

PRINCE EDWARD ISLAND
PHARMACY BOARD

South Shore Professional Building
P.O. Box 89, Crapaud, P.E.I. COA IJO
Phone: (902) 658-2780 Fax: (902) 658-2198 E-mail: peipharm@auracom.com

Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)

**APPLICATION FOR RELOCATION OF EXISTING PHARMACY
TO A NEW LOCATION**

APPLICATION DATE: _____

Check one:

- | | |
|---|--------|
| <input type="checkbox"/> CLASS I COMMUNITY PHARMACY | \$1000 |
| <input type="radio"/> INSPECTION FEE (MANDATORY) | \$100 |

TOTAL **\$1100**

Pharmacy
Name _____

Previous
Address _____

New Address:

Telephone _____ Fax _____ Email _____

Proposed Relocation Date: _____

Proposed Pre-opening Inspection Date: _____

Employee Data

Permit Holder(s)/Owner(s)

Print

Pharmacist in Charge _____
Print

Staff Pharmacists (Print) _____

Lock and Leave (if applicable) ___yes (approved) ___yes (please inspect for approval)

Does your pharmacy offer pharmacy services via a website and the Internet? _____

If so, what is the website address? _____

I(we) the undersigned certify that this Pharmacy will be conducted in accordance with the *Prince Edward Island Pharmacy Act and Regulations*, and other legislation governing the sale of drugs.

Signature Pharmacist in Charge

Signature Permit Holder (if different)

Date:

Please make cheque payable to the P.E.I. Pharmacy Board. Fee must accompany application.