



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Pharmacy Education Site

Form 1F
Page 1 of 2

1. EDUCATION SITE 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)	
Manager Name (if known)		Manager's Registration Number (BC)	
Program Coordinator Name		Coordinator's Registration Number (BC)	

2. DIRECT OWNER INFORMATION

Institution Name			
Institution Address (if different from the pharmacy address)	City	Province BC	Postal Code
Type of Ownership <input type="checkbox"/> Public Post-Secondary Educational Institution <input type="checkbox"/> Private Post-Secondary Educational Institution			
Program Offered <input type="checkbox"/> CCAPP Accredited Pharmacy Program (Pharmacists) <input type="checkbox"/> CCAPP Accredited Pharmacy Technician Program			

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	
<input type="checkbox"/> I attest that this pharmacy education site 1) will not have controlled drug substances, 2) will be licensed solely for the purpose of pharmacy education, and 3) will not provide pharmacy services to any person.			
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
Pharmacy Education Site

Form 1F
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	\$0.00
		Initial licence fee	\$ 750.00
		GST	\$ 37.50
Cardholder Name		Total	\$787.50
Cardholder Signature		GST #	R106953920

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____