air (ISO Class 5) in the CACI. *NAPRA Hazardous – Section 6.1.5* For compounded sterile preparations made in a BSC that is not placed in an environment meeting the standards for ISO Class 7 air quality, or in a CACI that does not meet the requirements described in section 5.3.3.1, the following conditions must be met: • The segregated area has walls to separate the room from other areas. • The C-PEC is certified every 6 months and maintains ISO Class 5 air quality or better. • The room has a minimum of 12 ACPH. • The room maintains negative pressure of at least –2.5 Pa relative to adjacent spaces. • The sink is 1 metre away from the C-PEC. • The preparation area has no unsealed windows or doors leading to the exterior of the building. Furthermore, the preparation area is not in a high-traffic area or adjacent to construction sites, warehouses or food preparation sites.		
C4c	**Storage area for hazardous drugs**	*NAPRA Hazardous Section 5.3.2.5*	✓	Show the entire area for storing hazardous drugs via a 360-degree.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
	1. ☐ **dedicated room and/or** 2. ☐ **in clean room** **OR ☐ N/A**	Requirements for a hazardous products storage area (dedicated room): • Area separate from unpacking area • Dedicated room • Negative pressure (–2.5 Pa) relative to surrounding areas • At least 12 air changes per hour (ACPH), with all air exhausted to the exterior • Presence of shelves with lips to prevent drug containers from falling off and breaking • Storage spaces for hazardous products and preparations identified with the proper signage to indicate the presence of hazardous products • Sufficient ventilation to prevent contamination from spreading to adjoining rooms *For storage area in clean room – see item C3b*		Also submit a copy of the testing and certification reports
C4d	**Storage area for cleaning equipment and supplies**	*NAPRA Hazardous Section 5.3.4.4* A cabinet located in the anteroom or nearby must be provided for storing equipment (mop handle, etc.), refills (mop heads, towels) and cleaning products used for cleaning and disinfecting.	✓	Show *where* it is located.
C4e	**Cold-chain equipment in storage area** 1. **Refrigerator** 2. **Freezer OR ☐ N/A** 3. ☐ **Digital thermometer and Temperature log, or** ☐ **continuous temperature recorder** **OR ☐ N/A**	*See item C2d*	✓ (Fridge & Freezer)	*See item C2d*
C4f	☐ **Incubator, or** ☐ **Report from a certified external laboratory**	*NAPRA Hazardous – Section 5.3.3.2* An incubator is used to maintain a constant temperature for the culture of microorganisms…		

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		The incubator must not be placed in the clean room or the anteroom. It may be located in the pharmacy or another room nearby.		
C4g	Signage	*NAPRA Non-Hazardous – Section 5.3.2.11* *NAPRA Hazardous – Section 5.3.2.11* Each room must be identified with appropriate and informative signs (e.g., pictograms indicating cytotoxicity, the need for special care, hazards, restricted access, dress code).		Show *where* each signage is posted.

