



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF MANAGER

Form 8C

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1. CURRENT PHARMACY INFORMATION

Operating Name		Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	

2. MANAGER INFORMATION

DEPARTING MANAGER		
Last Name	First Name	Registration Number (BC)
NEW MANAGER		
Last Name	First Name	Registration Number (BC)
Effective Date of Change (MMM-DD-YYYY)		

3. ADDITIONAL INFORMATION FOR DIRECT OWNERS THAT ARE NOT CORPORATIONS (E.G. HOSPITALS)

Is the departing manager also an authorized representative of the pharmacy and is departing from the role of authorized representative as well? Yes – Also complete [Form 13](#) No

4. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
Signature	Date MMM DD YYYY	

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