



# APPLICATION FOR TELEPHARMACY SERVICES

## APPLICANT INFORMATION

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

Central pharmacy \_\_\_\_\_

Pharmacy manager \_\_\_\_\_

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

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

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

Postal code

## PROPOSED REMOTE SITE

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Hours of operation for Telepharmacy \_\_\_\_\_

\_\_\_\_\_

## PAYMENT OPTION

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

VISA       MasterCard

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

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

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

Application Fee	525.00
License Fee	210.00
HST	88.20
<b>Total</b>	<b><u><u>\$823.20</u></u></b>

## 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



## APPLICATION FOR TELEPHARMACY SERVICES

Form 2

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### APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 60 days prior to the planned operation of telepharmacy.**

**Application must be approved PRIOR to commencement of telepharmacy services.**

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

- Diagram detailing the layout of the telepharmacy services at the remote site
- Copy of final Policy and Procedure Manual which outlines specific telepharmacy operations (see template on College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

PharmaNet Connection for both sites?  Yes  No