



## Application for Changes Affecting Personnel in Charge (disponible en français)

### Privacy Notice

The personal information you provide to Health Canada is governed in accordance with the Privacy Act. The collection of your personal information is authorized under the Controlled Drugs and Substances Act. This information will be used to process your application for an exemption to use a controlled substance for scientific purposes. Information may be used to provide reports to management. The information may also be used for research, planning, audit and evaluation purposes. In limited and specific situations, your personal information may be disclosed without your consent to law enforcement or in accordance with subsection 8(2) of the Privacy Act. Failure to provide the requested information may result in a refusal to process the application. This personal information collection is described online at [Info Source: Sources of Federal Government and Employee Information Health Canada](#). In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

**1. Licence Number**

**2. Name and Address of the Licence Holder**

Licence Holder Name					
Street Address					
City		Province		Postal Code	
Contact Name					
Telephone Number			Email Address		

**3. Mailing Address** (if different from licence holder address)

Street Address					
City		Province		Postal Code	

**4. Changes Affecting Personnel in Charge**

Check all changes that apply.

	<b>Proposed Personnel in Charge to be Changed</b>	<b>Sections of this Application to be Completed</b>
<input type="checkbox"/>	Individual in Charge of the Premises	5, 9 and 10
<input type="checkbox"/>	Qualified Person in Charge (QPIC)	6, 9 and 10
<input type="checkbox"/>	Alternate Qualified Person in Charge (A/QPIC)	7, 9 and 10
<input type="checkbox"/>	Individual Authorized to Place Orders	8, 9

**5. Changes Affecting the Individual in Charge of the Premises**

<b>Name of the Individual in Charge of the Premises to be removed:</b>			
Surname (last name)		Given Name(s)	
<b>Proposed Individual in Charge of the Premises:</b>			
Surname (last name)		Given Name(s)	
Title			
Telephone Number		Email Address	
Date of Birth	(YYYY/MM/DD)		

**6. Changes Affecting Qualified Person in Charge (QPIC)**

<b>Name of the Qualified Person in Charge to be removed:</b>			
Surname (last name)		Given Name(s)	

<b>Proposed Qualified Person in Charge:</b>			
Surname (last name)		Given Name(s)	
Telephone Number		Email Address	
Date of Birth	(YYYY/MM/DD)		
University, Degree and Year of Graduation			
Supporting documentation	Copy of degree included, if applicable* Copy of course transcript included, if applicable* Copy of Canadian equivalency included, if applicable* Copy of Curriculum Vitae included		
Professional licence number* and Province issuing licence (if applicable)			
Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)			
Title at the premises			
Name & Title of Supervisor at the premises			

\*The proposed QPIC must be a pharmacist or a practitioner of medicine, dentistry or veterinary medicine registered with a provincial professional licensing authority, or have a degree in an applicable science. In the latter case, a copy of the degree and course transcript for that degree must be submitted. If the degree was obtained outside of Canada, you must also include proof that the degree is recognized by a Canadian university or a Canadian professional association.

**Complete this table for each alternate work location of the proposed**

**QPIC.** Check here if additional pages are included:

Name of other work location(s)	
Licence Number of other work location(s)	
Title at other work location(s)	
Hours of work at other locations(s)*	
Name & title of supervisor at other work location(s)	

\* The hours for the QPIC must not overlap between working locations.

**7. Changes Affecting Alternate Qualified Person in Charge (A/QPIC)**

**Complete the tables in this section for each A/QPIC removal and/or addition.**

Check here if additional pages are included:

<b>Name of Alternate Qualified Person in Charge to be removed:</b>			
Surname (last name)		Given Name(s)	

<b>Proposed Alternate Qualified Person in Charge:</b>			
Surname (last name)		Given Name(s)	
Telephone Number		Email Address	
Date of Birth	(YYYY/MM/DD)		
University, Degree and Year of Graduation			
Supporting documentation	Copy of degree included, if applicable* Copy of course transcript included, if applicable* Copy of Canadian equivalency included, if applicable* Copy of Curriculum Vitae included		
Professional licence number* and Province issuing licence (if applicable)			
Schedule – Work Hours and Days			
Title at the premises			

5 | Application for Changes Affecting Personnel in Charge

Name & Title of Supervisor at the premises	
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\*The proposed A/QPIC must be a pharmacist or a practitioner of medicine, dentistry or veterinary medicine registered with a provincial professional licensing authority, or have a degree in an applicable science. In the latter case, a copy of the degree and course transcript for that degree must be submitted. If the degree was obtained outside of Canada, you must also include proof that the degree is recognized by a Canadian university or a Canadian professional association.

