



# APPLICATION FOR NEW PHARMACY

## Community

### APPLICANT INFORMATION

Corporation  Sole proprietor / Partnership

Cert. of Incorporation # \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

\* Majority must be BC registered pharmacists

### PROPOSED PHARMACY INFORMATION

Operating name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Manager \_\_\_\_\_

Postal code

Opening date \_\_\_\_\_ Contact + \_\_\_\_\_

Software Vendor \_\_\_\_\_ Tel + \_\_\_\_\_

Fax + \_\_\_\_\_

+ Only if manager not available before opening

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	500.00
Initial Licence Fee	1,111.00
HST	611.00
<b>Total</b>	<b><u>\$1,222.00</u></b>

HST # R106953920

*I attest that:*

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.
- I will maintain a valid business licence for the duration of the pharmacy licence.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



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Form 1A

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## APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 10 weeks prior to the proposed opening date.**

**The following must be submitted together with this application:**

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles
- Copy of valid business licence

**The following must be submitted at least 2 weeks prior to opening:**

- Acknowledgement of Completion of Confidentiality Form

## DIAGRAM REQUIREMENT CHECKLIST

**The following information must be included on the diagram:**

**scale:  $\frac{1}{4}$  inch = 1 foot**

- Dispensary area size - minimum 15 m<sup>2</sup> (160 sq ft)
- Dispensary area counters - minimum 3 m<sup>2</sup> (30 sq ft)
- Storeroom space - minimum 4 m<sup>2</sup> (40 sq ft) of shelf space
- Description of the front counter and shelf height
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

**The following information must be provided:**

- Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:  
\_\_\_\_\_  
\_\_\_\_\_
- Description of the method used to make the dispensary inaccessible to the public:  
\_\_\_\_\_