



# APPLICATION FOR LIMITED PHARMACIST REGISTRATION

HPA Form 4B

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To apply for Limited 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](mailto: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.

Applications for this registration class must be reviewed by the Registration Committee pursuant to section 44(1)(a)(iii) and section 44(1)(b)(iii) of the *HPA Bylaws*. This extends the time period for processing the application. More information about the Registration Committee Review Process can be found here: <https://www.bcpharmacists.org/registration-committee-review-process-overview>

Note: Limited Pharmacist registration may be renewed twice and must not exceed 3 years from the initial registration.

## 1. APPLICANT INFORMATION

eServices ID	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Legal Last Name (Surname)	Legal First Name	Legal Middle Name
Informal Name (if any)	Gender	Date of Birth (MMM-DD-YYYY)

## 2. CONTACT INFORMATION

Street Address (Include Unit/Suite #)		City
Province	Postal Code	Country
Phone Number (Home)	Phone Number (Work)	Email

## 3. REGISTRATION WITH OTHER REGULATORY BODIES

Are you currently or have you ever been registered/licensed as a health professional in any jurisdiction?  
 No  Yes – complete table below (attach a separate page if more space is needed)

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.

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](mailto:privacy@bcpharmacists.org) or 778-330-0969.

Initial



4. STATUTORY DECLARATION (FORM 5)

I declare that the following and the facts set out herein to be true (check the appropriate boxes):

Table with 7 rows and 3 columns. Column 1: checkbox. Column 2: number. Column 3: statement. Row 1: I have not been convicted in Canada or elsewhere of any offence... Row 2: My entitlement to practise pharmacy... Row 3: At the present time, no investigation, review or proceeding... Row 4: My past conduct does not demonstrate any pattern of incompetence... Row 5: I am a person of good character. Row 6: I am aware of and will practice at all times in compliance with the Health Professions Act... Row 7: 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: (includes bulleted list of offenses)

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:

- a. Criminal offence/Disciplinary action/Investigation
b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
c. Disposition of charge including details of penalty-imposed
d. 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).

Table with 3 columns: 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.

Table with 3 columns: 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.bcparmacists.org/3 Registration Licensure/5144-CRC Consent Release Information Acknowledgement.pdf. Contact the Registration Department at: Registration@bcpharmacists.org if you cannot access the document.

Please check the boxes below:

- 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.
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:

- 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.
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.
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.
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.
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.

I declare that I have professional liability insurance that meets all the criteria above.

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**8. OTHER INFORMATION**

I attest that:

- I understand that I must comply with all applicable duties imposed under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, the *Health Professions Act*, the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.
- 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	\$ 809.00
Cardholder Name		Criminal Record Check fee	\$ 28.00
		GST	\$ 40.45
Cardholder Signature		<b>Total</b>	<b>\$ 877.45</b>
		GST #	R106953920

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp: \_\_\_\_\_

Reg initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_

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