



College of Pharmacists
of British Columbia

MANAGER/DIRECT OWNER/INDIRECT OWNER - NOTICE OF INELIGIBILITY

Form 6
Page 1 of 2

1. INFORMATION OF THE PERSON WHO DOES NOT MEET THE ELIGIBILITY CRITERIA IN SECTION 3 OF THE ACT

<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Last Name	eServices ID/Registration Number (if known)
---	-----------	---

First Name	Middle Name	Informal Name (if any)
------------	-------------	------------------------

Name of Affiliated Organization: Pharmacy Operating Name Corporation Name or Name of Direct Owner

Relationship between the Person and the Organization(Select all that apply):

Pharmacy Manager Indirect Owner² – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent) Direct Owner² – Sole Proprietor (Single pharmacist, unincorporated) Direct Owner² – Pharmacist Partner (≥2 pharmacists, unincorporated)

2. 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.	
---	--



College of Pharmacists
of British Columbia

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

Form 6
Page 2 of 2

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

*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	Date MMM DD YYYY
Email	Phone Number	Fax Number
Relationship to the Pharmacy: <input type="checkbox"/> Direct/Indirect Owner <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Other: _____		

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: privacy@bcpharmacists.org or 778-330-0969.