



The pharmacy manager and each direct/indirect owner applying/renewing for a pharmacy license must complete this form. Only one form is required per person per pharmacy.

1. PHARMACY INFORMATION	
[Proposed] Operating Name	Pharmacy Licence Number (if issued)
Your Relationship to the Pharmacy Named above (Select all that apply): <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Direct Owner – Sole Proprietor (Single pharmacist, unincorporated) <input type="checkbox"/> Direct Owner – Pharmacist Partner (≥2 pharmacists, unincorporated) <input type="checkbox"/> Indirect Owner – Director of Corporation <input type="checkbox"/> Indirect Owner – Officer of Corporation <input type="checkbox"/> Indirect Owner – Shareholder of Corporation <input type="checkbox"/> Indirect Owner – Director of PARENT Corporation <input type="checkbox"/> Indirect Owner – Officer of PARENT Corporation <input type="checkbox"/> Indirect Owner – Shareholder of PARENT Corporation	

2. PERSONAL INFORMATION			
<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		Last Name	Date of Birth (MMM/DD/YYYY)
First Name		Middle Name	Informal Name (if any)
Address <input type="checkbox"/> Home <input type="checkbox"/> Mailing		City	Province Postal Code
Email Address		Phone Number	Fax Number
Registration Class Are you a PHARMACIST or PHARMACY TECHNICIAN registered in BC, another province, or a foreign jurisdiction? <input type="checkbox"/> Yes – Complete ALL sections below <input type="checkbox"/> No – Provide the following information and complete ALL sections below EXCEPT <u>Section 3</u> a) If you have a CPBC eServices ID, enter here: _____ b) Identification document i) Type of government issued ID (select ANY one of the following): <input type="checkbox"/> Canadian citizenship card/certificate <input type="checkbox"/> Passport (Country issued if outside Canada: _____) <input type="checkbox"/> Canadian driver’s licence (Province issued if outside BC: _____) <input type="checkbox"/> BC Identification Card ii) Document number of the selected document above: _____			

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



3. ATTESTATION FOR PHARMACISTS AND PHARMACY TECHNICIANS ONLY

Registration Information

I am a: Pharmacist Pharmacy Technician

Registered in: BC Other province: _____ Foreign jurisdiction: _____

Registration/Licence Number: _____

I attest that, within the previous 6 years:

I have never been suspended nor has my registration been cancelled by the College of Pharmacists of British Columbia, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.

No limits or conditions have been imposed on my practice of pharmacy as a result of disciplinary action taken by the College of Pharmacists of British Columbia, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.

NOTE: Failure to attest to any of the above would result in my application being sent to the Application Committee. The Application Committee may request additional information.

4. ATTESTATION

I attest that:

I am not authorized by an enactment to prescribe drugs.

I have never been subject to a limitation imposed by the College's discipline committee that precludes me from being a direct owner, an indirect owner, or a manager.

I have never been the subject of an order or a conviction for an information or billing contravention.

I also attest that, within the previous 6 years:

I have not been convicted of an offence prescribed under section 45(1)(a)(ii) of the *Pharmaceutical Services Act*.

I have not been convicted of an offence under the *Criminal Code* (Canada).

I have not had a judgment entered against me in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related services.

NOTE: Failure to attest to any of the above would result in my application being sent to the Application Committee. The Application Committee may request additional information.

5. DECLARATION

I understand that I must comply with all applicable duties imposed under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, the *Health Professions Act*, the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.

I declare the facts set out herein to be true.

Applicant Signature	Applicant Position/Title	Sign Date
Witness Signature	Witness Name	Witness Date