



To update your name in the College's record, complete this form and submit it along with the required document, if applicable.

## 1. CHANGE TYPE

I am reporting a:

- Change in my **surname** following marriage (also submit a copy of your *Certificate of Marriage* with this form)
- Change in my **surname** back to my maiden name
- Change in my **legal name** (also submit a copy of your *Certificate of Name Change* with this form)
- Change in my **informal name**
- New informal name or an informal name that is not currently on my record

## 2. APPLICANT INFORMATION

### PREVIOUS NAME (CURRENT RECORD WITH THE COLLEGE)

Legal Last Name (Surname)	Legal First Name	Legal Middle Name	Informal Name (if any)
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### NEW NAME

Legal Last Name (Surname)	Legal First Name	Legal Middle Name	Informal Name (if any)
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### OTHER INFORMATION

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

- I am currently licenced as a pharmacy professional with the College
- I am applying to become licenced as a pharmacy professional with the College
- I am not licenced as a pharmacy professional with the College but I am an indirect owner of a pharmacy licensed by the College (Skip the next row re: *other name used or have used*)

Licence Number (if any)

eServices ID

### Other name(s) used or have used\* (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
Surname First name Middle name
2. \_\_\_\_\_  
Surname First name Middle name
3. \_\_\_\_\_  
Surname First name Middle name

\*Licencees and Applicants only – this information will be used to conduct your Criminal Record Check when the next one is due.

Applicant Name (Print)	Applicant Signature	Date  MMM   DD   YYYY
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If you are a licensee or applying to be a licensee with the College, submit this form and applicable document to the **Professional Licensing Team** by email at: [professionals@bcpharmacists.org](mailto:professionals@bcpharmacists.org), or by fax at: 604.733.2493 or 800.377.8129.

If you are **not** a licensee with the College but an indirect owner of a pharmacy licensed by the College, submit this form and applicable document to the **Pharmacy Licensing Team** by email at: [pharmacy@bcpharmacists.org](mailto:pharmacy@bcpharmacists.org), or by fax at: 604.733.2493 or 800.377.8129.

The collection of personal information by the College of Pharmacists of BC ("CPBC") is permitted under sections 26(a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act*, section 41 of the *Health Professions and Occupations Act (HPOA)*, section 21(1)(c.1) and (d.1) of the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the bylaws of CPBC made under the HPOA and PODSA. Your personal information is being collected and will be used by CPBC to carry out its mandates under the HPOA and/or PODSA in the public interest. If you have any questions or concerns about this collection, please contact CPBC's Privacy Officer at 604-733-2440 or [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org).