



## Notification of Pharmacy Relocation

\*SCPP requires a minimum of 90 days' notice\*

\*Please note: Notification MUST be received by proposed or existing Pharmacy Manager\*

### Section One: Pharmacy Information

Pharmacy name (trade name):

Proposed/existing Pharmacy Manager name:

D#:

Pharmacy Manager contact information:

Phone:

Email:

Proprietary operating corporation name:

Corporate director(s) name(s):

Pharmacy Manager is a director:

Yes                  No

Majority are comprised of SCPP members:

Yes                  No

Corporate directors meet SCPP legislation:

Yes                  No

Physical address of pharmacy:

Mailing address of pharmacy (if different):

Pharmacy email, phone, and fax numbers (if known):

Email (if different from above):

Phone:

Fax:



## Section Two: Relocation Information

Proposed date of relocation:

Proposed date of relocation completion:

Are you:

Relocating within the current premises without an address change.

Relocating outside of the current premises and/or changing to a new location address.

New physical address and mailing address (if applicable):

## Section Three: Guidelines and Contact Information

Please ensure you review the following documents:

- [Drawing and Schematics Checklist](#)
- [Inspection Checklist](#)
- [Proposed Patient Care Area Guidelines](#)
- [Pharmacy Relocation Guidelines](#)
- [Pharmacy Renovation Guidelines](#)
- [CompEX – Compounding Excellence](#)

Please also ensure you are familiar with [The Pharmacy and Pharmacy Disciplines Act](#), particularly sections 19-20, 23, 47-9, 50-1, 59-60, and 65, as well as [The Regulatory Bylaws](#), Parts I and J.

Please email this completed form to SCPP at [info@saskpharm.ca](mailto:info@saskpharm.ca), along with your schematics and the drawing and schematics checklist. After this notification has been received you will be provided further instruction.

An online Pharmacy Permit Application form will also be required.