



To update your name in the College's record, complete this form and submit it along with the required document, if applicable.

1. CHANGE TYPE

I am reporting a:

Change in my **surname** following marriage (also submit a copy of your *Certificate of Marriage* with this form)

Change in my **surname** back to my maiden name

Change in my **legal name** (also submit a copy of your *Certificate of Name Change* with this form)

Change in my **informal name**

New informal name or an informal name that is not currently on my record

2. APPLICANT INFORMATION

PREVIOUS NAME (CURRENT RECORD WITH THE COLLEGE)

Legal Last Name (Surname)	Middle Name	Legal First Name	Informal Name (if any)
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NEW NAME

Legal Last Name (Surname)	Middle Name	Legal First Name	Informal Name (if any)
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OTHER INFORMATION

Street Address (Include Unit/Suite #)	City	Province	Postal Code	Country
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Phone Number (Home)	Phone Number (Work)	Email
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<p>Applicant Type</p> <p><input type="checkbox"/> I am currently registered as a pharmacy professional with the College</p> <p><input type="checkbox"/> I am applying to register as a pharmacy professional with the College</p> <p><input type="checkbox"/> I am not registered as a pharmacy professional with the College but I am an indirect owner of a pharmacy licensed by the College (Skip the next row re: <i>other name used or have used</i>)</p>	<p>Registration Number (if any)</p> <hr/> <p>eServices ID</p> <hr/>
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Other name(s) used or have used* (e.g. maiden name, birth name, previous married name)

1. _____
Surname
First name
Middle name

2. _____
Surname
First name
Middle name

3. _____
Surname
First name
Middle name

*Registrants and Pre-Registrants only – this information will be used to conduct your Criminal Record Check when the next one is due.

Applicant Name (Print)	Applicant Signature	Date
		MMM DD YYYY

If you are a registrant or applying to be a registrant with the College, submit this form and applicable document to the **Registration Department** by email at: Registration@bcpharmacists.org, or by fax at: 604.733.2493 or 800.377.8129.

If you are **not** a registrant with the College but an indirect owner of a pharmacy licensed by the College, submit this form and applicable document to the **Licensure Department** by email at: Licensure@bcpharmacists.org, or by fax at: 604.733.2493 or 800.377.8129.

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, the *Health Professions Act*, and the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org.