

Pharmacy Registration Form

Complete the following form to begin the registration process and one of our Provider Relations representatives will contact you **within three business days** for further instructions. Please note: the registration process will not begin until Express Scripts Canada receives this completed form.

PHARMACY INFORMATION

*Effective Date of the Pharmacy Opening (Pharmacy Registration Form *must be received within 7-days prior to the pharmacy opening or ownership effective date*): _____

Change of Ownership: _____ New Pharmacy Opening: _____ Legal Name Change: _____ Change in Shares Structure: _____

Change of Associates: _____ Change of Pharmacy Director: _____ Pharmacy Services Amalgamation: _____

New Pharmacy Retail Operating Name: _____

New Legal Business Name (*must match the incorporation documents and share certificates, a copy of which is required when submitting this form*): _____

Chain/Banner: _____ New Pharmacy Licence Number: _____

List of all Owners, Shareholders & Directors of the Legal Business named above (If a Pharmacist include licence number):

| | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Pharmacy Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Pharmacy Email Address: _____ Usual & Customary Fee (U&C): _____

Contact Name: _____ Contact Position: _____

Phone Number Prior to Opening: _____ Email Address Prior to Opening: _____

Please ensure the following is included within your submission:

- Complete articles of incorporation and share certificates for the legal corporation of the pharmacy.
- Copy of certificate of liability insurance for the pharmacy. The document must include the dollar amount of liability coverage.
- Pharmacy regulatory license for the registered pharmacy in Canada, if available.
- List of additional corporations associated with the pharmacy and list of their owners and share holders.

Please return the completed Pharmacy Registration Form by fax to: 1 855 622-0669 or by mail to:

Express Scripts Canada, Provider Relations
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5

Confirmation of pharmacy licensure from the pharmacy regulatory body and a completed agreement is required before a pharmacy can be activated on the ESC network. ESC cannot activate the licenced pharmacy before the effective date indicated by the pharmacy regulatory body.

This form is not applicable to the NIHB Program