



**1. APPLICANT INFORMATION**

CPBC Registration Number	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Legal Last Name (Surname)
Legal First Name	Legal Middle Name	Informal Name (if any)

**2. CONTACT INFORMATION**

Street Address (Include Unit/Suite #)		City
Province	Postal Code	Country
Phone Number (Home)	Phone Number (Work)	Email

**3. RECIPIENT(S) INFORMATION**

Provide the contact information of the recipient(s) for your Certificate of Standing below. Note that the fee for a Certificate of Standing applies to each organization where your Certificate of Standing will be sent.

Name of Organization	Delivery Method	Mailing Address/Email Address
	<input type="checkbox"/> Mail <input type="checkbox"/> Email	
	<input type="checkbox"/> Mail <input type="checkbox"/> Email	
	<input type="checkbox"/> Mail <input type="checkbox"/> Email	
	<input type="checkbox"/> Mail <input type="checkbox"/> Email	
	<input type="checkbox"/> Mail <input type="checkbox"/> Email	

Applicant Signature	Date (MMM-DD-YYYY)
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The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 604.733.2440.





## 9. PAYMENT INFORMATION

Applicant Name (Full Legal Name)

Method of Payment\*:  Bank Draft/Money order (*payable to College of Pharmacists of BC*)  VISA  MasterCard

Card Number

Expiry Date (MM-YY)

For the Certificate of Standing fee, refer to [Schedule D – Fee Schedule](#). This fee is subject to GST (5%).

Cardholder Name

Cardholder Signature

GST # R106953920

\*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

**All fees are non-refundable.**

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp: \_\_\_\_\_

Reg initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_