



College of Pharmacists
of British Columbia

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

Form 6
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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 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