



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE Community

Form 1B

Page 1 of 3

1. TELEPHARMACY INFORMATION

Proposed Operating Name	Proposed Name on External Signage	Proposed Licensure Date MMM DD YYYY	
Telepharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
Website	Pharmacy Technician (R.Ph.T.) Name	R.Ph.T. Registration Number (BC)	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy Name		City	
Approximate Distance from Proposed Telepharmacy Location (KM):			

2. DIRECT OWNER INFORMATION

Type of Ownership

Corporation: Non-Publicly Traded Publicly Traded
 "Name of Company" on BC incorporation documents: _____
 BC Incorporation Number: _____ Incorporation Date: _____

Sole Proprietorship (Single pharmacist, unincorporated)
 Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____
 Registered business name (if applicable): _____

Partnership of Pharmacists (≥2 pharmacists, unincorporated): Total number of partners: _____
 Each pharmacist's full legal name and registration number (BC): _____
 Registered business name (if applicable): _____

Other – Specify: _____

3. CENTRAL PHARMACY INFORMATION

Operating Name	Pharmacy Licence Number		
Central Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name	Manager's Registration Number (BC)		
DIRECT OWNER INFORMATION			
Name of Company on BC Incorporation Documents		BC Incorporation Number	



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 1B

Page 2 of 3

4. PRIMARY CONTACT PERSON

Name	Position/Title	
Email Address	Phone Number	Fax Number

5. 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 TELEPHARMACY LICENCE

Community

Form 1B

Page 3 of 3

6. PAYMENT INFORMATION

Telepharmacy Proposed Operating Name (Auto-populate)		Central Pharmacy Operating Name (Auto-populate)	
Method of Payment: <input type="checkbox"/> Cheque/Money order (<i>payable to College of Pharmacists of BC</i>) <input type="checkbox"/> VISA <input type="checkbox"/> 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 the pre-opening of the new telepharmacy licence application process. The annual licence fee must be paid before issuance of the telepharmacy licence.

For office use ONLY

iMIS ID: _____ Finance stamp:

Lic initials: _____

Date to Finance: _____