



College of Pharmacists  
of British Columbia

# MANAGER/DIRECT OWNER/INDIRECT OWNER - NOTICE OF INELIGIBILITY

Form 6  
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## 1. REASON FOR COMPLETING THIS FORM (Select all that apply)

<input type="checkbox"/>	To report that the person named below is no longer eligible to be the <b>manager</b> of the pharmacy named below.
<input type="checkbox"/>	To report that the person named below is no longer eligible to be a <b>direct</b> or <b>indirect owner</b> of the pharmacy/corporation named below.

## 2. INFORMATION OF THE PERSON IN SECTION 3

<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		Last Name	
First Name		Informal Name	Date of Birth (MMM/DD/YYYY)
Name of Affiliated Organization: <input type="checkbox"/> Pharmacy Operating Name <input type="checkbox"/> Corporation Name			

## 3. ADDITIONAL INFORMATION RELATED TO THE PERSON NAMED ABOVE

### Matter related to a(n):

- Order or conviction **FOR/UNDER**:
  - Information contravention
  - Billing contravention
  - Section 45(1)(a)(ii) of the *Pharmaceutical Services Act*
  - Criminal Code* (Canada)
  - Other – Specify: \_\_\_\_\_
- Suspension or cancellation of registration as a pharmacy technician or pharmacist;
- Limits or conditions being imposed on (select one):
  - Practice of pharmacy
  - Being a direct owner, indirect owner, or a manager of a pharmacy
- Judgement issued 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 device
- Other – Specify: \_\_\_\_\_

### Description of the events that resulted in the matter above.

### Date/period of the above events occurred.



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<b>Name of the entity/court/governing body that:</b> <ul style="list-style-type: none"> <li>• Issued the order or conviction</li> <li>• Suspended/cancelled billing privileges or registration as a pharmacist or pharmacy technician; OR</li> <li>• Imposed limits or conditions</li> </ul>	
<b>Date (or period, when specified) of:</b> <ul style="list-style-type: none"> <li>• Order or conviction;</li> <li>• Suspension (period) or cancellation of billing privileges or registration as a pharmacist or pharmacy technician; OR</li> <li>• Limits or conditions being imposed</li> </ul>	
<b>Disposition of charge including details of penalty-imposed (e.g. fine, imprisonment, limits and conditions imposed)</b>	
<b>Extenuating circumstances you wish taken into account for your application.</b>	
<b>Other</b>	

\*Attach a separate sheet if you need more space

I understand that I may have to provide additional information if requested by the Application Committee, the Discipline Committee or the Inquiry Committee, within the time requested.

4. INFORMATION OF THE PERSON WHO COMPLETED THIS FORM			
Name	Signature		Sign Date
Email	Phone Number	Fax Number	
<b>Relationship to the Pharmacy:</b> <input type="checkbox"/> Direct/Indirect Owner <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Other: _____			

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)