

PRINCE EDWARD ISLAND PHARMACY BOARD

HOSPITAL PHARMACY PERMIT AND PROVINCIAL PHARMACY PERMIT RENEWAL APPLICATION

| Box A: Contact / Ownership Information | | | |
|--|----------------|---------|-------------|
| Please print clearly | | | |
| Date | | | |
| Pharmacy Name (Listed Name) | PEIPB Permit # | Class | |
| Street Address | | | |
| City | Province | Country | Postal Code |
| Phone No. | Fax No. | | |
| Pharmacy E-mail Address | | | |
| Pharmacy Staff | | | |
| | | | |
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| | | | |
| | | | |
| Pharmacist-in-Charge | | | |
| Pharmacy Owner (Either Individual or Corporation Name) | | | |
| Pharmacy Owner Street Address | | | |
| City | Province | Country | Postal Code |
| Directors and Officers (If Owner is a Corporation) | | | |
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| Box B: Renewal Fees |
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| The annual license renewal fee for Class II(large hospital) = \$300 _____ Class III (small hospital) = \$150 _____ Class V (Provincial) = \$600 _____ |

| Box C: Declaration / Signatures | |
|---|---------------|
| We certify the above information is true and correct. We understand that as the Pharmacist-in-Charge and/or Owner of the above named pharmacy we are responsible for the due compliance with all provisions of the Pharmacy Act and Regulations and liable for any noncompliance therewith. | |
| _____ Signature of Pharmacist-in-Charge | _____ Date |
| _____ Signature of Pharmacy Owner | _____ Date |

DEADLINE FOR SUBMISSION OF RENEWAL APPLICATION AND FEE IS FEBRUARY 28. (CHEQUES MAY BE POST-DATED TO MARCH 31)