



College of Pharmacists  
of British Columbia

# APPLICATION FOR NEW PHARMACY LICENCE

Hospital

**Form 1C**

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## 1. PHARMACY INFORMATION

<b>Proposed Operating Name</b>		<b>Proposed Licensure Date</b>	
		MMM	DD   YYYY
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Mailing Address (if different from above)</b>	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Software Vendor (for PharmaNet connection)</b>	<b>PharmaNet Connection Required</b> <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)		
<b>Manager Name</b>		<b>Registration Number (BC)</b>	

## 2. PRIMARY CONTACT PERSON

<b>Name</b>	<b>Position/Title</b>	
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>

## 3. APPLICANT (DIRECT OWNER) INFORMATION

<b>Hospital Name</b>			
<b>Hospital Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Health Organization</b> <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: _____			
<b>Name of Authorized Representative</b>		<b>Position/Title of Authorized Representative</b>	
<b>Signature</b>		<b>Sign Date</b>	
		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](mailto:privacy@bcpharmacists.org)

H9029 Effective 2018-04-01 (Posted 2018-04-03)



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## 4. 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	\$550.00
Initial licence fee	\$2,250.00
GST	\$140.00
<b>Total</b>	<b>\$2,940.00</b>

**Cardholder Name**

GST # R106953920

**Cardholder Signature**

**For office use ONLY**

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

Lic initials: \_\_\_\_\_

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