

686 boul. St-George Blvd, Suite 200 Moncton, N.-B. E1E 2C6 Tel: (506) 857-8957 Fax / Téléc: (506) 857-8838 www.nbpharmacists.ca info@nbpharmacists.ca

## **New Pharmacy Opening**

(Must be submitted at least <u>30</u> days prior to opening)

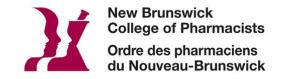
Applications for certificates of operation for a new pharmacy must meet the requirements described in **Sections 13.8 and 13.9 of the Regulations of the New Brunswick College of Pharmacists.** The operation of the pharmacy shall adhere to the requirements illustrated in **Sections 17, 18 and 19 of these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

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

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

5				
Expected date of Pharmacy opening:		Month		
Pharmacy Name (to appear on Certifica	te of Operation):			
Incorporated Name:				
Pharmacy Street Address:				
City: Pro	ovince:		Postal Code:	
Pharmacy Telephone:		. Pharmacy Fax: .		
Pharmacy E-mail:				
Pharmacy website:				
Licensed pharmacist to whom Certifica	te of Operation i	s to be issued (phai	rmacy manager):	
Name:		Registra	ation/Licence no	

**PART I - PHARMACY INFORMATION** 



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Part 2 – Owner information				
Name of Owner:				
Owner Telephone:				
Owner email:				
PART 3 – New Pharmacy Opening Requirements				
The following must be included with application:				
☐ Floor Plan that outlines the:				
<ul> <li>Dispensary</li> </ul>				
<ul> <li>Product self-selection area (Schedule III products)</li> </ul>				
☐ Digital Photos				
<ul> <li>From the center of the dispensary showing the whole</li> </ul>				
<ul> <li>From the front of the dispensary showing the whole dispensary (including self-selection/schedule II</li> </ul>				
product area)				
<ul> <li>Of the following distinct areas if applicable (highlight these areas on floor plan):</li> </ul>				
<ul><li>Compounding area</li><li>Specialty packaging</li></ul>				
<ul><li>Counseling room/area</li></ul>				
■ Fridge(s)				
■ Sink(s)				
<ul><li>Washroom(s)</li></ul>				
<ul> <li>Sterile Preparation</li> </ul>				
<ul> <li>Lockable area for narcotics/controlled drug</li> </ul>	s			
☐ Sample labels				
☐ Name of computer software				
I certify that I understand my role and responsibilities as a Pharmacy N and will operate this pharmacy in accordance with the New Brunswick College of Pharmacists, Standards of Practice and any other requirement of Pharmacists.	Pharmacy Act, 2014, the Regulations of the NB			
I understand and acknowledge that the position of Pharmacy Manage full attention to managing this pharmacy in accordance with Part XX o				
I understand that a new Opioid Agonist Treatment pharmacy registrat pharmacy provides buprenorphine, naloxone, methadone, slow-releas hydromorphone for patient self-administration (iOAT) for the treatme is available on the Pharmacy's online profile when logged in)	se oral morphine (SROM) or injectable			
Signature of Certificate Holder /Pharmacy Manager	Date			
Circulture of Courses	Dete			
Signature of Owner  Payment must be included with form. See the Fee Schedule on webs	Date			
Visa are acceptable forms of payment.	Site 101 applicable fee. Cheque, Mastercard of			

Credit Card #: ...... 3-digit code on back of card: .....