



APPLICATION FOR NEW PHARMACY

Hospital

APPLICANT INFORMATION

Corporation

Cert. of Incorporation # _____ Incorporation Date _____

Hospital 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 licensed pharmacists

PROPOSED PHARMACY INFORMATION

Operating name _____

Address _____ Tel _____

_____ Fax _____

_____ Manager _____

Postal code

Opening date _____ Tel + _____

Software Vendor _____ 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	525.00
Initial License Fee	1,181.25
HST	204.75
Total	<u>\$1,911.00</u>
HST # R106953920	

I attest that:

I attest that:

The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the 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.

Name (please print)

Signature

Position (Owner/Director)

Date



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Form 1B

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APPLICATION REQUIREMENT CHECKLIST

Application must be received by the College Office at least 8 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

The following must be submitted at least 2 business days prior to opening:

- Acknowledgement of Completion of Confidentiality Form

DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:

scale: ¼ inch = 1 foot

- Dispensary area size - minimum 15 m² (160 sq. ft.)
- Dispensary area counters - minimum 3 m² (30 sq. ft.)
- Storeroom space - minimum 4 m² (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:
