COLLEGE OF PHARMACY
OF NEWFOUNDLAND AND LABRADOR

Designated Representative Information and Declarations Form: Sole Proprietor

PLEASE PROVIDE THE COMPLETED AND SIGNED FORM TO THE PHARMACIST-IN-CHARGE FOR SUBMISSION TO CPNL

Designated Representative:

Last Name _____ First Name _____ Middle Initial _____

Street Address (or P.O. Box) _____ City/Town _____

Province _____ Postal Code _____

Email Address _____ Phone Number _____

Pharmacy Information:

Operating Name (trade name) _____

Designated Representative Declarations:

☐ I confirm that I have applied to the College of Pharmacy of Newfoundland and Labrador (CPNL) to own a pharmacy or that I currently own a pharmacy.

☐ I have included the following required documentation:

- Certificate of conduct in accordance with CPNL's *Certificate of Conduct Requirements*.

☐ I am not currently the subject of any current proceedings related to an offence under any Act regulating the practice of pharmacy, the sale of drugs, or any criminal or other related offence in any jurisdiction.

☐ If any of the information or declarations provided in this form change, I will inform the pharmacist-in-charge and re-submit this document within 14 days of the change.

If you are a registered/licensed professional with a professional regulatory body, or equivalent, in any jurisdiction, please complete the following information and declaration (if you are registered/licensed with more than one professional regulatory body, please attach at separate sheet with information on all registrations/licensures):

Registration Number _____ Regulatory Body _____

☐ I declare that:

- My registration/license is not currently restricted, suspended, or revoked
- My registration/license has never been restricted, suspended, or revoked.
- I am not currently the subject of any ongoing disciplinary proceedings.

If you cannot make any of the above declarations related to professional disciplinary history and current or ongoing proceedings related to offences or disciplinary proceedings, please provide a separate document with details pertaining to the nature of the relevant offences, regulatory proceedings, restrictions, or other applicable sanctions.

☐ I declare that as the owner of the above-named pharmacy:

- I will comply with the *Pharmacy Act, 2024* (Act) and all regulations under the Act.
- I will comply with CPNL's standards of pharmacy operation and standards of practice.
- I understand that the pharmacy cannot operate without a designated pharmacist-in-charge.
- I will cooperate with an inspector carrying out inspections of the pharmacy under the Act and comply with an order of an inspector.
- I will participate in the quality assurance program established under the Act.
- I will not direct, control or manage the proposed pharmacy (not applicable if you are also the pharmacist-in-charge).
- I will not impede, through action nor inaction, the ability of the pharmacist-in-charge to ensure that the pharmacy is operated in compliance with the Act (not applicable if you are also the pharmacist-in-charge).

☐ All information contained in this form and any related documentation is accurate and complete.

Designated Representative Signature	Date Signed