College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF AUTHORIZED REPRESENTATIVE(S)

Form 13

This form is to be used by direct owners that are NOT corporations. If the direct owner is a corporation, submit the *Change of Indirect Owner* application on eServices (note: must be submitted by a current director of the corporation) – visit the College website for more information.

1. CURRENT PHARMACY INFORMATION

Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**	
Pharmacy Address	**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	
Manager Name		**Manager's Registration Number (BC)**	

2. DEPARTING AUTHORIZED REPRESENTATIVE(S)

Name	Pharmacist (Y/N)	Effective Date of Change
	☐ Y – Registration #: _____ ☐ N – eServices ID*: _____	MMM | DD | YYYY
	☐ Y – Registration #: _____ ☐ N – eServices ID*: _____	MMM | DD | YYYY
	☐ Y – Registration #: _____ ☐ N – eServices ID*: _____	MMM | DD | YYYY

*If known

3. NEW AUTHORIZED REPRESENTATIVE(S)

Name	Email	Pharmacist (Y/N)	Effective Date of Change
		☐ Y – Registration #: _____ ☐ N – eServices ID*: _____	MMM | DD | YYYY
		☐ Y – Registration #: _____ ☐ N – eServices ID*: _____	MMM | DD | YYYY
		☐ Y – Registration #: _____ ☐ N – eServices ID*: _____	MMM | DD | YYYY

*If known

4. ADDITIONAL INFORMATION

a)	As a result of this change (authorized representative), will **other pharmacies** be affected by the same change?	☐ Yes – Also complete Form 9	☐ No
b)	Is the departing authorized representative also the manager of the pharmacy and is departing from the role of manager as well?	☐ Yes – Also complete Form 8C	☐ No

5. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	**Position/Title of Authorized Representative**	
Email Address	**Phone Number**	**Fax Number**
Signature	**Sign 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