



## Pharmacy Ownership / Proprietor Name Change Vendor Requirements

The College requires that the following pharmacy procedures be conducted by the vendor. Please complete and sign this checklist; and **email the completed form to [info@saskpharm.ca](mailto:info@saskpharm.ca)** or fax 306-584-9695 **within 10 days following** the ownership change.

### Documentation for Review

- **The Pharmacy and Pharmacy Disciplines Act: Duty to inform registrar**  
A proprietor who ceases to operate the proprietary pharmacy named in the permit shall notify the registrar no later than five days prior to the change in operation
- **The Health Information Protection Act (HIPA)**  
Informing patients is an obligation under HIPA

Pharmacy Trade Name: \_\_\_\_\_ Permit # \_\_\_\_\_

Current Proprietor: \_\_\_\_\_

Current Manager: \_\_\_\_\_ Member # \_\_\_\_\_

Location Address: \_\_\_\_\_

- Date of Ownership Change:**
  - Vendor's last day of business: \_\_\_\_\_
  - Date of Ownership Change: \_\_\_\_\_
- Record inventory of **Narcotic and Controlled Drugs** (include Benzodiazepines and Targeted Substances)
  - One copy to be kept with the files of the purchaser,
  - One copy to be kept with your records.
  - Inventory list to be signed and dated by a pharmacist for each.
- Return current Proprietary Pharmacy Permit (issued in previous proprietor's name) to the College office.
- Inform patients of the change in ownership.

### Declaration of Completion of Ownership Change/Closure Procedures:

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

\_\_\_\_\_  
Signature of Pharmacy Manager

\_\_\_\_\_  
Date