



## Acknowledgement of Standards of Practice for Dispensing Physicians

Ms. Suzanne Solven  
A/Registrar  
College of Pharmacists of British Columbia  
#200 - 1765 West 8th Avenue  
Vancouver, BC V6J 5C6

Dear Ms. Solven:

This will acknowledge that I am aware of the standards of pharmacy practice to which I must adhere in compliance with the requirements of the *Health Professions Act, Pharmacy Operations and Drug Scheduling Act*, and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts, and the *Standards for Dispensing Physicians* document when dispensing to patients.

I hereby confirm that I will adhere to these standards at all times and request that you endorse my application as a provider under the provincial PharmaCare program while I am engaged in practice in this clinic.

\_\_\_\_\_  
Dispensing Physician Name (please print)

\_\_\_\_\_  
Dispensing Physician Signature

\_\_\_\_\_  
Practitioner ID Number

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_