HAZARDOUS STERILE COMPOUNDING – ADDITIONAL SUPPLIES, OR ☐ N/A

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C5a	**Personal Protective Equipment** 1. **Gloves (D-6978-05 ASTM)** 2. **Gown** 3. **Masks (N95 or N100, NIOSH-approved)** 4. **Goggles and face shield, OR full facepiece respirator**	*NAPRA Hazardous – Section 5.3.3.3* Gloves used in the clean room, in the clean area of the anteroom and during aseptic processes in all C-PECs (including isolators) must be • non-powdered; • compliant with standard D-6978-05 of ASTM International (formerly the American Society for Testing and Materials); • sterile (outer glove only). Non-sterile gloves that meet the ASTM International standard can be used in unpacking areas, the "dirty" area of the anteroom and storage areas and can be worn under sterile gloves for aseptic processes. The gown must have been tested by the manufacturer for resistance to permeability by hazardous drugs. It must close in the back (i.e., no open front), and it must have long sleeves with fitted cuffs at the wrists. No mask is needed for unpacking hazardous drugs that have been received from the supplier in impervious plastic. However, if a hazardous drug shipment has been damaged before receipt, a chemical cartridge respirator is required during unpacking.		Show the equipment and where it is located within the anteroom. You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		Surgical masks do not provide respiratory protection against drug exposure and therefore should not be used when respiratory protection from hazardous drug exposure is required.		
		For most activities, an N95 or N100 mask (NIOSH-approved) will protect against airborne particles. However, N95 or N100 masks offer no protection from vapours, gases and little protection from direct		
		liquid splashes.		
		Goggles and a face shield or full face-piece respirator must be worn when working at or above eye level, when deactivating, decontaminating and cleaning underneath the work surface of a C-PEC, when cleaning up a spill, when there is risk of splashes to the face and eyes and when unpacking suspected damaged drugs.		
C5b	**Spill kit including chemical cartridge respirator with pre-filter**	*NAPRA Hazardous – Section 5.3.3.3* A chemical cartridge respirator with a pre-filter must be worn in the presence of vapours, gas and particles (e.g., dust) or if there has been a spill. A cartridge that protects against the chlorine found in chlorinated disinfectants used for cleaning the C-PEC or for chemical decontamination after a spill may also be considered, to help prevent irritation of airways. *NAPRA Hazardous – Section 6.11.2* Employees who clean up spills must have received adequate training, must wear appropriate garb while cleaning up a spill and must use a chemical cartridge respirator for organic vapours equipped with a pre-filter. The respirator must be properly fitted to provide maximum protection in the presence of aerosolized or powdered products. Spill kits must be available in locations where hazardous products are handled and must be present on carts used for transporting hazardous products. The contents of spill kits should be verified regularly and their expiration		Show the equipment and where it is located within the anteroom. You may submit one photo per piece of equipment or multiple pieces of equipment (not necessarily all) in one photo.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		dates checked. For additional information, please see the Prevention Guide — Safe Handling of Hazardous Drugs, published by the ASSTSAS, which describes the content and use of spill kits.		
C5c	Cytotoxic waste container	*NAPRA Hazardous – Section 5.3.3.2* A sufficient number of hazardous waste containers of suitable size and made of materials resistant to damage from cleaning, disinfecting and decontamination products must be available. Waste containers must be closable, to limit the spread of vapours. Waste containers must be identified with appropriate hazardous materials symbols (e.g., pictogram indicating cytotoxicity) *NAPRA Hazardous – Section 6.12* Hazardous waste containers must be identified with a self-adhesive label marked "Hazardous waste – cytotoxic"		Show the equipment.
C5d	Surface decontamination and deactivation agents	*NAPRA Hazardous – Section 5.3.4.2* When hazardous sterile preparations are compounded, cleaning of the premises and equipment must also eliminate chemical contamination from the hazardous products used. Methods used include decontamination, deactivation and disinfection. Many solutions can be used for decontamination, for example, 70% isopropyl alcohol, sterile water, hydrogen peroxide and sodium hypochlorite. The material safety data sheets for some hazardous drugs recommend sodium hypochlorite for this purpose, usually as a 2% solution. This compound will corrode stainless steel surfaces, so it must then be neutralized with sodium thiosulphate or removed with a germicidal detergent. Surface Safe (Hospira) is a commercially available system of wipes containing both of these		Show the supplies.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		substances. Sodium hypochlorite also has an additional germicidal effect for disinfection		

DOCUMENTATION

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
C6a	Compounded product label	*NAPRA Non-Hazardous – Section 6.6.7.1* *NAPRA Hazardous – Section 6.6.7.1* The information on labels must follow federal/provincial/territorial legislation and regulations for drugs prepared or sold with or without a prescription. More specifically, the labels for compounded sterile preparations must meet the requirements of the applicable legislation and regulations. All active ingredients must be identified on the label. The label must also include the concentration of each ingredient. *NAPRA Non-Hazardous – Section 6.6.7.2* *NAPRA Hazardous – Section 6.6.7.2* The label must contain the following information, at a minimum: • pharmacy identification (name, address and telephone number of the compounder's or dispenser's pharmacy); • drug identification (active ingredients, source, concentration, form, route of administration, volume, solute, amount prepared); • overfill volume, when overfilling has occurred; • special precautions (e.g., if product is an irritant); • storage method; • date when the sterile preparation was compounded; • BUD; • preparation batch number.		Provide a sample by running an offline "dummy" prescription, or a proof from your software vendor to show *what information* is included on the compounded product label.
C6b	Compounded Sterile Preparation Log 1. **Individual, OR ☐ N/A** 2. **Batch, OR ☐ N/A**	*NAPRA Non-Hazardous – Section 6.3.1* *NAPRA Hazardous – Section 6.3.1* The compounded sterile preparation log for an individual patient must contain the following information:		Provide a template/sample in the format of a photo or document file (e.g PDF/word) to show

