



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
Mailing Address (if different from above)	City	Province	Postal Code
Email Address	Phone Number	Fax Number	
Software Vendor (for PharmaNet connection)	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		Registration Number (BC)	

2. PRIMARY CONTACT PERSON

Name	Position/Title	
Email Address	Phone Number	Fax Number

3. APPLICANT (DIRECT OWNER) INFORMATION

Hospital Name			
Hospital Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Health 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: _____			
Name of Authorized Representative		Position/Title of Authorized Representative	
Signature		Sign 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

H9029 Effective 2018-11-13 (Posted 2018-11-13)



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE

Hospital

Form 1C

Page 2 of 2

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	\$2299.00
GST	\$142.45
Total	\$2991.45

Cardholder Name

GST # R106953920

Cardholder Signature

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____