



Pharmacy Share Purchase Vendor Requirements

This document is to be filled out by the **Vendor** (the current pharmacy manager, who is the representative of whomever is selling their shares). **All fields must be filled out.**

Please complete, sign and send the completed form by email to info@saskpharm.ca or by fax to 306-584-9695 **no later than 10 days after** the date the change.

A share purchase occurs when:

- **the shares of the current corporation are sold and/or purchased by new and/or existing shareholders,**
- or
- **the shares are redistributed among existing shareholders**

There is no change to the current corporation name on the permit during a share purchase.

If the current corporation name on the permit is also changing, please see the [Ownership Change](#) and [Proprietor Name Change](#) sections of our website for additional information. You may apply for a Share Purchase and a Proprietor Name Change at the same time, however an Ownership Change will need to be a separate application.

*Please note: the College should be notified of the pharmacy share purchase **at least five (5) to 10 business days prior** to the date of the change.*

PHARMACY INFORMATION

Pharmacy permit #: _____

Pharmacy trade name: _____

Name of current owning corporation: _____

Mailing address of pharmacy:

Location address of pharmacy:

Vendor pharmacy manager name: _____

Vendor pharmacy manager member number: _____

SHARE PURCHASE INFORMATION

Legal date of the share purchase: _____

- ☐ Record inventory of Narcotic and Controlled Drugs (including Benzodiazepines and Targeted Substances)
 - One copy to be kept with the files of the *Purchaser*
 - One copy to be kept with your records (files of the *Vendor*)
 - Inventory list to be signed and dated by a pharmacist for the *Vendor* and by a pharmacist for the *Purchaser* on each copy

Please note: the inventory list does not need to be submitted to the College

- ☐ Mail the current Proprietary Pharmacy Permit to:

*Saskatchewan College of Pharmacy Professionals
Suite 100 – 1964 Park Street
Regina, SK S4N 7M5*

DECLARATION OF COMPLETION OF SHARE PURCHASE PROCEDURES

I hereby acknowledge that the share purchase procedures, as per *The Pharmacy and Pharmacy Disciplines Act*, SCPP Regulatory Bylaws, *The Health Information Protection Act*, and SCPP Regulations, have been completed.

Signature of Vendor Pharmacy Manager

Date

LEGISLATIVE INFORMATION

- [*The Pharmacy and Pharmacy Disciplines Act*](#)
- [SCPP Regulatory Bylaws](#)
- [*The Health Information Protection Act \(HIPA\)*](#)
 - Informing patients is an obligation under HIPA
- [Legislation](#) section of the SCPP website

ADDITIONAL RESOURCES

- [Share Purchase](#) section of the SCPP website
- [Pharmacy Share Purchase Guidelines](#)

Questions?

info@saskpharm.ca