



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE

Hospital

Form 1C

Page 1 of 2

1. PHARMACY INFORMATION

Proposed Operating Name		Proposed Licensure Date	
		MMM	DD YYYY
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
PharmaNet Connection Required			
<input type="checkbox"/> Inpatient (Read-only access to patient records with ability to update clinical information and adverse reactions)			
<input type="checkbox"/> Outpatient (PharmaCare adjudication of prescriptions and update of patient records)			
<input type="checkbox"/> Inpatient & Outpatient (Inpatient and outpatient dispensing using the same software)			
Manager Name (if known)		Manager's Registration Number (BC)	

2. DIRECT OWNER INFORMATION

Hospital Pharmacy Name			
Hospital Address (if different from the pharmacy address)	City	Province BC	Postal Code
Health Authority/Organization			
<input type="checkbox"/> Fraser Health <input type="checkbox"/> Interior Health <input type="checkbox"/> Island Health <input type="checkbox"/> Northern Health <input type="checkbox"/> Vancouver Coastal Health			
<input type="checkbox"/> Provincial Health Services Authority <input type="checkbox"/> First Nations Health Authority <input type="checkbox"/> Providence Healthcare			
<input type="checkbox"/> Other - Specify: _____			

3. PRIMARY CONTACT PERSON

Name	Position/Title		
Email Address	Phone Number	Fax Number	

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



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE

Hospital

Form 1C

Page 2 of 2

5. PAYMENT INFORMATION

Proposed Operating Name
(Auto-populate)

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

Card Number	Expiry Date (MM/YY)	Application fee	\$ 750.00
		GST	\$ 37.50
		Total	\$ 787.50
Cardholder Name		GST #	R106953920
Cardholder Signature			

Note that the application fee does not include the annual licence fee. Payment information will be collected in phase 2 (pre-opening) of the new pharmacy licence application process. The annual licence fee will be charged upon issuance of the pharmacy licence.

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____