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		• patient's name • prescription number (if compounded in a community pharmacy) • patient's identification number (if compounded in a health care facility) • preparation identification (official or assigned name, strength and dosage of the preparation) • compounding procedure (master formulation record reference) • for each ingredient (including primary and secondary diluents) ○ name ○ source ○ quantity/volume measured ○ batch number ○ drug identification number and lot number, as applicable ○ expiration date • compounding date • total quantity compounded • preparation BUD • identity of compounder and verifier at each stage of the process, as well as identity of the person who approved the preparation • duplicate label, as described in the master formulation record • description of final preparation • results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids) • documentation of any quality control issues and any adverse reactions or preparation problems ***NAPRA Non-Hazardous – Section 6.3.2*** ***NAPRA Hazardous – Section 6.3.2*** The compounded sterile preparation log for sterile preparations prepared in batches must contain the following information:		*what information* is included in each applicable log.

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		• preparation identification (official or assigned name, strength and dosage form of the preparation) • compounding procedure (master formulation record reference): o equipment needed to prepare the preparation, as appropriate o mixing instructions, including order of mixing, mixing temperatures or other environmental controls, duration of mixing and other factors pertinent to replication of the preparation as compounded • for each ingredient (including primary and secondary diluents), o name o source o quantity/volume measured o calculations needed to determine and verify quantities of ingredients and doses of active pharmaceutical ingredients o compatibility and stability information, including references when available o batch number o drug identification number and lot number, as applicable o expiration date • compounding date • total quantity compounded • identity of compounder and verifier at each stage of the process, as well as identity of the person who approved the preparation • description of the final preparation • container used for dispensing • sample labelling information, which shall contain, in addition to legally required information, generic name and quantity or concentration of each active		

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		ingredient, preparation BUD, storage conditions and prescription or control number (batch number), as applicable • packaging and storage requirements • results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)		
C6c	**Policies and Procedures for Compounding** 1. **Non-Hazardous Sterile Preparation, OR ☐ N/A** 2. **Hazardous Sterile Preparation, OR ☐ N/A**	*NAPRA Non-Hazardous – Section 5.2* *NAPRA Hazardous – Section 5.2* The quality, efficacy and absence of contamination of the final preparation depend upon, among other things, full compliance with compounding procedures. • The sterile compounding supervisor must establish the content of policies and procedures, providing detailed descriptions of all activities in the pharmacy's compounding of nonhazardous sterile preparations (see Appendix 1). The supervisor must also ensure application of and compliance with these policies and procedures. • Procedures must be clear, must follow a standard format and must include an index for easy access to information when it is needed. Appendix 4 may be used as a model for developing these procedures. • The sterile compounding supervisor must ensure that all established policies and procedures are promptly updated whenever there is a change in practice or in standards. In addition, policies and procedures must be reviewed at least every 3 years. • The drafting and revision dates, the date of each change and the names of authors and reviewers must be included in each policy or procedure. Where compounding is undertaken by another pharmacy, as permitted by provincial/territorial legislation, the pharmacist or pharmacy technician at the dispensing facility should include in its general procedures manual		Submit the completed checklist in Appendix 1 of: 1. *NAPRA's Model Standards for Pharmacy Compounding Non-Hazardous Sterile preparations (2016)*, and/or 2. *NAPRA's Model Standards for Pharmacy Compounding Hazardous Sterile preparations (2016)*. You may submit this requirement(s) in the format of a photo or document file (e.g. PDF/word).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		information about policies and procedures for acquiring compounded sterile preparations for patients (originating pharmacy, entry in the file, delivery, etc.).		
C6d	**General Maintenance Log** 1. **PEC maintenance and certification** 2. **Maintenance of devices, instruments and accessories** 3. **Calibration of temperature probes** 4. **Calibration of incubator OR ☐ N/A** 5. **Forms or schedules to document cleaning and disinfecting activities as per established policy**	***NAPRA Hazardous – Section 5.4*** The general maintenance log (paper-based or computerized) includes all records or forms regarding the following activities: • cleaning and disinfecting, certification and maintenance of the facility as a whole, certification and maintenance of the C-PEC and maintenance of other equipment; • verification of proper operation of equipment and instruments (calibration, refrigerator temperatures, etc.). ***NAPRA Non-Hazardous – Section 5.3.3.1*** ***NAPRA Hazardous – Section 5.3.3.1*** All C-PEC maintenance and certification, including maintenance of filters and pre-filters, must be documented on a form and entered in the general maintenance log (paper-based or computerized) ***NAPRA Non-Hazardous – Section 5.3.3.2*** ***NAPRA Hazardous – Section 5.3.3.2*** Maintenance of devices, instruments and accessories must be recorded in the general maintenance log. The results of calibration [for ACD] must be entered in the preparation log, general maintenance log or some other form of documentation (e.g., mix check report) for each batch, at a minimum. Temperature probes must be maintained and calibrated at least once a year or in accordance with the manufacturer's instructions. Calibration of these instruments must be noted in the general maintenance log.		Provide a template/sample/copy for each requirement (#1 to #5) in the format of a photo or document file (e.g PDF/word).

