



To apply for Full Pharmacist Registration, complete this form and initial on each page on the bottom right corner, then submit it along with the required documents to the College's Registration Department by email at: registration@bcpharmacists.org or by fax at: 604-733-2493. Ensure all documents are scanned in accordance with the College's Scanning Guidelines and Checklist for Document Submissions prior to submission.

1. APPLICANT INFORMATION

Form section 1 containing fields for eServices ID, Legal Last Name, Legal First Name, Legal Middle Name, Informal Name, Gender, and Date of Birth.

2. CONTACT INFORMATION

Form section 2 containing fields for Street Address, City, Province, Postal Code, Country, Phone Number (Home), Phone Number (Work), and Email.

3. REGISTRATION WITH OTHER REGULATORY BODIES

Form section 3 containing a question about registration in other jurisdictions and a table with columns: Country, Name of Regulatory Body, Currently Registered (Y/N), Last Day of Registration/Licence.

Note: You are responsible for contacting the above regulatory bodies to request that your Letter of Standing (LOS) is sent directly to the College. Your LOS's must be dated no earlier than 3 months from the date you submit this application. If the LOS previously submitted to the College has expired, you must request a new one from your other regulatory body(ies) to be sent directly to the College.

If your previously submitted notarized affidavit has expired, obtain a new one and submit it to the College. See this document for templates.

4. STATUTORY DECLARATION (FORM 5)

Form section 4 containing a declaration statement and three numbered checkboxes with corresponding text regarding convictions, professional limitations, and investigations.

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the Freedom of Information and Protection of Privacy Act (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: https://www.bcpharmacists.org/privacy. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: privacy@bcpharmacists.org or 604-733-2440.

Initial



<input type="checkbox"/>	4.	My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.
<input type="checkbox"/>	5.	I am a person of good character.
<input type="checkbox"/>	6.	I am aware of and will practice at all times in compliance with the <i>Health Professions Act</i> and the <i>Pharmacy Operations and Drug Scheduling Act of British Columbia</i> , the <i>Pharmacists Regulation</i> and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
<input type="checkbox"/>	7.	<p>I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:</p> <ul style="list-style-type: none"> • a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense; • a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense; • a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession; • a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- Criminal offence/Disciplinary action/Investigation
- Date when offence was committed/Applicable health profession/Applicable jurisdiction
- Disposition of charge including details of penalty-imposed
- Extenuating circumstances you wish taken into account for your application.

5. CRIMINAL RECORD CHECK CONSENT

Under the Health Professions Act (HPA), all registrants of the College of Pharmacists of B.C. and all pharmacists and pharmacy technicians applying for registration are required to consent to an initial and an ongoing criminal record check (CRC) at least once every 5 years.

Every applicant and registrant must provide consent for the CRC. An applicant or registrant who refuses to provide consent will not be able to register, renew or reinstate their registration. Without registration, an individual cannot practise as a pharmacist or pharmacy technician in B.C. More information can be found on the College website at: <https://www.bcpharmacists.org/criminal-record-check>.

This information listed below as well as that listed in section 1 of this application will be used to conduct a check for records of criminal charges and convictions for any relevant or specified offence(s) under the *Criminal Records Review Act (CRRA)*, and is collected under the authority of the CRRA and in the case of child care facilities, the *Community Care and Assisted Living Act*, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the CRRA for the release of criminal records information and is in compliance with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.

Birthplace Country	Birthplace City	BC Driver's Licence (DL#) or BC Identity Card (BC ID#)
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OTHER NAMES USED OR HAVE USED (E.G. MAIDEN NAME, BIRTH NAME, PREVIOUS MARRIED NAME, INFORMAL NAME)

You should include all* previous names, alias names or other names that has been used by you in the past. Attach a separate paper if more space is needed.

First Name	Middle Name	Surname/Last Name

Consent for Release of Information and Acknowledgement

Review the Consent for Release of Information and Acknowledgement and provide your consent by checking the boxes below. Click the link or copy and paste the link into your browser to view the document: [http://library.bcpharmacists.org/3 Registration Licensure/5144-CRC Consent Release Information Acknowledgement.pdf](http://library.bcpharmacists.org/3%20Registration%20Licensure/5144-CRC%20Consent%20Release%20Information%20Acknowledgement.pdf). Contact the Registration Department at: Registration@bcpharmacists.org if you cannot access the document.

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Please check the boxes below:	
<input type="checkbox"/>	I have read and understood the Consent for Release of Information and Acknowledgement above. I hereby consent to these terms as indicated by checking this box.
<input type="checkbox"/>	I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

6. CONFIDENTIALITY UNDERTAKING

Under the HPA bylaws, a registrant is obligated to protect personal information under their custody. Complete the confidentiality undertaking below. I agree to access PharmaNet clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

<input type="checkbox"/>	I will not access or use any clinical or patient information in the PharmaNet database or the in-pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
<input type="checkbox"/>	I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
<input type="checkbox"/>	I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
<input type="checkbox"/>	I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
<input type="checkbox"/>	I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacist of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

7. PROFESSIONAL LIABILITY INSURANCE

In order to be granted full registration, you must meet the professional liability insurance requirements under section 81 of the HPA Bylaws.

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the registrant’s name, the group policy covers the registrant as an individual.

<input type="checkbox"/>	I declare that I have professional liability insurance that meets all the criteria above.
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8. OTHER INFORMATION

I attest that:

<input type="checkbox"/>	I understand that I must comply with all applicable duties imposed under the <i>Pharmacy Operations and Drug Scheduling Act (PODSA)</i> , the <i>Health Professions Act</i> , the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.
<input type="checkbox"/>	I declare the facts set out here in this application to be true.

Applicant Signature	Date (MMM-DD-YYYY)
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9. PAYMENT INFORMATION

Applicant Name (Full Legal Name)

Method of Payment*: Bank Draft/Money order (payable to College of Pharmacists of BC) VISA MasterCard

Card Number	Expiry Date (MM-YY)	Registration fee	\$ 846.00
		Criminal Record Check fee	\$28.00
		GST	\$ 42.30
Cardholder Name	Total		\$ 916.30
Cardholder Signature	GST #		R106953920

*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

All fees are non-refundable.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Reg initials: _____

Date to Finance: _____

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