



College of Pharmacists
of British Columbia

**APPLICATION FOR
NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION**

Application Form

APPLICANT INFORMATION

Ms Mrs Miss Mr Dr

Legal Name

Address

<hr/>	<hr/>	<hr/>
<i>Last name (Surname)</i>	<i>First name</i>	<i>Middle name</i>
<hr/>	<hr/>	<hr/>
		Tel (home)
<hr/>	<hr/>	<hr/>
		Tel (work)
<hr/>	<hr/>	<hr/>
		Email
<i>City</i>	<i>Province</i>	<hr/>
<hr/>	<hr/>	Reg #
<i>Postal code</i>	<i>Country</i>	<hr/>

Pursuant to s. 54(2) of the Health Professions Act Bylaws, a registrant **must** notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and address of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

Registrants can update their contact information using the eServices section of our website.

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

Date

Applicant signature

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*, *Health Professions Act*, and *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



College of Pharmacists
of British Columbia

**APPLICATION FOR
NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, _____, declare that (check the appropriate boxes):

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:
 - a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
 - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
 - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
 - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off).
Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

Date

Applicant Signature



College of Pharmacists
of British Columbia

APPLICATION FOR
NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION
Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name _____
Last name (Surname) First name Middle name

Mailing address _____
Street Province/State Postal Code

Country _____ Contact phone _____
Area code

Gender Male Female B.C. Driver's Licence # _____

Birthdate _____ Birthplace _____
YYYY-MM-DD City/town Province/State Country

Other names 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

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care and Assisted Living Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

Consent information can be found at:

http://www.bcpharmacists.org/library/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf

Contact the College office if you cannot access the consent information.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

_____ Date

_____ Applicant signature



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APPLICATION FOR NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

PAYMENT OPTION

Applicant Name

Last name (Surname)

First name

Middle name

Bank Draft/Money order
(payable to College of Pharmacists of BC)

VISA

MasterCard

Card # _____

Exp ____ / ____

Cardholder name _____

Cardholder signature _____

Application fee	482.00
Criminal Record Check fee	28.00
GST	24.10
Total	\$534.10
GST # R106953920	

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Reg initials: _____

Date to Finance: _____