#	Item	Reference and Requirements	Diagram	Recommended Content in Digital Evidence
		When the incubator is in operation, the incubator temperature must be read and recorded in the general maintenance log at least once a day.		
		NAPRA Non-Hazardous – Section 5.3.4.5		
		NAPRA Hazardous – Section 5.3.4.6		
		Forms or schedules used to document cleaning, decontamination and disinfecting activities, as per established policy, must be retained in the general maintenance log		
		NAPRA Hazardous – Section 6.6.4		
		Decontamination, deactivation and disinfection tasks performed must be recorded in the general maintenance log.		

Appendix E: Pharmacy Licensure Forms, Checklists and Others

Pharmacy Licensure Forms

- Form 1A: Application for New Pharmacy Licence – Community
- Form 1B: Application for New Telepharmacy Licence – Community
- Form 1C: Application for New Pharmacy Licence – Hospital
- Form 1E: Application for Hospital Satellite
- Form 1F: Application for New Pharmacy Licence – Pharmacy Education Site
- Form 4A: Application for Pharmacy Closure
- Form 4B: Application for Unanticipated Temporary Closure
- Form 4C: Closure for Suspended Pharmacy
- Form 5: Manager/Direct Owner/Indirect Owner – Proof of Eligibility
- Form 6: Manager/Direct Owner/Indirect Owner – Notice of Ineligibility
- Form 7: Indirect Owner – Email Contacts
- Form 8A: Application for Change of Direct Owner
- Form 8B: Application for Change of Indirect Owner(s)
- Form 8C: Application for Change of Manager
- Form 8D: Application for Change of Corporation Name
- Form 8E: Application for Change of Operating Name or External Signage Name
- Form 8F: Application for Change of Location
- Form 8G: Application for Change of Layout
- Form 9: Pharmacy Licensure – Multiple Pharmacies
- Form 10A: Pharmacy Pre-Opening Inspection Report – Community
- Form 10B: Pharmacy Pre-Opening Inspection Report – Community Telepharmacy
- Form 10C: Pharmacy Pre-Opening Inspection Report - Hospital
- Form 12: Payment Form – New Pharmacy Licence
- Form 13: Change of Authorized Representative
- Form 14: Extension Request for Application Committee
- Community Telepharmacy Inspection & Audit Form

Pharmacy Licensure Checklists

- Community Pharmacy/Telepharmacy Diagram Checklist
- Hospital Pharmacy/Hospital Pharmacy Satellite Diagram Checklist
- Ownership Requirements (Corporation as Direct Owner) Checklist
- Pharmacy Licence Renewal Checklist

Pharmacy Licensure Declaration Forms

- Deferred Submission of a Required Document(s) for Change Application
- Proof of Eligibility Exemption