**Complete this table for each alternate work location of each proposed A/QPIC.**

Check here if additional pages are included:

Name of other work location(s)	
Licence Number of other work location(s)	
Title at other work location(s)	
Hours of work at other locations(s)*	
Name & title of supervisor at other work location(s)	

\* The hours for the A/QPIC must not overlap between working locations

**8. Changes Affecting Individual(s) Authorized to Place Orders**

<b>Name of Individual(s) Authorized to Place Orders to be Removed:</b>			
Surname (last name)		Given Name(s)	
Surname (last name)		Given Name(s)	

<b>Proposed Individual(s) Authorized to Place Orders:</b>			
Surname (last name)		Given Name(s)	
Surname (last name)		Given Name(s)	
Surname (last name)		Given Name(s)	
Surname (last name)		Given Name(s)	

## 9. Statements Regarding Change In Personnel

These statements must be signed by the Individual in Charge of the Premises to certify any changes to personnel.

**Note:** If a new Individual in Charge of the Premises is proposed within this application, the new Individual in Charge of the Premises must sign these statements.

**I hereby certify** that these are the changes to be made affecting the personnel in charge.

**I hereby certify** that the Qualified Person in Charge (QPIC) and, if applicable, the Alternate Qualified Person in Charge (A/QPIC), have the necessary knowledge of the Controlled Drugs and Substances Act (CDSA) and its Regulations to properly carry out their duties.

**I hereby certify** that the information and required documents provided with this application are correct and complete to the best of my knowledge, and in accordance with the relevant sections of the Controlled Drugs and Substances Act (CDSA) and its Regulations.

**I hereby certify** that I have the authority to bind the applicant.

<b>Individual in Charge of the Premises:</b>			
Surname (last name)		Given Name(s)	
Signature		Date	(YYYY/MM/DD)

## 10. Declarations for Designated Personnel

For each required individual, you must submit the following:

- Signed Declaration below, and
- A copy of a criminal record check certificate issued in the last 12 months.

Applicants are required to submit criminal record check (CRC) certificates along with their applications for Changes Affecting Personnel in Charge. The Office of Controlled Substances (OCS) will consider a criminal record check certificate to be valid for twelve (12) months from the date of issuance. The CRC must be issued by the RCMP or a local police service must not be sent to our office directly from the RCMP or local police service. For more information on how to obtain a criminal record check, please consult the RCMP criminal check website. If an individual resided in another country in any of the previous 10 years, the application must also include a recent CRC issued by a police force in that country stating that the person has not been convicted, as an adult, in the previous 10 years, of an offence that, if committed in Canada, would have constituted a designated drug offence.

**Failure to include the criminal record check certificate(s) may result in your application being returned to you.**

**I hereby certify** that I have not in the last ten (10) years, as an adult, been convicted of a designated drug offence neither in Canada, nor in any country other than Canada, of an offence that would have constituted a designated drug offence if committed in Canada.

<b>Proposed Individual in Charge of the Premises</b>					
Full Name					
Signature:			Date:	(YYYY/MM/DD)	
Have you resided outside of Canada in the past 10 years?	Yes	No			
If yes, is the foreign CRC included?	Yes	No	Canadian CRC included	Yes	No

Proposed Qualified Person in Charge					
Full Name					
Signature:			Date: (YYYY/MM/DD)		
Have you resided outside of Canada in the past 10 years?		Yes	No		
If yes, include foreign CRC	Yes	No	Canadian CRC included	Yes	No

Proposed Alternate Qualified Person in Charge*					
Full Name					
Signature:			Date: (YYYY/MM/DD)		
Have you resided outside of Canada in the past 10 years?		Yes	No		
If yes, include foreign CRC	Yes	No	Canadian CRC included	Yes	No

\*Additional pages may be attached if proposing more than one Alternate Qualified Person in Charge.

**11. Submission**

Submit this completed application form and all required documents pertaining to the proposed changes to personnel in charge to the Office of Controlled Substances at [hc.cds-sdc.sc@canada.ca](mailto:hc.cds-sdc.sc@canada.ca). Licence amendments must be submitted using the Application for Amendment of a Controlled Drugs and Substances Dealer’s Licence form.

**Note:** The licensee should keep a copy of all documents.