

Pharmacy Owner Certification

Pharmacist-in-Charge Information:

Pharmacist-in-Charge First & Last Name

Pharmacist-in-Charge Registration #

Pharmacy Information:

Pharmacy Operating Name

Incorporated Business Name

Owner/Shareholder Information:

All persons who are shareholders (except for publicly traded companies), directors, partners, or individual owners must provide their name, profession, address, contact information and signature acknowledging the following certification:

Owner/Shareholder Certification:

- I understand that the owners and pharmacist-in-charge are responsible for ensuring that the Pharmacy complies with all relevant legislation, regulations, bylaws, and standards of practice established by the College of Pharmacy of Newfoundland and Labrador.
- I understand that, pursuant to the *Pharmacy Act, 2024*, no person other than a pharmacist-in-charge shall "direct, control or manage a pharmacy".
- I understand that it is an offence to contravene the *Pharmacy Act, 2024*.
- I will not interfere with the direction, control or management of the Pharmacy.

1.

Owner First & Last Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

☐ I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed

2.

Owner First & Last Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

☐ I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed

3.

Owner First & Last Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

☐ I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed

4.

Owner First & Last Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

☐ I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed

5.

Owner First & Last Name

Owner Profession

Street Address (or P.O. Box)

City/Town

Province

Postal Code

Email Address

Phone Number

☐ I acknowledge the Owner/Shareholder Certification as outlined in this form

Owner Signature

Date Signed